

Roberts, McKenzie, Plumley, Hassas, Kirkland, Allen, Rose & Helm

Quality Report

266 Upper Richmond Road
London
Wandsworth
SW15 6TQ
Tel: 02087880686
Website: www.putneymead.co.uk

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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?	Outstanding	
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 Roberts, McKenzie, Plumley, Hassas, Kirkland, Allen, Rose & Helm (Putneymead Medical Centre) on 24 November 2016. Due to unforeseen circumstances related to Care Quality Commission staffing we extended the inspection to a second visit on 6 January 2017. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed. However we noted that some equipment used to respond in an emergency had expired.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the clinical 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.
- The practice was outward facing and supported other practices to provide services that benefited their local population.
- 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.

We saw two examples of outstanding practice:

Summary of findings

- The practice ran an in-house counselling service. A minimum of between six and 10 counselling sessions were provided per week. The three counselling rooms within the practice were operational 12 hours per day five days per week with additional sessions on Saturdays. The practice told us that between 110 and 120 patients were seen at the counselling service every week. The practice had collated information in respect of assessing the impact of counselling by comparing patient scoring on the Patient Health Questionnaire (PHQ – test used to assess severity of depression) and the Generalised Anxiety Disorder Assessment (GAD – test used to assess severity of anxiety symptoms) both before and after they had undertaken counselling. Of the 62 patients reviewed the practice identified a 73% of these patients showed an improvement in PHQ scoring while 82% had improved GAD scores. The practice had also conducted a survey of patients using the counselling service featuring six questions. Ninety seven percent of the 170 patients asked stated that their counsellor listened to them and treated their concerns seriously and 90% had confidence in their counsellor's skills and techniques.
- The practice supported four practices in parts of the Clinical Commissioning Group which did not have sufficient numbers of staff to complete NHS health

checks during 2014 and 2015. The number of health checks had increased in three of the practices, where comparative data from 2013/14 was available, in 2014/15 by 37%, 113% and 257%. In 2015/16 one of the practices declined the practice's continuing support as they felt sufficiently resourced to provide the checks independently. The other two practices increased the number of health checks in 2015/16 comparative to 2013/14 by 382% and 886%. It was estimated that the support from the practice's healthcare assistants enabled an additional 1290 health checks to be undertaken in these practices between 2014 and 2016.

The areas where the provider should make improvement are:

- Review systems and process for checking the expiry dates of equipment used in an emergency.
- Provide appropriate escalation and support contact details in all complaint responses.
- Improve the identification of patients with caring responsibilities to be able to provide appropriate support and signposting

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.

- Risks to patients were assessed and well managed.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse and all but members of staff had received training.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice supported four practices in parts of the CCG who did not have sufficient numbers of staff to complete NHS health checks during 2014 and 2015. It was estimated that the support from the practice's healthcare assistants enabled an additional 1290 health checks to be undertaken in these practices between 2014 and 2016
- The practice ran an in-house counselling service. The practice provided evidence that the service was viewed both positively by patients who used the service and improved clinical outcomes for these patients after they had received counselling comparative to when they started using the service.
- 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 stakeholders.

Outstanding



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

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. The practice worked with
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used a computer system to access advice from secondary care to prevent admissions for patients with long term conditions.
- Performance for diabetes was comparable to local and national averages.
- Longer appointments and home visits were available when needed.
- The Clinical Commissioning Group pharmacist ran a clinic for patients with asthma and chronic obstructive pulmonary disease at the practice.
- 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.
- In order to maintain continuity of care for these patients the practice had divided GPs into four teams and appointed an administrator for each time to act as care co-ordinator focusing on patients who were on the practice's secondary care admission avoidance register. The care co-ordinator was introduced on the basis of feedback provided by a local adult care centre.
- The practice provided phlebotomy, electro cardiograms (ECGs), 24 hour blood pressure monitoring, spirometry and weight management clinics

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. The lead GP for safeguarding held an open door non clinical session each week for safeguarding work.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women who had received cervical screening was comparable to local and national averages. The practice held evening clinics during extended hours to promote uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice reserved appointments slots for children who needed to be seen on the day.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided support to other practices in the locality which enabled them to undertake NHS health checks. The assistance provided by the practice resulted in an additional 1290 health checks to be undertaken in these practices between 2014 and 2016.

