

# St Giles Surgery (Dr J Rosemen)

## 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 St Giles Surgery (Dr J Rosemen) on 18 August 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.
- 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. 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:

- Ensure the practice is registered for the regulated activity maternity and midwifery services to cover the post-natal care provided by the practice.

# Summary of findings

- Ensure the guidelines for the correct segregation and disposal of sharps waste is followed to ensure compliance with legislation.
- Ensure blank prescriptions are tracked through the practice in line with national guidance.
- Ensure all staff know how to access clinical protocols relevant to their role.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Formulate a written strategy to deliver the practice's vision.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 comparable with 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 was above CCG and national averages for several aspects of care. For example, 90% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 81%; national average 85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care

Good



# Summary of findings

and treatment. This was echoed in the National GP Patient Surgery which showed 91% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 77%; national average 82%).

- 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 National GP Patient Survey showed 61% of patients were able to see or speak to their preferred GP (CCG average 50%; national average 59%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal written strategy or supporting business plan to achieve 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 good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. There was an alert system on the clinical system for elderly patients at risk and patients on a case management register receive same day telephone consultations.
- The practice referred its patients into the local Age UK's Safe and Independent Living (SAIL) project aimed to support older people stay healthy and independent in their home for as long as possible by helping them navigate and access the full range of services available, including leisure and social services.

Good



### People with long term conditions

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

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice hosted 'virtual diabetes clinics' provided by the local diabetes community team which involved diabetes consultants and specialists visiting the practice to undertake case review of complex patients.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.
- Performance for diabetes related indicators was below the local and national average for some indicators and comparable for others. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 66% (CCG average 73%; national average 78%) and the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% (CCG average 85%; national average 88%).

Good



# Summary of findings

- 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.

## 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions was 83% (CCG average 75%; national average 75%).
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 82%.
- The practice promoted and offered chlamydia screening for the under 25s.
- 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 and school nurses.

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 and patients could book and cancel appointments, request repeat prescriptions and update personal information through the practice website. The practice operated an automated text reminder system for appointments.

Good



# Summary of findings

- The practice offered a 'Commuter's Clinic' on Wednesday from 6.40am to 8am and from 6.30pm to 8pm for working patients who could not attend during normal opening hours. Both GP and healthcare assistant appointments were available at these clinics.

## 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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and signposted vulnerable patients to 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.
- The GPs and practice nurse had undertaken Female Genital Mutilation (FGM) training.

Good



## People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was comparable to the local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 76% (CCG average 85%; national average 88%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 84% (CCG average 86%; national average 90%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 73% (CCG average 80%; national average 84%).

Good



# Summary of findings

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

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and sixty-nine survey forms were distributed and 93 were returned. This represented a response rate of 25% and 1.5% of the practice's patient list. The results showed the practice was performing in line with local and national averages for some responses.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and the national average of 73%.
- 87% 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 80% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 88% 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 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Two of the cards had mixed comments of which the negative comment related to getting an appointment.

We spoke with 14 patients during the inspection, all of whom said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results of the Friends and Family Test (FFT) for July 2016 showed 91% of patients would recommend the practice. Patients can provide FFT feedback both in the practice and on the website. The practice posts the results of the FFT each month on the website.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure the practice is registered for the regulated activity maternity and midwifery services to cover the post-natal care provided by the practice.
- Ensure the guidelines for the correct segregation and disposal of sharps waste is followed to ensure compliance with legislation.
- Ensure blank prescriptions are tracked through the practice in line with national guidance.
- Ensure all staff know how to access clinical protocols relevant to their role.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Formulate a written strategy to deliver the practice's vision.

# St Giles Surgery (Dr J Rosemen)

## 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 St Giles Surgery (Dr J Rosemen)

St Giles Surgery (Dr J Rosemen) is located at 40 St Giles Road, Camberwell, London SE5 7RF. The practice was previously known as St Giles Surgery (Dr A Patel). Dr Patel retired from the practice in April 2015. At the time of our inspection the practice had submitted notification to CQC of the change in partnership.

The practice provides NHS primary care services to approximately 6,500 patients living in the Camberwell and Peckham area through a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is part of Southwark Clinical Commissioning Group (CCG) which consists of 45 GP practices.

