

Vineyard Hill Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Vineyard Hill Surgery on 31 January 2017. 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.
- 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.
- We saw evidence that the practice used audit to make improvements to safety; however, practice policies were not always updated to reflect the changes made.
- The practice identified patients with caring responsibilities and information was available to direct these patients to support organisations; however, only nine carers had been identified, which represented less than 1% of the practice's patient list.

- 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; however, the practice's complaints leaflet did not contain accurate sign-posting information to enable patients to escalate their complaint if they were unhappy with the practice's response. 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 had recently set up a Patient Participation Group (PPG), and this was in the process of becoming established.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- They should ensure that all staff are aware of the identity of the practice safeguarding lead.
- They should ensure that they provide contact details for the Parliamentary and Health Service Ombudsman in their complaints leaflet and in complaint response letters.
- They should ensure that changes to process are reflected in updated practice policies.
- They should continue to develop the PPG in order to ensure that they are able to gather feedback from patients about the service provided.
- They should continue to work on identifying patients with caring responsibilities in order to ensure that these patients can receive support.

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. All staff we spoke to had access to contact details for local safeguarding teams and could describe the action they would take if they had a safeguarding concern; however, some staff were unaware of who the safeguarding lead for the practice was.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The most recently published data from the Quality and Outcomes Framework (QOF), which related to the 2015/16 reporting year showed patient outcomes were at or above average compared to the national average; however, the practice's clinical exception reporting rate was higher than the CCG and national average (13%, compared to a CCG average of 5% and national average of 6%). The practice explained that they had been focussing on addressing the exception reporting rate since the current provider took over the practice in 2015; whilst their exception rate for 2015/16 was higher than local and national averages, it was an improvement compared to the 2014/15 reporting year, during which the previous partnership ran the practice. We saw evidence that their overall exception reporting rate for the 2016/17 reporting year to date was 3.5%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement; however, changes to process as a result of audit were not always formalised in practice policy.

Good



Summary of findings

- 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.

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.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they participated in CCG educational events, which enabled both clinical and non-clinical staff to receive training and to share learning and best practice.
- 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 how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised; however, the practice's complaints leaflet did not contain accurate sign-posting information to enable patients to escalate their complaint if they are unhappy with the practice's response. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies 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 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 had recently set up a Patient Participation Group (PPG), and this was in the process of becoming established.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice's rate of unplanned hospital admissions was lower than the CCG average.
- The practice's achievement for the management of conditions typically found in older people was comparable to local and national averages; for example, the percentage of patients with hypertension who had well controlled blood pressure was 78% compared to a CCG average of 80% and national average of 83%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were mixed. Overall the practice achieved 100% of the total QOF points available for diabetes indicators for the 2015/16 reporting year, compared with an average of 84% locally and 90% nationally; however, their overall exception reporting rate for diabetes was 17% compared the CCG average of 10% and national average of 12%. The provider had been focussing on addressing the exception reporting rate since they took over the practice in 2015, and we saw evidence that the exception reporting rate for diabetes indicators for the 2016/17 reporting year to date was 4%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 80% of women registered at the practice aged 25-64, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had registered patients who lived in a local women's refuge, and could give examples of tailored care they had provided to these patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- 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; however, some staff were unaware of who the practice's safeguarding lead was.

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 had 8 patients diagnosed with dementia and all had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 85% and national average of 84%; they had not excepted any patients for this indicator, compared to an average exception reporting rate of 4% for the CCG and 7% nationally.
- The practice had 21 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for all of these patients, compared to a CCG average of 90% and national average of 89%; their exception reporting rate for this indicator was 14% compared to a CCG average of 6% and national average of 10%.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twelve survey forms were distributed and 95 were returned. This represented approximately 2% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were mostly positive about the standard of care received. Patients commented that they had received excellent care from doctors and nurses and that reception staff were helpful. Four of the comment cards completed had mixed comments, one related to a difficulty in making appointments, one commented that appointments ran late, and two cards mentioned that consultations with doctors could feel rushed.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients specifically commented that they felt the transition from the previous partnership to the current provider had been managed well.

Vineyard Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Vineyard Hill Surgery

Vineyard Hill Surgery provides primary medical services in Wimbledon to approximately 3800 patients and is one of 44 practices in Merton Clinical Commissioning Group (CCG). The practice was taken over by The Groves Medical Centre (who also run three other practices in neighbouring areas) in 2015 following the retirement of the previous partnership.

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 7%, which is lower than the CCG average of 17%, and for older people the practice value is 12%, which is lower than the CCG average of 16%. The practice has a higher proportion of patients aged 25 to 54 than the CCG average, and a smaller proportion of patients aged 54 and older. Of patients registered with the practice, the largest group by ethnicity are white (79%), followed by Asian (12%), mixed (4%), black (3%) and other non-white ethnic groups (2%).

