

Dr Jefferies & Partners

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Jefferies & Partners, Lillie Road on 21 April 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, all actions identified as part of a recent fire risk assessment had not been completed.
- The practice had not risk assessed their decision not to provide a defibrillator as part of their medical emergency equipment.
- The seating facilities in the practice waiting area required improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The majority of patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment and all of the comment cards we received aligned with these views.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Ensure all recommendations made as a result of the fire risk assessment are completed and a fire alarm system is installed within the practice.
- Ensure the availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.
- Ensure waiting area seating is clean and the scuffed and broken wooden panels under the seating and the tears in the fabric of the seating are addressed.

The areas where the provider should make improvement are:

- Ensure all staff understand their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.
- Consider improving communication with patients who have a hearing impairment.
- Advertise the interpreting service within the practice to inform patients this service was available to them.
- Consider ways to actively identify carers and provide appropriate support for them.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was no automated external defibrillator (AED) available on the premises and the practice had not undertaken a formal risk assessment for the decision to not have an AED on site.
- The practice waiting area seating facilities required improvement.
- The practice had an up to date fire risk assessment carried however, the recommendations from this assessment had not been completed and there was no fire alarm system within the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of regular appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care however, the practice had been proactively working to improve the patient experience and the latest results from the Friends and Family Test s
- The majority of patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment and all of the comment cards we received aligned with these views.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had registered as a foodbank voucher holder to issue foodbank vouchers for patients who needed them which provided
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision to be committed to the continued development and growth of a quality clinical primary care service, maximising efficiency and being patient focused. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination was 92% in comparison to the national average of 88%; the percentage of patients with diabetes, on the register, who had received an influenza immunisation, was 100% in comparison to the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 63%, which was below the national average of 74%.
- Appointments were available outside of school hours.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was better than the national averages. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had received a comprehensive, agreed care plan which was above the national average of 84%.

Good



Summary of findings

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face consultation was 100% which was above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below the local and national averages. Four hundred and one survey forms were distributed and 52 were returned. This represented 2% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received.

We spoke with four patients during the inspection. Three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and one patient was unhappy with the all of the services the practice provided.

The analysis of the 'Friends and Family Test' survey for February showed 73% of patients surveyed were either extremely likely or likely to recommend to recommend the practice for family or friends if they needed similar care or treatment and results for March 2016 was 100%.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all recommendations made as a result of the fire risk assessment are completed and a fire alarm system is installed within the practice.
- Ensure the availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.
- Ensure waiting area seating is clean and the scuffed and broken wooden panels under the seating and the tears in the fabric of the seating are addressed.

Action the service **SHOULD** take to improve

- Ensure all staff understand their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.
- Consider improving communication with patients who have a hearing impairment.
- Advertise the interpreting service within the practice to inform patients this service was available to them.
- Consider ways to actively identify carers and provide appropriate support for them.

Dr Jefferies & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Jefferies & Partners

Dr Jefferies and Partners, The Medical Centre, 139 Lillie Road, provides GP primary medical services to approximately 2,750 patients living in the London borough of Hammersmith and Fulham. Dr Jefferies and Partners also provide GP primary medical services from a separate location at The Medical Centre, 292 Munster Road. Dr Jefferies and Partners operate a centralised telephone call centre from 286 Munster Road which processes patient telephone calls for both practices.

The patient population groups served by the practice include a cross-section of socio-economic and ethnic groups.

Dr Jefferies and Partners staff are able to work at both practice sites and are rotated according to the practice needs. The practice teams are made up of nine GPs, two Advanced Nurse Practitioners, a clinical pharmacist, three practice nurses, four health care assistants, two business managers, a Patient Services Manager and twelve administrative staff. At 139 Lillie Road, GPs provide nine sessions and typically daily on site the team will consist of one GP, one healthcare assistant, one practice nurse and one receptionist.

The practice opening hours are between 9:00am-1:00pm and 3:00pm-6:30pm Monday to Thursday and 9:00am-1:00pm on Friday. Appointments are from 9:00am-12:20pm and 3:00pm-6:30pm Monday to Thursday and 9:00am-1:00pm on Friday. Extended hours between 6:30pm-8:00pm Monday to Friday and 8:00am-5:00pm on Saturdays were available for Lillie Road practice patients from the sister practice at 292 Munster Road. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice refers patients to the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury.