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 had a clinical and administrative lead for patients with learning disabilities. Those with learning disabilities had direct telephone line access to a designated administrator.
- Homeless patients were able register at the practice.
- There were 42 patients on joint the learning disabilities register for Putney Medical Centre and Student Medical Centre. Thirty six of these patients had received an annual health check. Patients were reviewed annually with a community learning disabilities team.
- The practice offered 40 minute appointments for patients with a learning disability. Annual health checks could be undertaken in patient's homes if necessary.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 98% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice had a designated clinical lead for this population.
- The practice ran an in-house counselling service. A minimum of between six and 10 counselling sessions were provided per week. The three counselling rooms within the practice were operational 12 hours per day five days per week with additional sessions on Saturdays. The practice told us that between 110 and 120 patients were seen at the counselling service every week. The practice had collated information in respect of assessing the impact of counselling by comparing patient scoring on the Patient Health Questionnaire (PHQ – test used to assess severity of depression) and the Generalised Anxiety Disorder Assessment (GAD – test used to assess severity of anxiety symptoms) both before and after they had undertaken counselling. Of the 62 patients reviewed the practice identified

Good



Summary of findings

a 73% of these patients showed an improvement in PHQ scoring while 82% had improved GAD scores. The practice had also conducted a survey of patients using the counselling service featuring six questions. Ninety seven percent of the 170 patients asked stated that their counsellor listened to them and treated their concerns seriously and 90% had confidence in their counsellor's skills and techniques.

- In addition to the in-house counselling service the practice also told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice provided a mindfulness course annually for groups of between 15 and 20 patients.
- Performance for mental health related indicators was higher when compared to the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared with 90% in the Clinical Commissioning Group and 89% nationally.
- The practice quarterly meetings with the community mental health team and monthly meetings with their in house counsellors to discuss patients experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia.
- 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. The results were collected jointly for patients of Student Medical Centre and Putneymead Group Medical Practice and showed the practices were performing in line with national averages. Three hundred and seventy four survey forms were distributed and 99 were returned. This represented 0.4% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 70% 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 77% and national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 80% 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 85% and the national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Eight of the comment cards contained mixed feedback. While these patients also stated that the standard of care was high, concerns were raised regarding appointment availability and continuity of care.

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

Roberts, McKenzie, Plumley, Hassas, Kirkland, Allen, Rose & Helm

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Roberts, McKenzie, Plumley, Hassas, Kirkland, Allen, Rose & Helm

Putneymead Medical Centre is part of Wandsworth Clinical Commissioning Group (CCG) and serves approximately 25,500 patients. The practice is registered with the Care Quality Commission (CQC) for the following regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The practice is linked with another site called Student Medical Centre which caters to 2,600 of the patient list who are students of Roehampton University. Patients from the Student Medical Centre are able to make appointments at Putneymead Medical Centre if they require appointments outside The Student Medical Centre's stated opening times. The practice is registered with the CQC for the following

regulated activities; maternity and midwifery services; family planning; treatment of disease, disorder or injury; surgical procedures and diagnostic and screening procedures.

Much of the practice's performance data is connected with the Student Medical Centre. For example, national patient survey data and information from the Quality and Outcomes Framework (QOF) (QOF is a system intended to improve the quality of general practice and reward good practice). The practice has joint lists of patients who act as carers, and those who have long term conditions and learning disabilities.

The practice is located within an area ranked as the third least deprived decile on the index of multiple deprivation. The practice has a higher proportion of working age people compared to the national average and lower proportion of patients aged over 65. The percentage of those with a long standing health condition and levels of unemployment are lower than national averages.

The practice is currently run by eight partners (five female and three male), thirteen salaried GPs (12 female and one male), two physician associates, seven female nurses and two female healthcare assistants. The practice is a teaching practice and there are currently two trainee GPs. The practice has 16 full time equivalent GPs.

