

# The Nelson Medical Practice

## 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 The Nelson Medical Practice on 12 October 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.
- Risks to patients were assessed and well managed with the exception of mandatory training for some members of staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

There were areas of practice where the provider should make improvements:

- Review practice procedures to ensure all staff have child protection training, annual basic life support training, infection control training and information governance training relevant to their role.
- Review practice procedures to ensure medical oxygen cylinders are checked and replaced when needed.
- Review practice procedures to ensure confidentiality agreements are signed by all locum staff.

# Summary of findings

- Review practice procedures to ensure that patients are made aware of how to make a complaint and that all information is made available to 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, although not all staff had completed mandatory training.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 multidisciplinary teams 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 showed patients rated the practice at or below average for many 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders: however the practice had no complaints leaflet for patients.
- The practice was part of a health centre where patients had access to services including diagnostics, phlebotomy, community service, endoscopy, assessment and rapid investigation services as well as outpatient services provided by the local hospital.
- The practice provided minor surgical procedures including cryocautery (a procedure that uses very cold temperatures to treat abnormalities of the skin), fitted coils and implants and provided joint injections which reduced the need for referrals to hospital.

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 this.
- 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 governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of

Good



# Summary of findings

openness and honesty. The practice had systems in place for knowing about 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.
- Longer appointments and home visits were available for older people with long term conditions when needed.
- The practice had a frailty team (GP, nurse practitioner, physician associate and care coordinator) which ensured continuity and access for frail elderly patients. This team provided care for three local nursing/residential homes supporting the needs of 88 residents. The care coordinators acted as a link to patients in need of extra support and signposting; they also acted as a link to other services and support for patient and clinicians.
- The practice also provided medical support for intermediate care beds provided by their local community services provider. (Intermediate care beds are in nursing or residential care homes and are specifically for patients leaving hospital but assessed as not ready to return to their own home.)

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. The practice ran nurse led clinics for patients with asthma, chronic obstructive pulmonary disease, diabetes and chronic heart disease.
- The national Quality and Outcomes Framework (QOF) data showed that 84% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 94% which was above the CCG average of 92% and in line with the national average of 89%.
- The national QOF data showed that 74% of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 73%.

Good



# Summary of findings

- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice ran in-house respiratory and anticoagulation services which improved the monitoring of these patients.

## 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 urgent care and 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.
- The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 81% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice patients had access to antenatal care through midwife led clinics and postnatal care through GP clinics.
- The practice held weekly baby clinics with appointments with both GPs (for checks) and nurses (for immunisations) to allow ease of access. A patient care-co-ordinator contacted the patients shortly after baby's birth to organise these appointments, to help make the process easier for families.

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).

- 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.

Good



# Summary of findings

- 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. About 44% (12,000 patients) of patients in the surgery had registered for online access. Patients could also book double appointments online.
- The practice offered extended hours appointments with GPs, physician associate, nurses and healthcare assistant which were suitable for working people.

## 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, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

- 97% of 192 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 90% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 87% which was in line with the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One of the practice GPs was named as the mental health clinician of the year 2015 by an organisation representing mental health access for ethnic minority patients.
- The practice patients had access to the weekly memory clinics run by the local mental health team in the health centre where the practice is based.

# Summary of findings

## What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Two hundred and seventy five survey forms were distributed and 111 were returned. This represented approximately 0.4% of the practice's patient list.

- 57% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 63%, national average of 73%).
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).

- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 11 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 14 patients during the inspection. Most patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# The Nelson Medical Practice

## 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 second CQC Inspector, GP specialist advisor and a practice manager specialist advisor.

### Background to The Nelson Medical Practice

The Nelson Medical Practice provides primary medical services in Wimbledon to approximately 27000 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). This practice was formed on April 2015 with the merger of Church Lane Practice and Cannon Hill Lane Medical Practice. The practice population is in the least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children is in line with the CCG and above the national average and the practice population of working age people is in line with the CCG and above the national average; the practice population of older people is in line with the local and above national averages. Of patients registered with the practice for whom ethnicity data was recorded 13% are Asian, 5% are mixed and 3% are Black.

The practice operates in purpose built premises on the first floor. All patient facilities are wheelchair accessible with lift access to the first floor. The practice has access to 19 doctors' consultation rooms and three nurse/healthcare assistant consultation rooms on the first floor.

The clinical team at the surgery is made up of 10 GPs (both male and female) who are partners, eight salaried GPs (both male and female), one physician associate, one nurse practitioner, six practice nurses and one healthcare assistant. The clinicians in the practice are divided into smaller clinical teams (Red, Yellow, Green, Nursing and Frailty), with a dedicated care co-ordinator for each team. The non-clinical practice team consists of three practice managers and 30 administrative and reception staff members. The practice provides a total of 106 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee doctors, medical students and physician associates (Physician associates are trained to conduct physical examinations, diagnose and treat illness, order and interpret tests and counsel on preventive health care; they worked under the supervision of GPs).

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:00am to 6:30pm Monday to Friday. Extended hours surgeries are offered on Mondays to Thursdays from 6:30pm to 8:00pm and on Thursdays and Fridays from 7:00am to 8:00am and on Saturdays from 8:30am to 11:30am.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Merton CCG.