The practice provides a range of services including childhood immunisations, chronic disease management and travel immunisations.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 April 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice nurse, pharmacist, practice manager, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again in accordance with the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of a significant event relating to the incorrect disposal of sharps within a clinical waste bin, all health care assistants were provided with refresher training regarding the practice sharps disposal policy and was also discussed with all staff as an agenda item at one of the practice 'Educational' meetings.

Overview of safety systems and processes

The practice processes and systems in place to keep patients safe and safeguarded from abuse, required improvement:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the salaried GPs was the lead member of staff for safeguarding. The GP attended safeguarding meetings each quarter and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and practice nurses were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff providing the chaperoning service had been provided with online training for this role however, not all staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.
- The practice standards of cleanliness and hygiene required improvement. We observed in the waiting area scuffed and broken wooden panels under the seating; and tears in the fabric of some of the seating. The practice had identified this issue as part of an infection control audit undertaken in December 2014 however; action to address improvements identified had not been completed. We discussed this with the practice manager and we were provided with evidence the practice was in the process of submitting an improvement grant to NHS England for funding to rectify the seating area. We observed with the exception of the waiting area seating, the practice premises to be clean and tidy.

The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place; six monthly infection control audits were undertaken; and staff had received up to date training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required improvement (including obtaining, prescribing, recording, handling, storing, security and disposal). During our inspection we found one box of meningococcal vaccine, used to prevent meningitis and septicaemia, which had expired. We discussed this

Are services safe?

finding with staff and the vaccine was disposed of during our inspection. Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

The practice pharmacist carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Assessment and management of risks to patients required improvement.

- Procedures in place for monitoring and managing risks to patient and staff safety required improvement. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

The practice had fire exits and fire extinguishers in place and staff were aware of fire assembly points in the event of a fire. The practice had a fire risk assessment carried out on 27 January 2016 however, the recommendations from this assessment had not been completed and there was no fire alarm system within the practice. We discussed this issue with the practice manager who informed us this issue had not been highlighted in premises reviews by the local CCG previously and therefore the practice had not installed a fire alarm system. Following our inspection the practice provided evidence they were in the process of securing quotes to install the necessary fire alarm system in

accordance to the recommendations from the fire risk assessment and anticipated this work to be completed before June 2016 and all staff to be fully trained in the operation and testing of the new fire alarm system.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with adult and children's masks however; there was no automated external defibrillator (AED) available on the premises. The practice had not undertaken a risk assessment for the decision to not have an AED on site.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff received guidelines from NICE via email and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available with 14% exception report. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was better than the national averages. For example, performance for the percentage of patients on the diabetes register with a record of a foot examination was 92% in comparison to the national average of 88%; the percentage of patients with diabetes, on the register, who had received an influenza immunisation, was 100% in comparison to the national average of 94%.
- Performance for mental health related indicators was better than the national averages. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had received a comprehensive, agreed care plan which was above the national average

of 84%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face consultation was 100% which was above the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit relating to the prescribing of simvastatin, clinicians opportunistically reviewed and screened patients for amlodipine and where possible changed the patient medication to an alternative statin to avoid any possible interactions or issues with prescribing. In the first audit cycle, 11 patients were found to be prescribed simvastatin and amlodipine and in the second audit cycle performed six months later; no patients were found to be on to be prescribed both of these medicines.

Information about patients' outcomes was used to make improvements. For example, the practice had recently employed an Assistant Nurse Practitioner to work alongside a GP mentor. This new role had increased the capacity and the practice were able to offer more acute appointment bookings for patients. The practice had calculated the average appointment per 1000 patients in 2013/2014 was 69.27% and this had increased to 72.5% appointments per 1000 patients in 2015.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and smear takers.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol and substance misuse cessation and patients were signposted to the relevant service.
- Smoking cessation advice was available from a smoking cessation advisor who provided a clinic at the practice on a weekly basis.
- Substance misuse cessation advice was available from a substance misuse worker who provided consultations for patients at the practice.

The practice's uptake for the cervical screening programme was 63%, which was below the national average of 74%. One of the practice nurses provided telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by providing re-call letters for patients who did not attend their cervical smear test appointment and detailing five other healthcare services within the area including a walk-in centre for family planning, to offer patients a choice of locations to receive the test; and by ensuring a female sample taker was available at the practice. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 54% to 84% and five year olds from 67% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations however conversations taking place in the treatment room could be overheard. We discussed this with the practice manager and during our inspection three chairs were subsequently removed from outside the treatment room and relocated to the main waiting area.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 71% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice had been proactively working to improve the patient experience as a result of this data. For example, the practice had organised 'Customer Services' training for all staff which included areas such as communication, patient contact, body language and conflict resolution.

