

Riverside Medical Centre

Quality Report

Riverside Medical Centre
Hobart House
St George Wharf
London
SW8 2JB
Tel: 020 3049 4500
Website: <http://riversidemedicalcentre.com>

Date of inspection visit: 21 June 2016

Date of publication: This is auto-populated when the report is published

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Riverside Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverside Medical Centre on 21 June 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.
- The majority of 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.

- Most 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:

- Undertake a Control of Substances Hazardous to Health risk assessment and act on the recommendations from their legionella risk assessment.
- Ensure that a copy of the practice's business continuity plan is stored off site.
- Ensure that appropriate training arrangements are in place for non clinical staff who are processing letters from other organisations to ensure that all

Summary of findings

correspondence which requires clinical input is work flowed, reviewed and actioned appropriately. Ensure that this system is continually reviewed and risk assessed in order to confirm it operates safely and effectively.

- Take action to increase the identification of carers among the practice population to enable them to provide appropriate support and signposting.

- Consider putting in place a formalised business strategy for the practice.

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.
- Most risks to patients were assessed and well managed; though the practice had not implemented the recommendations in their legionella risk assessment.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most 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. Learning from complaints was shared with staff and other practices within the wider organisation.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients though this was not formalised in a business plan which was regularly reviewed and monitored. 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 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 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.

Good



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 nurse undertook Holistic Health Assessments which aimed to address both health and social issues of housebound patients aged over 65 and those over 80.
- Patients who required additional support could be referred to a local service which worked to address needs to elderly patients and facilitate safe and independent living.

Good



People with long term conditions

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

- Chronic disease clinics were held by the practice's Physician Associate. Patients at risk of hospital admission were identified as a priority.
- The practice had a high proportion of patients with HIV. Patients were proactively offered screening and the practice ran a joint outreach clinic in partnership with a local hospital and a national charity.
- Diabetes indicators were comparable to local and national averages.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held virtual clinics with staff from the local hospital for patients with specialists from secondary care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's PPG raised concerns about the levels of stress children experienced related to pressures from school. In response the practice took advice from a local children's service and ran a text shot campaign to promote this service which could provide help for those aged between 13 and 20 with physical or mental health concerns.
- From reviewing patient records we found that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The number of women who had undergone cervical screening was comparable to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice held clinics for coil and contraceptive implant fittings.

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.
- The practice provided a number of alternative ways for their working age patients to receive medical advice. For instance their website offered self-help information and the practice had increased their outer boundary area in order to enable patients who worked in the area to register and access GP services.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice registered homeless patients and placed alerts on the system which would notify staff of the patient's circumstances.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked when required with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had good links with a local domestic violence charity.
- The Lead GP had taken training relating to the risk factors associated with radicalisation.

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 in respect of mental health indicators was comparable to local and national averages.
- The practice only had one patient with dementia and offered that patient a high level of personalised care.
- The practice carried out advance care planning for their patient 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 number of patients with drug dependency issues. These patients were reviewed by a named GP on a monthly basis.
- 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 and was the highest referrer to the local counselling service in the area given the high stress levels experienced by their patient cohort. The practice told us that they actively run searches to try and identify those patient

Good



Summary of findings

with serious mental health problems who are no longer under the care of the community mental health team to see if they would benefit from referral to alternative community support services.

- The practice had held two stress management workshops in response to PPG and patient survey feedback.
- The practice hosted a substance misuse support worker regularly and all patients with substance misuse issues were under the care of a single GP to ensure continuity.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and seventeen survey forms were distributed and eighty were returned. This represented 0.8% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 47 comment cards which were all positive about the standard of care received. Most patients reported that staff were professional, helpful and compassionate. Five of cards stated that waiting times could be long when patients attended for appointments.

We spoke with 16 patients during the inspection. All 16 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The only concern that was raised by patients we spoke with was the length of time they had to wait when they attended for their appointment.

Of the patients who responded 92% said that they would recommend the practice to a friend or member of their family.

Riverside Medical Centre

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 Riverside Medical Centre

Riverside Medical Centre is part of Lambeth Clinical Commissioning Group (CCG) and serves approximately 10,450 patients. The practice is registered with the CQC for the following regulated activities: Surgical Procedures, Diagnostic and Screening Procedures, Maternity and Midwifery Services, Treatment of Disease, Disorder or Injury and Family Planning.

The practice has a significantly higher proportion of those aged between 20 and 40 years old than the national and CCG average and a substantially lower proportion of those aged over 55. The practice informed us that only 223 of their patients were aged over 65 and 770 under 18. The practice had the highest proportion of employed patients in the CCG and the lowest proportion of patients with a long standing health condition.