The practice operates from a two-storey purpose-built property which it shares with a separate GP partnership. All patient services are on the ground floor. The first floor is accessed via stairs. The practice has access to four GP consulting room and two treatment rooms. There is a

shared reception, waiting room and multi-purpose clinical room. In addition to signage to assist patients in identifying their correct GP, both practices are colour-coded. Dr Roseman's practice is the red practice.

The practice population is in the third least deprived decile in England. People living in more deprived areas tend to have a greater need for health services. The practice population of male and female patients between the age brackets 20 to 24, 25 to 29 and 30 to 34 was higher than the national averages.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease; disorder or injury. The practice had not registered for the regulated activity maternity and midwifery. However, the practice carried out post-natal care which fell into the scope of this regulation. The practice has submitted an application to CQC to add this regulated activity.

The practice staff comprises of one female and two male GP partners (totalling 24 clinical sessions per week), one female salaried GP (5 clinical sessions per week) and one female GP registrar. The clinical team is supported by a practice nurse, a healthcare assistant, a practice manager and seven administration/receptionist staff. The practice shares all its support team with the GP practice in the same premises. All staff are contracted to work 37.5 hours per week and their time is split based on practice population. The practice told us staff work approximately 60% of the whole time equivalent with the practice.

The practice is a training practice and at the time of our inspection had one GP registrar attached to the practice.

# Detailed findings

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided on Wednesday from 6.40am to 8am and from 6.30pm to 8pm. GP and healthcare assistant appointments are available at these clinics.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients also have access to an extended access centre open 8am to 8pm, seven days per week which were created through funding from the Prime Minister's Challenge Fund (the Challenge Fund was set up nationally in 2013 to stimulate innovative ways to improve access to primary care services).

## 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 been previously inspected in January 2014. At that time we had concerns regarding two essential standards (care and welfare of people who use services and requirements relating to workers). A follow-up focussed inspection was undertaken in April 2014 and at that time the practice was found to be meeting the essential standards.

## 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 18 August 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, practice nurse, healthcare assistant, practice manager and receptionists) 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 an electronic recording form available on the practice's computer system and paper forms on a significant event noticeboard in the reception area. 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 discussed significant events as a standing agenda item at weekly clinical meetings in the form of a reflective template. Each significant event was discussed from the perspective of the impact and outcome for the patient, the practice/individual and the relatives.
- The practice carried out a thorough analysis of the significant events and had recorded five within the last 12 months. For example, the safe handling and use of liquid nitrogen protocol was reviewed and updated when appropriate safety equipment (gloves and goggles) had not been available when decanting liquid nitrogen into a secondary container for use. On the day of the inspection we observed the liquid nitrogen to be stored in a locked, ventilated room with appropriate safety signage on the door and the availability of appropriate personal protective equipment. The learning outcome was shared with the GP practice within the same building who share the liquid nitrogen container.

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, in response to a patient safety alert in March 2016 regarding risk of death from failure to prioritise home visits

in general practice, the practice reviewed its procedure and produced a flowchart and protocol and trained staff on the procedure to ensure all calls for home visits were handled and triaged appropriately.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the practice nurse and healthcare assistant were trained to safeguarding level 3. The GPs and practice nurse had undertaken Female Genital Mutilation (FGM) training.
- There was a notice in the waiting room and consulting rooms that 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 had trained both female and male staff to chaperone. All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The consulting rooms were carpeted and we saw evidence that the practice had a twice

## Are services safe?

yearly schedule for deep cleaning. The flooring in the two treatment rooms had been replaced following a previous infection control audit to seamless and impermeable flooring in line with guidance.

- There was an infection control protocol in place and staff had received up to date training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk. The practice nurse had commenced the role of infection control clinical lead in April 2016. The internal infection control audit had been undertaken by the practice manager in July 2016. The audit included a review of the sharps handling and disposal process and indicated compliance with standards. However, on the day of the inspection we noted the practice did not have all the appropriate colour-coded sharps bins required for the range of medicines administered and the sharps bins available in two consulting rooms were not signed and dated in line with guidance.
- 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). However, we noted that some medicines had not been disposed through the correct colour-coded sharps bin. 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 box serial number were recorded. However, there was no system in place to track their use in the practice. The practice sent evidence after the inspection that a log system had been implemented.
- Patient Group Directions (PGDs) 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.) All PGDs had been signed by the practice nurse and the prescribing lead. The healthcare assistant had been 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.