The practice operates from a three storey converted residential premises. Free car parking is available on in the surrounding streets during practice opening hours. The reception desk, waiting area, and two consultation rooms are situated on the ground floor. Four consultation rooms

are on the first floor, and administrative offices and staff facilities are on the second floor. The practice does not have a lift, but patients who are unable to use the stairs are accommodated in the ground floor consultation rooms.

The practice team at the surgery is made up of one male and one female GP who are partners and both provide one clinical session per week. The practice also has two full time female salaried GPs (one of whom is the lead GP for the practice) and one full time male salaried GP; in total 17 GP sessions are available per week. In addition, the practice also has one part time female nurse and one part time female healthcare assistant. The practice team also consists of a practice manager (who works across all of the provider's sites), a site manager, and six reception/administrative staff.

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 open between 8am and 6:30pm Monday to Friday and on two Saturday mornings per month. Appointments are from 8.30am to 12.10am every morning, and 1:20pm to 6:30pm every afternoon. Extended hours surgeries are offered on two Saturdays per month; one Saturday between 9am and 1pm and the other between 8am and 12pm.

When the practice is closed patients are directed to contact the local out of hours service.

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

Detailed findings

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.

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 31 January 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, members of the practice management team, 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded a significant event regarding a prescribing error where a prescription had been received from the local pharmacy with an incorrect medicine requested. This error had been identified by a member of reception staff at the practice, who had escalated their concerns to a GP. Following the investigation into the event, the pharmacist concerned was invited to the practice meeting where the incident was discussed, in order that learning could be shared with both practice and pharmacy staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare, and the practice had displayed the contact details for the local safeguarding team prominently on the front page of their appointments system, so that all staff could easily access this information. There was a lead member of staff for safeguarding; however, this member of staff was based at another of the provider's sites. Some staff we spoke to did not know who the safeguarding lead for the practice was, but all staff could describe the action they would take if they had a safeguarding concern, which included immediately notifying the GP on duty at the practice. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and administrative staff were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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 staff had received up to date training. Annual infection control audits were undertaken and the practice had scored 99% compliance in their last audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat 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. 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

Are services safe?

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's Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription (PSD) 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 four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 audits, and told us they had recently introduced a process of sample checking patient records, where they intended to audit consultation notes of 1% of each clinician's patient consultations per month.

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. The practice's overall clinical exception rate was 13%, which was higher than the CCG average of 5% and national average of 6%. (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). The practice was aware that their exception reporting rate was higher than average, and they had been working on addressing this. Whilst their exception reporting rate for 2015/16 was higher than average, there had been significant improvements since the current provider had taken over the practice; the exception reporting rate for the year prior to the current provider taking over (2014/15) was 19%. The practice showed us evidence that their exception reporting rate for the current reporting year to date was 3.5%. In order to achieve these improvements, the practice had designated the lead GP as responsible for QOF, and they had one

session per week set aside for administrative tasks such as reviewing QOF achievement. The lead GP was also using this time to review historical patient notes to ensure that summaries were accurate.

Data from 2015/16 showed:

- Performance for diabetes related indicators were mixed. Overall the practice achieved 100% of the total QOF points available for diabetes indicators, compared with an average of 84% locally and 90% nationally; however, their overall exception reporting rate for diabetes was 17% compared the CCG average of 10% and national average of 12%. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 83%, which was above the CCG average of 73% and national average of 78% (exception reporting rate was 12% compared with the CCG average of 8% and national average or 9%), the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 93% (CCG average 84%, national average 89%), and the proportion of diabetic patients with well controlled blood sugar was 90% compared to the CCG average of 72% and national average of 78%; (exception reporting rate for this indicator was 17% compared to the CCG average of 10% and national average of 13%).
- The percentage of patients with hypertension who had well controlled blood pressure was 78% compared to a CCG average of 80% and national average of 83%.
- The percentage of patients with atrial fibrillation who were treated with anti-coagulation drug therapy where this was clinically indicated was 88% compared with a CCG average of 84% and national average of 87%; however, the practice's exception reporting rate for this indicator was 32% compared to a CCG average of 9% and national average of 10%.
- Performance for mental health related indicators was comparable to CCG and national averages. The practice had 8 patients diagnosed with dementia and 100% had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 85% and national average of 84%; they had not excepted any patients for this indicator, compared to an average exception reporting rate of 4% for the CCG and 7% nationally.
- The practice had 21 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care

Are services effective?

(for example, treatment is effective)

plan for 100% of these patients, compared to a CCG average of 90% and national average of 89%; however, their exception reporting rate for this indicator was 14% compared to a CCG average of 6% and national average of 10%.