The practice is open between 8.00 am until 8.00 pm Monday to Thursday and 8.00 to 6.30pm on Fridays. The

Detailed findings

practice provides a Saturday surgery from 8.00 am until 11.30 pm for patients with pre-booked appointments. The practice offers emergency appointments and pre-bookable appointments are available four weeks in advance.

Putneymead Medical Centre operates from 266 Upper Richmond Road, London, Wandsworth SW15 6TQ which is a purpose built health centre. The service is accessible for to those with mobility problems.

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: meningitis provision, alcohol support services, childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, rotavirus and shingles immunisation, unplanned admissions and out of area provision.

The practice is part of Wandsworth GP federation which is an organisation of local GP practice that aims to pool and better utilise resources for the benefit of patients in the community.

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 24 November 2016 and an additional visit on 6 January 2017. During our visit we:

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

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

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

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

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

Detailed findings

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events which were discussed in all staff meetings every three months and were a standing agenda item in clinical and administrative meetings.
- The practice had been piloting a system which enabled staff to report any incident even those which were not sufficiently serious enough to meet the threshold for a significant event. Staff could report any incident through a portal on the practice's computer system. The aim of the system was to improve safety within the practice through proactive identification of patterns, trends and possible loopholes in existing safety systems. Incidents reported were reviewed every fortnight and were escalated under the practice's significant event process if necessary.

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, we reviewed a significant event where clinical samples of two patients had been incorrectly labelled. The practice had informed both patients of the incident, offered apologies and instituted a new process for sample taking to prevent similar incidents from happening in the future.

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 Clinical Commissioning Group (CCG) safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The lead for safeguarding had an open door, non-clinical session dedicated to safeguarding work and the practice held monthly meetings with the health visitor. GPs and nursing staff were trained to child protection or child safeguarding level 3. Internal safeguarding training was provided for reception and administrative staff by the practice's child and adult safeguarding leads.
- Notices in both the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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.
- Most of 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

Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (a PSD is a written instruction signed by a medical prescriber authorising the supply or administration of specific medication to a named individual). The practice did not have a second failsafe thermometer in all of their vaccine fridges. We were provided evidence after our inspection that these were now in place.

- 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. The practice had up to date internal fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All but four members of non-clinical staff had not received basic life support training within the last 12 months including two newly recruited staff. The practice informed us after the inspection that they ran internal basic life support training four times within the last year and provided a risk assessment which justified the absence of annual training for these staff members on the basis that there was always a large number of clinical staff on site at any one time. There were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, all of the airways stored with the oxygen supply on the first floor had passed their expiry date. The practice sent us evidence that this had been replaced after our inspection. 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 nurse had drafted a guide which was attached to the emergency medicines trolley. This clearly explained what each medicine was used for and how dosages varied depending on whether the patient was a child or an adult.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. Although the plan itself did not contain emergency contact information for staff, the practice had a separate staff contact list which they provided after the inspection which relevant members of staff were able to access if required.

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 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 practice's QOF reporting data for both Putneymead Medical Centre and Student Medical Centre were reported on jointly. The results for 2015/16 were 99% of the total number of points available. The practice's exception reporting rate was 7.6% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination in the preceding 12 months was 91% compared with the Clinical Commissioning Group (CCG) average of 85% and a national average of 89%. The percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 6 months was 98% compared with 90% in the CCG and 95% nationally.
- Performance for mental health related indicators was higher when compared to the national average. 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 94% compared with 90% in the CCG and 89% nationally. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 98% compared with 90% in the CCG and 84% nationally.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits in the last two years; three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, the practice undertook a review of high risk drug monitoring and recall in response to a significant event. Protocols were established and tested and resulted in monitoring across the 20 categories of high risk drugs improving by between 5.4% and 42.1%.

