

Trevelyan House Surgery

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?

Good 

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 Grafton Medical Partners on 9 November 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 for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.

- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Some patients reported difficulty getting through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

We saw several areas of outstanding practice:

- The practice provided the over 75s with an information pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

Summary of findings

- The practice organised a Christmas Jumper Day and a raffle, the proceeds were used to fund transport for older patients who experienced difficulties in getting to and from the practice.

The areas where the provider should make improvement are:

- Ensuring all staff, including locums, have role specific training.
- Ensure the new phone system is introduced and continue to monitor patient feedback in relation to accessing the service.

- Ensure complaints are responded to in line with the practice's own policy.
- Ensure policies and procedures are kept up to date with relevant contact details.
- Review the process for identifying carers and the support that is provided 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 good for providing safe services.

- 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.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, however not all staff members had received training in basic life support or fire training. The practice had organised before the inspection for staff to attend training on 30 November 2016.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (which groups all three Grafton Medical Partners practices in Wandsworth) showed patients rated the practice as below average for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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. For example, the practice commissioned a citizens advice service weekly for all Grafton Medical Partners' Wandsworth patients, due to the level of social needs required by the practice's population group, they offered general advice on a range of issues including housing and benefits

- Some patients said they found it hard to make an appointment with a named GP however there was continuity of care, with urgent appointments available the same day. Some patients reported difficulty with getting through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 and other stakeholders; however the practice did not always follow its policy and acknowledge complaints within three days.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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, however some of these needed to be updated, for example the fire and health and safety policy had out of date staffing details. Not all policies procedures were followed for example the complaints policy.
- Regular governance meetings were held.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners 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.
- The practice had a dedicated telephone line between 10am and 12pm named the 'Blue Star Line' for patients aged 75 and over or those on the practice's avoiding unplanned admissions register, to ensure swift access to appointments.
- The practice employed an in-house pharmacist to assist with medicine reviews, many of which supported elderly patients.
- An information pack for the 75's was provided, which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.
- The practice had an in-house phlebotomy service with a dedicated phlebotomist.
- The practice organised a Christmas Jumper Day and a raffle, the proceeds were used to fund transport for older patients who experienced difficulties in getting to and from the practice.
- Annual health checks were offered to patients over 75.

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.
- There were 1688 patients on the diabetes register.
- Performance for diabetes related indicators was comparable. For example, 68% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- 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.
- The practice provided an in-house anticoagulation (anticoagulation is the monitoring for patients on medicines such as Warfarin that helps prevent blood clots).

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 Accident and Emergency (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, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 92% of women registered at the practice aged 25-64, which was comparable to the CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, and health visitors.
- The practice was able to refer to a local service for family planning treatment and information if family planning services were not accessible at one of the other Grafton Medical Partners practices.
- The practice had an in-house AQP (Any Qualified Provider) ultrasound service, meaning patients could aThere were appointments up to 7.30pm
- The practice offered double appointments for parents with young children.

Good



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).

Good



Summary of findings

- 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.
- The practice provided extended hours and was open until 8pm four evenings a week and every Saturday morning 9am to 1pm.

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 homeless people, travellers and those with a learning disability.
- For 2015/16, the practice had identified 97 patients on the learning disabilities register and 57 had received an annual check, which was 59%.
- There were longer appointments available for vulnerable patients including those requiring translation services and those with a learning disability.
- The practice offered face-to-face and telephone interpreting services for patients whose first language was not English, and for sign language.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

The practice commissioned a citizens advice service weekly due to the level of social needs required by the practice's population group. They offered general advice on a range of issues including housing and benefits.

- 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).

Good



Summary of findings

- Seventy seven percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- Performance for mental health related indicators was in line with the CCG and national averages for the number of patients who had received an annual review, which was 90% compared to the CCG average of 91% and national average of 88%.
- 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.
- The practice provided access to in-house counselling, psychotherapy and group therapy at another Grafton Medical Partners practice in Tooting as well as being able to refer to local psychological therapy services.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and grouped the results of the three Grafton Medical Partners practices in Wandsworth. The results showed the group of practices were performing below local and national averages. Three hundred and forty seven survey forms were distributed and 70 were returned. This was a 20% response rate and represented 0.1% of the practice's patient list.