Care planning and involvement in decisions about care and treatment

The majority of patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed the patients response to questions about their involvement in planning and making decisions about their care and treatment were below the local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice were aware of the GP survey results and had been working to improve these figures. The analysis of the 'Friends and Family Test' survey for February showed 73% of patients surveyed were either extremely likely or likely to recommend to recommend the practice for family or friends if they needed similar care or treatment and results for March 2016 was 100%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language however; we saw no notices in the reception areas informing patients this service was available to them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified nine patients as carers (0.32% of the practice list). Staff told us patients identified as carers were prioritised for appointments where possible. Written information was available to direct carers to the various avenues of support available to them and we observed posters in the waiting area to direct patients to a local support group.

Staff told us that if families had suffered bereavement, their usual GP contacted them and this call was either followed by a patient consultation or by giving them advice on how to find a support service. Staff also told us patients experiencing bereavement were prioritised for appointments where possible.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had employed a pharmacist to resolve day-to-day medicine issues and consulted with and treated patients directly. The pharmacist also provided support for patients with managing long term conditions and advice for patients on multiple medicines.

- The practice had registered as a foodbank voucher holder to issue foodbank vouchers for patients who needed them which provided
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. However, there was no hearing loop system in place to assist patients with reduced ranges of hearing.

Access to the service

The practice was open between 9:00am-1:00pm and 3:00pm-6:30pm Monday to Thursday and 9:00am-1:00pm on Friday. Appointments were from 9:00am-12:20pm and 3:00pm-6:30pm Monday to Thursday and 9:00am-1:00pm on Friday. No extended hours appointments were available at the Lillie Road practice however, patients were offered extended hours between 6:30pm-8:00pm Monday to Friday and 8:00am-5:00pm on Saturdays from the practice at 292 Munster Road. In addition to pre-bookable appointments

that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice operated a centralised telephone call centre to try to improve telephone access for patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Patient Services Manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice complaints procedure leaflet and on the practice website.

We looked at five complaints received in the last 12 months and these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, as a result of patient complaints regarding telephone access, the practice installed a new telephone system to improve patient access with a call waiting system which informed patients of their position in the telephone queue.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to be committed to the continued development and growth of a quality clinical primary care service, maximising efficiency and being patient focused.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy which reflected the vision and values and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- However, although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There was no automated external defibrillator (AED) available on the premises and the practice had not undertaken a formal risk assessment for the decision to not have an AED on site; the practice waiting area seating facilities required improvement; and the practice had an up to date fire risk assessment carried however, the recommendations from this assessment had not been completed and there was no fire alarm system within the practice.

Leadership and culture

Staff told us the partners of the practice and the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners and management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular meetings. Clinical meetings were held weekly, whole team meetings and management team meetings were held monthly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We observed information about the PPG was advertised on the practice website and displayed on a notice board within the waiting area. Information included how to join the PPG and improvements the practice was working on and improvements that had been implemented.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The PPG met regularly every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG requested improvements to booking appointments within 48 hours. To address this issue and improve appointment access generally for patients, the practice had employed an additional two GP's and an additional Advanced Nurse Practitioner (ANP).

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested

shortening the patient journey where possible with regards to booking appointments with different clinicians such as GPs, practice nurses and health care assistants and this had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice arranged monthly 'Educational' meetings for all staff and routinely invited external speakers to attend this meeting such as Cardiologists and Neurologists.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Risk assessments relating to the health, safety and welfare of people using services must be completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so. Providers must do all that is reasonably practicable to mitigate risks.</p> <p>The provider had not undertaken a risk assessment for the decision to not have an automated external defibrillator (AED) on site.</p> <p>The recommendations from the fire risk assessment had not been completed and there was no fire alarm system within the practice.</p> <p>Regulation 12, (2), (a) (b)</p>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>Premises and equipment must be kept clean and adequate support facilities and amenities must be provided including adequate seating and waiting space.</p> <p>Within the practice waiting area was scuffed and broken wooden panels under the seating and tears in the fabric of the seating.</p>

This section is primarily information for the provider

Requirement notices

Regulation 15 (1)(a)(c)(e)