### 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 office which identified the local health and safety representative. We saw evidence that staff had undertaken health and safety and manual handling training. The practice had undertaken a health and safety risk assessment in June 2015 and we saw evidence action was taken to address any improvements identified as a result. For example, to have a first aid kit and accident book available. On the day of the inspection both were available and all staff we spoke with were aware of their location.
- There was a fire procedure in place and we saw evidence that all fire extinguishers and the fire alarm were maintained. There were two trained fire marshals and all staff we spoke with on the day knew who they were. Fire evacuation drills were undertaken regularly and we saw a log of these. All staff we spoke with knew where the fire evacuation assembly point was located.
- The practice had an up-to-date fire risk assessment undertaken in June 2015 and we saw evidence that findings identified had been actioned.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff and portable electrical appliances had both been checked in March 2016.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in June 2015.

## Are services safe?

- 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 emergency alert system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training which included automated external defibrillator. Emergency medicines were available in the practice nurse's treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw a log that these were checked on a weekly basis by the practice nurse. A first aid kit and accident book was available on reception.
- 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. This had been updated in June 2016. The plan included emergency contact numbers for staff. The practice had a 'buddy' system with a neighbouring practice.

# 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.

### 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 91% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for some diabetes related indicators was below CCG and national average for some indicators and comparable for others. For example, patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 66% (CCG average 73%; national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 85% (CCG average 88%; national average 94%). The practice had addressed its diabetes outcomes by undertaking a diabetes audit to ensure all patients were being reviewed and hosted a virtual diabetes clinic for complex patients.
- Performance for respiratory-related indicators was comparable to local and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions was 83% (CCG average 75%; national average 75%) and the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review

undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 86% (CCG average 89%; national average 90%).

- Performance for mental health related indicators was comparable to the local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 76% (CCG average 85%; national average 88%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 84% (CCG average 86%; national average 90%) and the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 73% (CCG average 80%; national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, of which two were completed audits where the improvements made were implemented and monitored.
- The practice had adopted the Royal College of General Practitioners (RCGP) March 2016 guidance on quality improvement activities which formed part of the revalidation and appraisal process. The practice felt more informal, reflective reviews in real time were more valuable and effective.
- The practice shared data from an ongoing weekly audit of chronic disease care. Each week an audit was undertaken of all patients seen by clinicians to ensure any QOF alerts or reviews had been actioned. The practice shared outcome data with all staff.
- The practice participated in local audits, national benchmarking, accreditation and peer review which had included an antibiotic audit undertaken as part of the CCGs Prescribing Incentive Scheme.
- Findings from a completed audit on diabetes recall were used by the practice to improve services. The practice identified that it was not meeting its standard to recall patients who were not on insulin but had an HbA1c above 64 and were not actively seen in the surgery. An audit in February 2016 revealed only 29 out of an eligible 73 patients had been called for a review. The

# Are services effective?

## (for example, treatment is effective)

practice individually reviewed all eligible patients and a subsequent re-audit revealed 72 out of an eligible 73 patient had been called for a review. The practice agreed it would re-run the audit each September.

### 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 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 had undertaken diabetes and respiratory updates.
- The practice hosted consultant and nurse specialist-led educational seminars as part of their continuous medical development which included the management of diabetes, COPD and dementia.
- The healthcare assistant practised under the supervision of the practice nurse and the GPs and we saw evidence of up-to-date competence training for all aspects of the role and clinical protocols on the practice's shared drive. However, not all staff we spoke with knew the location of the clinical protocols.
- 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 practice was a registered Yellow Fever Centre and we saw evidence of update training.
- The learning needs of staff were identified through a system of appraisals, meetings and review 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Some staff had also participated in a 360-degree feedback

questionnaire to support their appraisal (a feedback process where your superior and peers evaluate you to analyse how you perceive yourself and how others perceive you).