The practice is part of The Hurley Clinic Partnership. The partnership is comprised of five partners. There are two male GPs and one female GP working at the practice. There is a female nurse and a female Physician's Associate. The practice provides 29 clinical sessions and eight Physician's Associate sessions per week. The practice informed us that

two GPs had recently left the practice and that they were intending to recruit for an additional 13 sessions and a part time nurse. In the interim these sessions were covered by locum staff.

The practice is open from 7.30 am on Monday, Wednesday and Thursday and 8 am on Tuesday and Friday. The practice closes at 7 pm on a Monday, 6.30 pm on Tuesday and Friday and 8 pm on Wednesdays and Thursdays. The practice offers booked and emergency appointments five days per week.

Riverside Medical Centre operates from Hobart House St Georges Wharf, London, SW8 2JB which is a purpose built health centre owned by the Hurley Clinic Partnership. The service is based on the first floor of a purpose built health centre. The premises are accessible to those with mobility problems and there is a lift which provides access to the first floor.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

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). These are: Extended Hours Access, Childhood Vaccination and Immunisation Scheme, Learning Disabilities, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Minor Surgery, Patient Participation, Rotavirus and Shingles Immunisation, Unplanned Admissions and Influenza and Pneumococcal Immunisations

The practice is part of the North Lambeth GP Federation.

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 21 June 2015. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice management, administrative staff as well as senior managers from The Hurley Group) and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 intranet 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. Events were reviewed and discussed both at practice level and in clinical governance meetings for the whole group so that learning was cascaded across the organisation.

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 repeatedly had samples rejected from the labs which undertook sample analysis. An investigation revealed that this was as a result of incorrect labelling by locum GPs. A crib sheet was created which explained the process for correctly labelling samples, which reduced the number of samples being returned from the lab. We were also told that the practice had customised the patient record system to display alerts in response to significant events for example a significant event occurred which related to missed diagnosis of a hypertensive patient at another GP surgery. In response to this the lead GP created an EMIS alert for patient with high blood pressure where no formal diagnosis of hypertension had been made, meaning that high blood pressure history would be considered by GPs prior to appointment. This was shared with all other practices within the federation.

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 were lead members of staff for child and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3.
- 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)
- 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 we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, 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 for written prescriptions were securely stored and there were systems in place to monitor their use. Though staff told us that they would

Are services safe?

lock their rooms when they left them; prescriptions in printers were not locked away. 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.)

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for those members of staff employed after 2014. 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 local health and safety representatives. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in

buildings). However, the practice had not complied with the recommendations within the legionella risk assessment. The practice had a COSHH policy but no risk assessment of the substances hazardous to health.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. The total exception reporting for the practice was 10% compared to 8.6% in the CCG and 9.2% nationally (patients exempted from QOF scoring).

From reviewing the QOF for 2014/15 it was identified that the practice had high exception rates for peripheral arterial disease. This was raised during the inspection and the practice supplied evidence that that this was the result of a statistical anomaly stemming from the low numbers of the patients they had on their register with this condition.

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

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, with a record of a foot examination within the preceding 12 months was 97% compared with 88% nationally.
- Performance for mental health related indicators was similar to the national average. For example the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months was 91% compared with 88% nationally.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years the practice had completed two cycles of one audit and three cycles of another. The three cycle audit reviewed the practice's minor surgical procedures. Though it was not clear what action had been taken between each of the cycles it was clear that there had been an increase in the number of accurate diagnosis made year on year. The practice had also demonstrated learning from complications arising from procedures and listed a number of action points stemming from this incident including amending the procedure related to histology; ensuring that all histology results were reviewed by the lead GP and scanned to the patient notes.
- The practice participated in local audits and research.

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. One of the GPs had completed training relating to the management of diabetic patients.
- 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 engaging with the local nurse practitioner forum.
- 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Some staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 had introduced a system whereby administrative staff would review correspondence received from secondary care which aimed to reduce the volume of documents clinical staff had to review which would free up more time for consultations. The practice had audited this system and found that 90% of correspondence that needed to be seen by a GP had been appropriately work flowed. We were provided with evidence of further audits, completed on a weekly basis subsequent to our inspection. The audits showed a gradual decline in the number of letters that were not sent for GP review. The practice also provided us with guides given to staff which instructed them which correspondence needed to be reviewed by a GP.
- 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 on-going 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 and we saw evidence that care plans reviewed and updated for patients with complex needs. These meetings were held on an adhoc basis due to the lower numbers of patients with chronic conditions.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- The practice would refer patients to dieticians or local smoking cessation services where appropriate.

