

# Clapham Park Group Practice

## Quality Report

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Date of inspection visit: 4 October 2016  
Date of publication: 10/01/2017

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 Clapham Park Group Practice on 4 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. However not all staff had their employment history in their files.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. 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 on the practice website but not visible in the practice. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.

### The areas where the provider should make improvement are:

- Consider reviewing information about services and how to complain displayed within the practice.
- Consider reviewing the recruitment process to ensure all staff have their employment history on file.

# Summary of findings

- Consider reviewing training for staff to ensure the effective use and monitoring of on-line training.
- Review performances for mental health patients, ensuring annual reviews are conducted.

- Ensure staff are aware of the practice mission statement.

**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 embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, however the recruitment process needed to be more effective to ensure that employment history was captured for all staff.
- Whilst staff received initial training on induction they were not always making effective use of their on-line training programmes.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 showed patients rated the practice higher than others 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.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- 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.
- Information about services and how to complain was available and easy to understand on the practice website but was not visible in the practice evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided care for a sheltered housing complex with 50 flats, most patients had very complex needs and almost all were housebound and had a recent health assessment/review.
- The practice had recently trained two receptionists as phlebotomists to increase nurse appointments.
- This year the practice had extended its opening hours to include early morning appointments on a Wednesday from 7.30am.

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 unclear about the practice mission statement, vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- 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 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.
- All older people had a named GP. The named GP was responsible for repeat prescribing, dealing with paperwork and leading on home visits for all their allocated patients.
- The practice participated in the unplanned admissions direct enhanced service and 200 older patients had a current care plan in place.

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 percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 76%, which was 4% below the CCG average and 4% below the national average. The exception rate for the practice was 5%, CCG was 9% and national was 12%.
- The practice devised an annual health report for patients with long term conditions to complement care plans.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments were offered for patients on ten or more medications.
- The practice participated in virtual clinics for heart failure, hypertension, atrial fibrillation, diabetes and asthma and chronic obstructive pulmonary disease (COPD).

Good



# Summary of findings

## 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.
- 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, health visitors.
- Same day appointments were always offered to children.
- There was a family planning service including long acting reversible contraception (LARC), the practice fitted 223 coils and implants in 2015/16.
- Postnatal and six week checks were conducted.

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.
- 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.
- Phone or face to face appointments were bookable up to 6 weeks in advance.
- Online access for registration, repeat prescriptions, appointment booking, and results.
- Extended hours above those contracted; with early, late and weekend including (healthcare assistant) HCA, nurse and doctor appointments were available.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had 43 patients with a learning disability, eight had received an annual review in the last year which was 19%. The practice had recently started a structured recall system for these patients inviting them in for an appointment with a nurse and then followed up by a GP appointment.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Housebound patients all have a named GP who was responsible for ensuring annual reviews were completed.

## 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).

- 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.
- Since April 2016 there was an alert put on patients records, promoting reception to book double appointments for patients who have not had their annual review.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy three survey forms were distributed and 99 were returned. This was a 27% response rate and represented 0.5% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared with a CCG average of 76% and a national average of 73%.
- 83% 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 73% and a national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared with a CCG average of 84% and a national average of 85%.

- 86% 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 79% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients said that staff were friendly and professional, caring and provided an excellent service.

We spoke with 12 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Clapham Park Group 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 GP specialist adviser and an expert by experience.

### Background to Clapham Park Group Practice

Clapham Park Group Practice is a large practice based in Clapham. The practice list size is approximately 16,700. Average life expectancy for males in the practice patient population is 79 years and for females 84 years. Both of these are in line with the Lambeth Clinical Commissioning Group (CCG) and national averages for life expectancy. The practice has a higher than average number of male and female patients aged between 20- 44 years. The practice has a lower than average number of male and female patients aged 45-85 years.