- The practice nurse told us she was given protected time to attend a monthly CCG-led practice nurse forum meeting which was a platform to share good practice.
- 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.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.
- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

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.

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence of MCA training for the GPs.
- 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 were signposted to the relevant service.
- Smoking cessation clinics with the practice nurse and healthcare assistant were available at the practice.
- The practice held a substance misuse clinic supported by an in-house case worker.
- The practice promoted the Pharmacy First scheme (access to advice, treatment and medicines for common ailments from local pharmacies).
- The practice hosted 'virtual diabetes clinics' provided by the local diabetes community team which involved diabetes consultants and specialists visiting the practice to undertake case review of complex patients.
- The practice hosted an in-house counselling service.
- The practice referred its patients into the local Age UK's Safe and Independent Living (SAIL) project aimed to

support older people stay healthy and independent in their home for as long as possible by helping them navigate and access the full range of services available, including leisure and social services.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. 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 nurse had undertaken an audit of all smear results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 91% (CCG average 82% to 94%) and five year olds from 75% to 90% (CCG average 78% to 94%).

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. There were signs in the waiting room advising patients of this.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Two of the cards had mixed comments about the waiting time to get an appointment. 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 two 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 the local and national averages for its satisfaction scores on consultations with GPs. For example:

- 97% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 89%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

The practice was comparable to local and national averages for its satisfaction scores on consultations with nurses. For example:

- 91% of patients said the nurse was good at listening to them compared to the CCG average of 85% and the national average of 91%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful which was above local and national averages (CCG 85%; national average 87%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 above local and national averages for GP consultations. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care which was comparable to local and national averages (CCG 80%; national average 85%).

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

## Are services caring?

- 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. Several staff members spoke other languages which included French, Vietnamese and Nigerian.
- The practice website included a translation facility and the patient self-check in system was available in several languages which reflected the practice demographic.

### **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 39 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was a carers page on the practice website which outlined guidance for carers on support groups and financial and legal assistance.

Staff told us that if families had suffered bereavement, their usual GP contacted them or visited to provide support. Information and advice on how to find a support was available in the practice and on the website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Wednesday from 6.40am to 8am and from 6.30pm to 8pm for working patients who could not attend during normal opening hours. Both GP and healthcare assistant appointments were available at these clinics.
- 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. The practice was a registered Yellow Fever Centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice website had the functionality to translate to other languages.

### Access to the service

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided on Wednesday from 6.40am to 8am and from 6.30pm to 8pm. GP and healthcare assistant appointments are available at these clinics. 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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 61% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 50% and the national average of 59%.

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.

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.
- 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, the practice had developed a complaints and comment leaflet which included a complaint form. Information on how to complain was also available on their website and in the practice leaflet.
- We looked at eight complaints received in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw that action was taken as a result to improve the quality of care.

# 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 told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal written strategy or supporting business plan to achieve it.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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 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.

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

- Communication across the practice was structured around key scheduled meetings which included a weekly clinical meeting and reception meetings. We saw evidence of a standing agenda for meetings and minutes were kept of these. Staff told us they valued these 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 by the lead GP and practice manager.

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

The practice encouraged and valued feedback from patients 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), surveys, complaints and comments, NHS Choices and the Friends and Family Test (FFT).
- The practice had an active PPG and it met approximately four times a year. The practice had a joint PPG with the practice sharing the building. Information regarding the PPG and how to join was available in the form of a leaflet in the waiting room, in its practice brochure and on the website. The dates of forthcoming meetings and minutes of previous meetings were also available on the practice website. The PPG members we spoke with told us it had been difficult to recruit members and had started regular coffee mornings at the practice to encourage more patients to join. The PPG had used the coffee morning forum to invite Age UK and Age Concern to chat to patients who may need support. The PPG had submitted proposals for improvements to the practice management team. For example, the practice had responded to feedback about difficulty getting through on the phone by installing a phone queuing system.

# Are services well-led?

Good 

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

- We also saw evidence that the practice had responded to patient comment card feedback about the toilets being old and dirty and had refurbished the facilities.
- The practice had a poster display in the waiting room and on the practice website “you said we did” which outlined feedback received and what action the practice had taken in response.
- The practice had gathered feedback from staff through staff meetings and annual appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.