- 48% of patients found it easy to get through to this practice by phone compared with a CCG average of 80% and a national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 54% of patients described the overall experience of this GP practice as good compared with a CCG average of 77% and a national average of 73%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with a CCG average of 83% and a national average of 78%.

The practice believed these lower results were due to an inflexible phone system, which limited them on making changes, for example such as increasing phone lines, or updating messages. The practice had taken steps and was introducing a new phone system which would be operational from December 2016.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 85 comment cards most were positive about the standard of care. Patients said that staff were friendly and professional, caring and they were given information about treatment and the facilities in the practice were good. Fifteen comment cards commented on it being difficult to get through on the telephones and to make an appointment.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Trevelyan House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, the team included GP specialist adviser.

Background to Trevelyan House Surgery

Grafton Medical Partners provides primary medical services in Wandsworth to approximately 40,000 patients at three sites, the practice known as Trevelyan House is one site. There are 22,000 patients registered at Trevelyan House. This is one of 43 practices in the Wandsworth Clinical Commissioning Group (CCG).

The Practice is based on the ground and first floor of a recently purpose built premises with disabled access to treatment and consulting rooms on the ground floor, as well a lift to consulting rooms on the first floor. There are three waiting areas; patients with mobility problems are always seen on the ground floor. There are facilities for wheelchair users including an accessible toilet and lowered reception desk. There is a hearing loop for patients with hearing impairments.

The practice serves a mixed inner-city population. The practice has eighteen consultation rooms and five treatment rooms. The practice team at the surgery is made up of four partners (two part-time male and two full time female), eight salaried GPs (five female and three male) and two long term locum GPs (both female). The practice is a training practice and has one registrar (a registrar is a junior doctor in training), and two F2s (F2 is a transition period of practice between being a student and undertaking more specialised training for a future career in a specialist branch

of medicine such as general practice). The total number of GP sessions per week is 79. The nursing team consists of four female practice nurse (two full time and two part time), two healthcare assistants and one phlebotomist. The administrative team includes a full time practice manager and seventeen reception and administrative staff members. The practice team supporting all the Grafton Medical Partners practice sites also includes an IT support worker, a performance manager, an assistant practice manger, a practice administrator, a chief operating officer and a pharmacist. Patients are able to access a range of services offered across the three Grafton Medical Partners sites in Wandsworth CCG.

The practice is open between 8am to 6.30pm Monday to Thursday, 8am to 6.30pm Friday. They offer extended hours from 6.30pm to 8pm four evenings a week and every Saturday from 9am to 1pm. Appointments are available between 8.30am to 8pm Monday to Thursday and 8.30am to 6.30 on Friday. Extended hours surgeries are offered from 6.30pm to 8pm Monday to Thursday and 9am to 1pm on Saturday. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and at weekends and directs patients to the out-of-hours provider for Wandsworth CCG.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury; diagnostic and screening; family planning; maternity and midwifery services and surgical procedures.

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

Detailed findings

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.

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 9 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, reception and administrative staff and spoke with three patients who used the service and one member of the Patient Participation Group (PPG).
- Saw how patients were being cared for in reception 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 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. The incident recording form supported the recording of notifiable incidents under 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).
- 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.
- 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. Significant events from across the three Wandsworth practices were discussed in a weekly clinical meeting. For example, an incident had occurred where a patient referral had not been processed, the patient was informed and received an apology. The incident was discussed at the weekly clinical meeting, the practice changed their protocol. Each patient requiring a referral was logged. The logging system generated an alert and the alerts were followed up. There had been five significant events in the last 12 months. All of the significant events had been handled in line with the organisations policy. A thorough analysis carried out and learning recorded. We saw a safety alert from the MHRA on the 12 September 2016 regarding a product recall for GlucaGen Hypo kits. We saw the alert had been disseminated to staff including the nursing staff and the in-house pharmacist for them to action and patients were contacted where necessary.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1. Out of four files checked, one GP had not completed Safeguarding training, however we saw evidence that they completed the training following our inspection.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse from another Grafton Medical Partners practice was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were being undertaken at regular intervals. We saw evidence of an audit completed in April 2016 and a follow up completed in July 2016. As a result of the audit, all clinical waste bins had been replaced.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient).