The practice facilities include 10 GP consultation rooms, two treatment rooms and a patient waiting room. The consultation rooms are all on the ground floor. The premises is wheelchair accessible and there are facilities for wheelchair users including an accessible toilet. There is a hearing loop for patients with hearing impairments.

The staff team comprises of eleven GPs in total, with six GP partners (two male and four female). There are five salaried GPs (two male and three female). They do a total of fifty seven sessions per week. The practice is a training practice and had one registrar who works seven sessions per week. Other staff included three practice nurses (all female), a health care assistant (male), nine receptionists, seven administration staff, and one practice manager.

The practice is open between 8am to 6.30pm Monday to Friday. They offer extended hours from 7.30am to 8pm on Wednesday and 8.30am to 10.30am Saturday.

Appointments are available to patients from 8.00am to 6.30pm. When the practice is closed patients are directed (through a recorded message on the practice answer machine) to contact the local out of hour's service. Information relating to out of hour's services is also available on the practice website.

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 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. The practice had not been inspected before.

### 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 4 October 2016.

During our visit we:

# Detailed findings

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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. For example, two referrals had been made by a GP which contained the wrong patient details, as a consequence one of the patients received the other patient's referral letter. After investigation the GP contacted both patients to discuss what had happened and the referrals for both patients were corrected.
- The practice carried out a thorough analysis of the significant events. There had been 23 significant events in the last 12 months. All of the significant events had been handled in line with the organisations policy. A thorough analysis was carried out and learning recorded.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a safety alert relating to insulin pumps was received on 1 September 2016. We saw that the alert had been disseminated to staff including the nursing staff for them to action, and letters were sent to patients.

### Overview of safety systems and processes

The practice had defined 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 three. The nurses were trained to level two and most of the administration staff were trained to level one. Two of the administrative staff had not completed their online safeguarding training; however they had received an overview from a GP when they joined the practice. All staff we spoke with demonstrated understanding of safeguarding issues.
- Notices 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. 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 most staff had received up to date training. Some staff had received training during their induction and some went on to complete an on-line training session. All staff had been booked to have infection control training in November 2016. Annual infection control audits were undertaken and we saw evidence that an audit was completed in January 2016. The practice had drawn up an action plan which was reviewed in June 2016, and we saw action had been taken to address any improvements identified as a result of the audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal). Vaccine fridge temperatures were monitored and there were internal as well as external thermometers. 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice put alerts and devised a prescribing protocol on their clinical system issuing templates that needed to be completed prior to 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). Health Care 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 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 and the appropriate checks through the Disclosure and Barring Service. However we found out of the five files checked, two members of staff, one clinical and one non-clinical did not have a record of their employment history contained in their files.

### 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. There was a health and safety policy available with a poster in the

reception. The practice had up to date fire risk assessments and carried out regular fire drills. There were four appointed fire wardens. Fire alarms and smoke detectors were tested weekly.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Calibration was conducted annually, having last been completed in April 2016. 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.
- All staff received annual basic life support training and 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff 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 6% 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 comparable to the national average. For example, 66% 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%, with 3% exception reporting compared with the Clinical Commissioning Group (CCG) average of 9% and the national average of 12%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 96% which was above CCG average of 90%

and national average of 90%, with 0.8% exception reporting compared with the Clinical Commissioning Group (CCG) average of 5% and the national average of 11%.

- 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 63% compared with CCG average of 85% and national average of 88%, with 9% exception reporting compared with the Clinical Commissioning Group (CCG) average of 6% and the national average of 13%. The practice advised this large variation was because they only do care plans if they see patients face to face, they tried to contact all mental health patients, and had a 50% attendance rate, they tried chasing up but patients still did not come in.
- The number of patients with dementia who had received annual reviews was 85% which was comparable to the CCG average of 88% and national average of 84%, with 4% exception reporting compared with the Clinical Commissioning Group (CCG) average of 6% and the national average of 8%.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example a warfarin (anticoagulant) audit was undertaken following a significant event analysis which highlighted discrepancies in the way each clinician prescribed warfarin. In the first cycle 30 patients had been issued warfarin, 83% had all of the required information recorded. The practice introduced a template for prescribing warfarin and since the implementation the practice has not had a warfarin significant event. In the second cycle 33 patients had been issue with warfarin 94% had all of the information recorded. The re-audit showed an improvement in recording data for the safe prescribing of warfarin.