- We saw evidence that the practice's rate of Accident & Emergency attendance and unplanned admission to hospital were below the CCG average.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, one of these was a completed audit of the practice's methotrexate prescribing. Improvements made were implemented and monitored; however, learning had not been formally embedded in practice policy. The initial audit had found that of the six patients being prescribed this medicine, 66% were also being prescribed folic acid and 33% had records of blood tests at the recommended frequency. Following the initial audit, patients who were not prescribed folic acid were invited to speak to a GP about their treatment; and new arrangements were put in place to ensure patients had completed the required monitoring, which included reducing the supply of methotrexate prescribed when patients were overdue a blood test. The follow-up audit found that 86% of patients were being prescribed folic acid and that 66% of patients had a record of a recent full blood count. Whilst this audit demonstrated an improvement, we noted that the practice's repeat prescribing policy had not been updated to include the new arrangements for reducing the supply of medicine prescribed for patients overdue monitoring.
- The practice participated in local audits, national benchmarking and peer review.

Effective staffing

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

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

conditions. Nursing staff attended training events provided by the CCG, and made use of online resources. Nurses from all four practices run by the provider met regularly to share learning.

- 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, which included an assessment of their learning needs. The practice explained that they were committed to developing talent internally, and we saw examples of this; for example, the practice provided apprenticeship placements for reception staff, and we spoke to one receptionist who had begun working at the practice as an apprentice and had then been employed as a permanent member of staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

Are services effective?

(for example, treatment is effective)

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 two-monthly basis when care plans were routinely reviewed and updated for patients with complex needs; these meetings were attended by palliative care nurses, district nurses, social care case managers and care navigators (an experienced nurse who manages complex cases), social workers and specialist dementia nurses.

The provider group held quarterly GP forums, which were attended by staff at the practice. At these meetings staff shared knowledge and information; for example, one GP had recently given a presentation on the zika virus following a course that they had attended. Hospital consultants were also invited to give talks at these meetings.

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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 82%. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for breast cancer screening was 56%, which was below the CCG average of 64% and national average of 72%; the uptake of breast screening within six months of invitation was 22% compared to a CCG average of 63% and national average of 73%. The uptake of bowel cancer screening amongst the practice's patients was 49% compared to a CCG average of 50% and national average of 58%.

Childhood immunisation rates for the vaccinations given to children aged two years and under were below the 90% standard for three out of four of the vaccinations given.

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 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were mostly positive about the standard of care received. Patients commented that they had received excellent care from doctors and nurses and that reception staff were helpful. Four of the comment cards completed had mixed comments, one related to a difficulty in making appointments, one commented that appointments ran late, and two cards mentioned that consultations with doctors could feel rushed.

We spoke with three members 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:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and national average of 92%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and 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 which provided patients with information about various local services, such as the local hub for patients with dementia and their carers, child health clinics, and information about the bowel screening programme.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified nine patients as carers, which represented less than 1% of the practice list. Carers were offered annual influenza vaccination at the practice, and information was to direct carers to the various avenues of support available to them.

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/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. For example, they participated in CCG educational events, which enabled both clinical and non-clinical staff to receive training and to share learning and best practice.

- The practice offered an extended hours clinic on two Saturday mornings per month for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday and on two Saturday mornings per month. Appointments were from 8.30am to 12.10am every morning, and 1:20pm to 6:30pm every afternoon. Extended hours surgeries were offered on two Saturdays per month; one Saturday 9am and 1pm the other between 8am and 12pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.

- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and 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.

Requests for home visits were recorded by reception staff, and the patient was then contacted by the duty doctor by telephone to determine whether a home visit was clinically appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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; however, their complaints leaflet contained incorrect information about how patients could escalate their complaint if they were unhappy with the practice's response.
- 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, for example, a poster was displayed in the waiting area and a complaints leaflet was available.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint had been received from a patient who was unhappy that they had not been informed by the practice that they were ineligible for funding for a particular procedure. We saw evidence that the practice had apologised to the patient and that they had discussed the criteria for funding eligibility in a clinical meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The provider had an overarching strategy and supporting business plans for the group 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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.
- 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 management team at the practice.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. At the time of the inspection, the PPG had recently been set up and was in the process of becoming established. PPG members we spoke to said that they had only attended one meeting, but that they felt that the practice was receptive to their feedback. The practice told us that they had consulted with patients ahead of the recent renovation of the building.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice nurse had explained that staff would feed back on forms that needed updating to ensure that they were fit for purpose.

Continuous improvement

The partnership and management team responsible for the group of practices were in the process of standardising governance and staffing arrangements across the group, with a particular focus on centralising their personnel function to ensure that efficient processes were in place to monitor staff performance, training and professional

Are services well-led?

Good 

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

registration. The provider was committed developing their staff and growing talent; this included providing opportunities for existing staff to acquire additional skills, and providing job-based training opportunities for new staff. For example, the practice provided apprenticeship

placements for reception staff, and we spoke to one receptionist who had begun working at the practice as an apprentice and had then been employed as a permanent member of staff.