# Detailed findings

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

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

## 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 12 October 2016.

During our visit we:

- Spoke with a range of staff including five reception and administrative staff, two practice managers, three GPs, two practice nurses and we spoke with 14 patients who used the service including two members of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and 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.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system.
- The practice participated in the Merton Clinical Commissioning Group Amber Alert Protocol which was developed to raise quality, safety and patient experience concerns and helped to inform trends and influenced planning and commissioning.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient's sample was rejected as a request form was not completed and sent along with the sample. As a result the sample had to be re-obtained from the patient. This incident was discussed in a meeting and a new process was introduced to ensure this did not happen again.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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. GPs were trained

to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1; however we saw that one out of 27 clinical staff and nine administrative staff out of 33 non-clinical staff had not undertaken child protection training; the practice informed us that in-house training was arranged for these staff.

- Notices in the clinical rooms 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 check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the 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 and all staff except two non-clinical staff had received up to date training. Infection control audits were undertaken on a monthly basis and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat 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. Prescription 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.) The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered

## Are services safe?

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 on an individual basis.)

- 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. The practice used locum GPs occasionally and performed all the required pre-employment checks. However we saw no evidence of confidentiality agreements signed by the locums.

### 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 up to date fire risk assessments and carried out regular fire drills. They also had identified fire marshals. Electrical equipment was not annually checked as required to ensure the equipment was safe to use; however during the inspection we saw evidence that the checks were booked for 21/10/2016. 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, 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 that 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. They also had an emergency buzzer in each room.
- All clinical staff had received annual basic life support training; however non-clinical staff received this training every three years; during the inspection the practice informed us that they would make this a yearly training for all staff. 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; however the oxygen was less than half full. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included a risk assessment. 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 had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 100% of the total number of points available, with 10.7% clinical exception reporting. The practice held a register of patients who had been reported as an exception for 2014/15 and we found that they were appropriately reported. (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 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 84% (16.3% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 94% (9% exception reporting) which was above the CCG average of 92% and in line with the national average of 89%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 83% (0% exception reporting), which was below the CCG average of 87% and national average of 84%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 81% (6.6% exception reporting), which was in line with the CCG average of 84% and national average of 87%.
- Performance for mental health related indicators was above the CCG and national averages; 97% (12.8% exception reporting) of patients a comprehensive agreed care plan in the last 12 months compared with the CCG average of 90% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 87% (7.6% exception reporting) which was in line with the CCG average of 85% and national average of 84%.
- The national QOF data showed that 74% (4.5% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 73%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 92% (10% exception reporting) compared with the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain the number of opioids (a substance used to relieve pain) prescribed for non-cancer patients. In the first cycle the practice identified 1.9% of the patient population were prescribed opioids in a seven month period. Following this audit the practice reviewed these patients and their care plans were updated. In the second cycle after changes had been implemented, the practice identified 1.6% of the patient population were prescribed opioids in a seven month period which was a decrease when compared to the first cycle. Following this audit the practice planned to develop a template in medical records to complete a care plan for these patients.

# Are services effective?

## (for example, treatment is effective)

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

### Effective staffing

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

- The practice had a comprehensive induction programme, induction pack and detailed induction checklist for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support. However not all staff had undertaken information governance, infection control and child protection training.
- 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. 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 online 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.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however not all staff had completed these mandatory training. Staff had access to and made use of e-learning training modules and in-house training.
- They also had educational meetings every 4-6 weeks and the practice staff hosted educational events in topics such as diabetes in May 2016.
- The salaried GPs had in-house appraisals and regular mentor meetings.

- The practice had staff newsletter which included all the recent updates.

### 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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had clinical meetings every 4-6 weeks which involved all clinical staff where they reviewed the needs of patients, discussed new guidelines, significant events, audits and prescribing guidelines. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also had recently started monthly practice nurse meetings which involved practice nurses and healthcare assistants where they discussed practice nurse specific clinical issues.

### 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.
- We found that the consent obtained for minor surgical procedures were satisfactory.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.
- The practice ran a weekly smoking cessation clinic at the practice through a local support group.

The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning

Group (CCG) average of 81% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 3% to 97% and five year olds from 75% to 94%. Flu immunisation rates for diabetes patients were 100% which was above the CCG and national averages.

# 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 they could offer them a private room to discuss their needs.

All of the 11 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 14 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Four patients we spoke to mentioned that they had to wait longer to get a routine appointment.

Results from the national GP patient survey showed the practice were in line with the local and national averages. For example:

- 85% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 83% said the GP gave them enough time (CCG average 84%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).