- We reviewed four 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment the last one having been conducted December 2015. There was evidence that the practice carried out regular fire drills and fire equipment had been checked by an external company. Out of four files checked, two members of staff had not received fire training, however we saw evidence that staff were booked to attend training on 30 November 2016. 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 adequate 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.
- Out of four files checked three members of staff (one clinical and two non-clinical) had not received basic life support training within the last 12 months, however we saw evidence that staff were booked to attend training on 30 November 2016. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 business continuity plan in place for major incidents such as power failure or building damage. However the plan did not include emergency contact numbers for all 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 had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 94% of the total number of points available with 4% exception reporting compared with the clinical commissioning group (CCG) average of 7% and the national average of 9%. (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 2014/15 showed:

- Performance for diabetes related indicators was mixed. For example, 68% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%. The practice had implemented an automatic check of specific diabetes related blood tests in all NHS health checks for Patients between the age of 40-75, the aim being to increase the effectiveness of their diagnosis of diabetes in the practice population.
- The number of patients who had received an annual review for diabetes was 87% which was in line with the CCG average of 88% and national average of 88%.

- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% which was above CCG average of 91% and national average of 90%.
- Performance for mental health related indicators was in line with the CCG and national averages for the number of patients who had received an annual review at 90%; compared with CCG average of 91% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 77% which was below the CCG average of 87% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits undertaken in the last two years, seven 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, following an audit of patients with atrial fibrillation (an irregular heart rhythm) compared with best practice guidance, the practice had improved awareness amongst clinicians. In the first cycle it was found that 50% of eligible patients were anticoagulated. The practice developed a template to use on the practice computer system to improve monitoring of patients with atrial fibrillation. In the 2nd cycle patients who were not on anticoagulation medicine were offered it, as a result they achieved a 75% improvement.

Benchmarking data was discussed at monthly CCG and locality meetings attended by one of the partners and data was shared during weekly clinical meetings and weekly management meetings. There was evidence that the practice was engaged with the CCG and had a thorough awareness of their current performance and targets.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. There was a wide skill mix amongst clinical staff, including GPs specialising in minor surgery, and one GP with a special interest in dermatology provided a service at another practice site that could be accessed by patients at the practice.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Most 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.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs, for example for patients on the palliative register and patients with mental health conditions. The practice also carried out weekly clinical meetings for all GPs and nurse meetings were carried out every two months.

Consent to care and treatment

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

- 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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 and alcohol cessation and. Patients were signposted to the relevant service.
- The health care assistant (HCA) provided one-to-one smoking cessation advice to patients. The practice had identified 5015 smokers. In 2015/16 they had referred 95 patients and 18 had stopped smoking. This represented a 19% success rate.

The practice's uptake for the cervical screening programme was 92%, which was comparable to the CCG of average of 81% and the national average of 82%.The practice

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

telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. The practice reported a lower than average uptake due to the ethnic diversity and cultural preferences of their population group. There were 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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. The practice also provided health checks for patients with learning disabilities. For 2015/16, the practice had identified 97 patients on the learning disabilities register and 57 had received an annual check, which was 59%. 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed that they could offer them a private room to discuss their needs.

Most of the 85 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 3 patients and one member of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey are a reflection of data from all the Tooting sites not just Trevelyan House. The survey showed patients felt they were treated with compassion, dignity and respect. The practice was rated as 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 90% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and compared to the CCG average of 88% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients 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 (which groups all three Grafton Medical Partners practices in Wandsworth) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

- The practice provided packs for specific patient groups including a new mother pack, a booklet detailing local services for older people and a carer's pack.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available in information packs given to patients during consultations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 161 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice was actively promoting carer support by providing carers packs and promoting carers support via the practice newsletter.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- The practice offered a 'Commuter's Clinic' on Monday to Thursday evening until 8.00pm in addition Saturday morning for working patients who could not attend during normal opening hours.
- 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.
- The practice had a dedicated telephone line between 10am and 12pm named the 'Blue Star Line' for patients aged 75 and over or those on the practice's avoiding unplanned admissions register, to ensure swift access to appointments.
- The practice employed an in-house pharmacist to assist with medication reviews.
- The practice employed a phlebotomist who provided sessions at the practice two days per week.
- The practice provided an in-house anticoagulation monitoring service for practice patients.
- The practice provided in-house counselling, psychotherapy and group therapy for all Grafton Medical Partners patients in Wandsworth CCG at Trevelyan House, as well as being able to refer to local psychological therapy services.