### 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.
- 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.
- 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.
- There was no structured process in place to determine which staff had completed their on-line training, however the practice advised they were working on this to ensure all staff were up to date, with all training via the on-line 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.

### 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:

- Alerts were put on the clinical system for vulnerable patients, patients who required interpreting services, patients receiving end of life care and carers. Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were also supported.
- A dietician attended the practice on an ad-hoc basis.
- The health care assistant (HCA) and nurse provided one-to-one smoking cessation advice to patients. The practice had identified 2415 smokers. In 2015/16 they had referred 60 patients and 16 quit. This represented a 27% success rate.

The practice's uptake for the cervical screening programme was 76%, which was lower than the CCG average of 80% and the national average of 82%. There was a policy to

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

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 96% and five year olds from 85% to 96%. CCG under two year olds ranged from 81% to 90% and five year olds from 83% to 96%

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to compared to the CCG average of 86% and the national average of 91%.
- 88% 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 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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% 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.

## Are services caring?

- Information leaflets were available in easy read format.

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

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 261 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them, the practice also had a carers pack.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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 had a very good understanding of their local population they had a higher than average number of patients aged between 20- 44 years, (higher than England averages of female and male patients in this age group).

- The practice offered a 'Commuter's Clinic' on a Wednesday also between 8am and 10.30am every Saturday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recently employed another practice nurse to improve appointment availability by offering additional nurse appointments in addition to those outside of core business hours.
- The practice had recently trained two reception staff to become phlebotomists, further increasing access to nurse appointments.
- The practice had recruited another permanent GP to increase appointment availability.

### Access to the service

The practice is open between 8am to 6.30pm Monday to Friday. They offer extended hours from 7.30am to 8pm on Wednesday and 8.30am to 10.30am Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the compared to the CCG average of 79% and the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the compared to the CCG average of 76% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff told us that any patient who calls in during opening hours will get an appointment on the day if they say they need to be seen. Patients we spoke with confirmed this. Appointment slots were reserved with each GP to accommodate urgent 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 on the practice website, but this was not displayed in the practice.

We looked at three complaints out of 20 received in the last 12 months and found that they had been responded to within appropriate time scales and explanations and apologies were given if applicable. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example a patient arrived more than ten minutes late for an appointment, the GP was unable to see the patient, the patient complained. The practice manager investigated the incident, a response was sent to patient, the issue was discussed at the reception meeting and the practice ensured the policy on late arrivals was available to patients on their website as well as in the waiting 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, however staff did not know and understand the values.
- The practice had a 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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A clinical and internal audit 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

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 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, business meetings were held monthly, reception meetings weekly, nurse meetings quarterly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example reception staff were keen on developing and the practice developed two members of staff to become phlebotomist.

### 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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice changed the appointment system and increased appointment availability by employing additional staff members. The practice extended its opening hours this year to include early morning opening at 7.30am on a Wednesday, this was all as a result of feedback provided by the PPG. The

# Are services well-led?

Good 

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

PPG also helped to run a number of events to raise health awareness, for example in June 2016 the practice held a diabetes event targeting poorly controlled diabetes, they had also held an event on mental health awareness.

- The practice had gathered feedback from staff through annual appraisals, staff meetings and surveys. Staff told us they felt involved and engaged to improve how the practice was run.

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 was innovative with IT and was working on producing self-populating annual health reports and care plans. The practice was in the process of agreeing funding for a project to redevelop the practice adjacent to them Rathmell Health Centre, to redesign, improve and extend the premises.

## Continuous improvement