- 88% said they found the receptionists at the practice helpful (CCG average 85%, national average 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was in line with or below average for consultations with GPs and nurses. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% (269 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had patient care navigators who signposted patients to local support.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP called 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.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available. They had a hearing loop in the waiting area to aid patients with hearing impairments.
- The practice registered homeless patients signposted through the local Salvation Army and local women's refuge. These patients were signposted to staff and extra consideration is made for the wellbeing. They also had alerts set up for patients for these patients.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Patients could electronically check in on the touchscreens available in the waiting area. The waiting area had screens which displayed and announced the name of the patient and the room number when the patients were called in for their appointment. There was also sub-waiting areas which was quieter.
- The staff handled all phone calls away from the reception area; this allowed reception staff to spend more time to answer patient queries.
- The patients were given 15 minute appointments instead of the usual 10 minutes; this allowed the patients to discuss their problems and do not feel rushed.
- The practice had a frailty team (GP, nurse practitioner, physician associate and care coordinator) which ensured continuity and access for frail elderly patients. This team provided care for three local nursing/ residential homes supporting the needs of 88 residents. The care coordinators acted as a link to patients in need of extra support and signposting; also acted as a link to other services and support for patient and clinicians.

- The practice offered a text messaging service which reminded patients about their appointments and informed about their test results.
- The practice regularly used language interpreters and sign language interpreters for patients. The practice also had alerts set up in the computer system for these patients so staff knew they needed an interpreter.
- The practice was part of a health centre where patients had access to services including diagnostics, phlebotomy, community service, endoscopy, assessment and rapid investigation services as well as outpatient services provided by the local hospital.
- The practice provided minor surgical procedures including cryocautery (a procedure that uses very cold temperatures to treat abnormalities of the skin), fitted coils and implants and provided joint injections which reduced the need for referrals to hospital.
- The practice encouraged patients to participate in Monday morning walks 'Walk4Life' from the health centre organised by the local council.

### Access to the service

The practice was open between 8:00am and 8:00pm Monday to Wednesday and from 7:00am to 8:00pm on Thursday and from 7:00am to 6:30pm on Friday and from 8:00am to 12:00pm on a Saturday. Appointments were available from 8:00am to 6:30pm Monday to Friday. Extended hours surgeries were offered on Mondays to Thursdays from 6:30pm to 8:00pm and on Thursdays and Fridays from 7:00am to 8:00am and on Saturdays from 8:30am to 11:30am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice had a same day team which ensured that patients were seen on the day. Same day/emergency appointments were booked by care navigators (reception staff) and reasons recorded for doctors to review; patients can either opt for a call back from a duty doctor or book an appointment with a nurse.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with or below local and national averages.

- 72% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 73%; national average of 76%).

# Are services responsive to people's needs?

(for example, to feedback?)

- 57% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 39% patients said they always or almost always see or speak to the GP they prefer (CCG average 50%, national average 59%).

Nine patients we spoke to mentioned that they had difficulty in accessing the surgery by phone. The practice was aware of this and had installed a telephone monitoring system to monitor incoming calls. The practice had also increased the number of telephone lines from 10 to 15 to address this issue. Ten patients said there is limited continuity of care and they see a different GP each time they are in for an appointment.

The practice undertook their own patient survey in 2016 for which it had 1342 responses. The results were as follows:

- 80% of patients indicated that the telephone was answered in a reasonable time.
- 71% of patients indicated that they can get a routine appointment 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.
- There was a designated responsible person who handled all complaints in the practice.
- Complaints information was displayed on screens in the waiting area and was available on the practice website; however there was no complaints leaflet.

We looked at 69 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. However there was no ombudsman information in response letter to complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had a number of complaints regarding not able to pre-book advance routine appointments with a doctor of their choice. Following these complaints the practice had increased the number of routine GP appointments available to pre-book in advance. The practice informed that this has reduced the number of complaints in this area.

# 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 a robust strategy and supporting business plans which reflected the vision and values and these 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:

- The practice has a clear governance structure with governing body, executive management team, directors (clinical and management) and leads for areas including clinical areas and teaching.
- 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. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice had bi-weekly executive management team meetings where they discussed day to day running, general management issues, significant events, training and education.
- The practice had monthly governing body meetings where they discussed strategy including staff issues, collaborative work including GP federation and issues from the executive management team meetings.
- The practice also had three monthly nurse management meetings with the nurse manager, clinical director and practice manager.
- The practice had monthly reception and administrative team leader meetings where they discussed reception and administration specific issues and cascaded information to their respective teams.

- The practice had a quarterly staff meetings discussed general staff issues, training and complaints.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- We found that learning was embedded in the culture of the practice.
- 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.
- All staff were aware of the upcoming merger with another practice and were involved in the discussions about this. Patients were kept informed about the merger and we saw a reminder notice for patients regarding this.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

# Are services well-led?

Good 

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

## 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 practice had an active virtual PPG and an active Patient Reference Group (PRG) with 12 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. The member of the PPG spent a couple of weeks since the opening of the new building obtaining patients' feedback; they reported that the feedback was generally very good.

- 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.
- The practice had hand held electronic devices in the waiting areas through which patients can record their comments, complaints and feedback.

## 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. For example the practice took part in the social prescribing pilot to support vulnerable patients. This project aimed to improve the health and wellbeing of patients through providing access to non-medical support that increased self-help, self-management and social engagement and healthy behaviours, and prevent ill health. This also reduced the clinical workload and increased skill mix through embedding care navigation within primary care.