The practice commissioned a citizens advice service weekly due to the level of social needs required by the practice's population group, they offered general advice on a range of issues including housing and benefits.

- The practice had access to in-house ultrasound gynaecology investigations.
- The practice had in-house expertise in renal medicine (involves the care of patients with kidney disease)

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities available on the ground floor. As well as on the first floor, accessible via a lift, also a hearing loop and translation services available.
- Information packs were provided to patients where appropriate and during consultations. One of these was an over 75's pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups. Other packs included a carers pack, and a new mums pack.
- Every other month a newsletter was produced for patients, detailing health events, and topical news.

Access to the service

The practice was open between 8am to 6.30pm Monday to Thursday, 8am to 6.30pm Friday. They offer extended hours from 6.30pm to 8pm four evenings a week and from 9.00am to 1pm on Saturday. Appointments were available between 8.30am to 8pm Monday to Thursday and 8.30am to 6.30 on Friday. Extended hours surgeries were offered from 6.30pm to 8pm Monday to Thursday and 9am to 1pm on Saturday. Appointments could be booked up to two months in advance and there were urgent appointments available on the day.

Results from the national GP patient survey (which groups all three Grafton Medical Partners practices in Wandsworth) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages for opening hours; however below for how easy it was to get through to the practice.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 76%.
- 48% 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 there was difficulty in getting through on the telephone. Fifteen comment cards also reflected that it was difficult to get

Are services responsive to people's needs? (for example, to feedback?)

through on the phone. The practice were aware of this and had invested in a new phone system which they had introduced at one of their other sites and intended on implementing at Trevelyan House by December 2016. Patients reported they were able to get urgent appointments when they needed them, but some patients experienced delays in getting routine pre-bookable appointments, often waiting for two to three weeks. However, on the inspection day we were able to see that the next routine appointment with any GP was available within five days. The practice was launching a new phone system which had been rolled out at one of their other sites, and was already having a positive impact on patients accessing appointments.

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.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaints leaflet was available in the practice and there were posters in the practice on how to make a complaint.

We looked at three of the nine complaints received in the last 12 months and found that they had not always been responded to within appropriate time scales as detailed in the practice policy. However explanations and apologies were given if applicable. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example a patient complained as they were unable to book an appointment, they were also unhappy with the attitude of the reception staff. The practice manager investigated the incident, spoke with the patient and apologised, the patient was offered online access and was told about the installation of the new phone system, the issue was raised with the staff member and the new phone system was discussed at the staff meeting.

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 deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were 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 staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff, however the Fire and Health and Safety Policy had out of date staffing information. Staff did not always follow the complaints policy and acknowledge complaints within the specified time frame.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Governance issues were discussed during structured weekly management meetings and comprehensive minutes were kept. The partners also discussed governance issues in a larger partnership meeting which involved the provider's other businesses. Significant events from across the three Wandsworth practices were discussed in weekly clinical meetings.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 and training for all staff on communicating with patients about notifiable safety incidents. The partners 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 team meetings. Clinical meetings were held weekly, management meetings were held weekly, partners meetings every two months. Nurse meetings every two months and site meeting with all staff every two to three months.
- 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. We noted team away days were held every six months; however staff also met up on a monthly basis socially.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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. The PPG consisted of eight members who met every other month. They assisted in carrying out patient surveys and facilitating improvements. For example, following

Are services well-led?

Good 

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

patient feedback, the PPG assisted with running role play workshops to improve customer service awareness for reception staff. The PPG also assisted with the development of the over 75s information booklet entitled 'Local Services for Older People'. They also had input into the practice new phone system that would be launched in December 2016.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. For example a staff member came up with the Christmas jumper day event to raise funds for older/vulnerable patients. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice provided the over 75s with an information pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.
- The practice was launching a new phone system which had been rolled out at one of their other sites, and was already having a positive impact on patients accessing appointments.