The practice's uptake for the cervical screening programme was 82 %, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to contact patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% and five year olds from 89 to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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.

With one exception, all to the Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The majority of 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 in line with national and CCG averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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. However results were slightly lower than national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

At the time of writing this report patient survey results from July 2016 were available. This showed improvement in respect of both nurse and GPs involving patients about their care and treatment (76% and 80% respectively)

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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer and there was a comprehensive protocol in place which staff could refer to in the event that they identified someone with caring responsibilities. The practice had identified 43 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice attributed the lower number of carers to the demographics of the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them where possible and would offer a patient consultation at a flexible time and location to meet the family's needs. The GP would also provide advice on how to find a local 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 the practice participated in the Holistic Health assessment scheme; providing comprehensive assessments for older housebound patients which targeted their health and social care needs through engagement with a multitude of agencies in the local area including those within the voluntary sector.

- The practice offered extended hours appointments to target working people both early in the morning and later in the evening three days a week.
- There were longer appointments available for patients with a learning disability. The practice used information related to patients who were frequent attendance at A&E to ensure that these patients were correctly coded and offered an appointment when requested.
- 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 yellow fever centre.
- Given that the practice population was predominantly working age with high levels of stress and depression; services had been targeted accordingly to meet the needs of these patients; including referring to counselling services, working with substance misuse support workers and hosting stress management evenings.
- The practice had a higher than average prevalence of HIV and in addition to working to proactively identify patients with this illness, provided specialist clinics.
- The practice was accessible to patients with mobility issues. The practice had a hearing loop and translation services were available.
- The practice rented the ground floor of the premises to a family planning centre.

Access to the service

The practice was open from 7.30 am on Monday, Wednesday and Thursday and 8 am on Tuesday and Friday. The practice closed at 7 pm on a Monday, 6.30 pm on Tuesday and Friday and 8 pm on Wednesdays and Thursdays. Appointments were available during these times. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' 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 national average of 75%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that 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 were separate members of staff who were involved in both clinical and non-clinical complaints as well as a member of staff who had overall responsibility for co-coordinating and responding to complaints. Complaints were also reviewed by a member of staff

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

who worked at head office who would ensure that learning and action points from complaints was disseminated to other practice within the group where appropriate.

- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found that they were satisfactorily handled and dealt with in a timely way with apologies being offered where appropriate. Lessons were learnt from individual

concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, there had been a number of complaints related to the attitude of reception staff. As a result the practice had arranged for customer service training. A patient had also informed staff that they were able to see the computer screens within the reception area which could result in patients seeing sensitive information. The practice rearranged the computers so that they were facing away from patients in the reception waiting area.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff were clearly able to articulate the vision and values of the practice.
- The practice were able to explain the challenges that they faced and the actions that they intended to take in order to address these concerns to enable them to continue to provide high quality care. However there was no documented strategy or supporting business plans which 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 robust arrangements for identifying, recording and managing risks, issues and in the majority of cases action had been taken to mitigate risks identified.

Leadership and culture

On the day of inspection the partners of Hurley Group and the lead GP staff demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- 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 told us that the practice would hold social events like team meals and bowling nights which all staff were able to attend.
- Staff said they felt respected, valued and supported, particularly by the senior management in the practice. All staff were involved in discussions about how to run and develop the practice, and the senior staff encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The PPG raised concerns about high levels of stress related to pressure from school or college. The practice took advice from the local Well Clinic for 13-20 year olds and ran a text

Are services well-led?

Good 

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

shot campaign to provide information about how to access this service for help with any physical or mental health concerns they may have had. In response to patient feedback the practice had run two stress management workshops in conjunction with local mental health services.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and the practice manager had an open door policy. A member of the reception and administrative team told us that a concern had been raised regarding the difficulty for reception staff had when processing correspondence from external healthcare organisations while undertaking reception duties. Consequently this task was confined to administrative staff who did not work on reception at peak times. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was an innovative in its use of IT and was a pilot site for a number of IT projects. For example the practice had begun using electronic consultations via the practice website. This system directed patients to check their symptoms, view educational videos which provided them with advice on how to deal with those symptoms and directed them to relevant support services or NHS 111. If the algorithm stated that a patient required GP intervention an email would be sent to the practice mailbox which would be monitored by administrative staff. Staff would then workflow emails to GPs who could then offer an appointment, prescription or consult with the patient over the telephone. While only 3% of consultations were used, using this service 60% could be closed remotely. It was hoped that this would improve access to face to face consultations for patients who needed them. The use of IT also reflected the needs of the practice population who were largely comprised of young working age people who were able to use IT services.