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 complaint handling.
- 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, dementia and dermatology complaints.
- 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 fortnightly practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other community nurses, palliative care nurses and mental health team on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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 physical or mental health condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation was available on site and patients could be referred to other support services if required. The practice also held regular weight management clinics.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In 2014/15 the percentage of females aged between 50-70, screened for breast cancer within 6 months of invitation was 40% compared with 62% CCG and 73% nationally. The practice told us that alerts were used to flag patients who were due for breast cancer screening and patients were encouraged during clinical consultations to attend. The practice nurse told us that the lower rates of screening had been raised in recent nurse meetings and staff had been reminded of the importance of promoting this service. We saw that performance in this area had improved in 2015/16; 68% compared with 72% in the CCG and 74% nationally. 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.

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

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 85% to 95% and five year olds from 66% to 96%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice told us that they had invited a patient with Asperger's to come and speak with staff at the surgery so that staff were better informed of how to make adjustments to accommodate patients with this condition.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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 published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was rated in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 87% 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%.
- 83% 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%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 89% 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%.
- 84% 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Are services caring?

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 175 patients as carers (0.7% of the practice list), which included both Student Medical Centre and Putneymead Medical Practice. The practice had a protocol in place to assist staff in the

identification of carers and the practice had produced a carer's information leaflet which directed carers to the various avenues of support available to them. The practice wrote to patient upon identification to inform them that additional support was available to them. The practice attributed the low number of carers identified to the young demographics of their practice population.

Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card. Patients could then request a consultation to meet the family's needs and the practice would provide advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Practice staff 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 supported four practices in parts of the CCG who did not have sufficient numbers of staff to complete NHS health checks during 2014 and 2015. It was estimated that the support from the practice's healthcare assistants enabled an additional 1290 health checks to be undertaken in these practices between 2014 and 2016.

- The practice offered extended hours access between 6.30 pm and 8 pm Monday to Thursday and between 8 am and 11.30 am on Saturdays for patients who could not attend during normal opening hours.
- The practice offered 40 minute 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.
- There were accessible facilities, a hearing loop and translation services available. Patients with hearing or visual impairments had alerts placed on their records so that staff in the practice would be aware of their needs and could make adjustments where appropriate.
- Patients were able to access appointments and repeat prescriptions, test results and medical records online. The practice won a prize for the number of patients they had registered for online patient appointment access. The practice had increased the number of patients registered by an additional 645 patients between February and March 2016.
- The practice provided a mindfulness course annually for groups of between 15 and 20 patients.
- In response to feedback about waiting times the practice had recently employed an additional physician associate to help address acute presentations from patients who attended for same day appointments.

- The practice ran an in-house counselling service staff with qualified counsellors. A minimum of between six and 10 counselling sessions were provided per week. The three counselling rooms within the practice were operational 12 hours per day five days per week with additional sessions on Saturdays. The practice told us that between 110 and 120 patients were seen at the counselling service every week. The practice had collated information in respect of assessing the impact of counselling by comparing patient scoring on the Patient Health Questionnaire (PHQ – test used to assess severity of depression) and the Generalised Anxiety Disorder Assessment (GAD – test used to assess severity of anxiety symptoms) both before and after they had undertaken counselling. Of the 62 patients reviewed the practice identified a 73% of these patients showed an improvement in PHQ scoring while 82% had improved GAD scores. The practice had also conducted a survey of patients using the counselling service featuring six questions. Ninety seven percent of the 170 patients asked stated that their counsellor listened to them and treated their concerns seriously and 90% had confidence in their counsellor's skills and techniques.

Access to the service

The practice was open between 8 am and 8 pm Monday to Thursday, 8 am and 6.30 pm on Friday and between 8 am and 11.30 am on Saturdays. 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 published in July 2016 showed that patients' satisfaction with how they could access care and treatment were comparable or higher than local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% 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:



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

- 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. Not all complaint responses contained information about external organisations the practice could escalate complaints to if they were unhappy with the practice's response. However this information was available in the practice's complaint leaflet.

- 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 including a leaflet in the reception area.

We looked at five of the 34 complaints received in the last 12 months and found that all of these were satisfactorily handled in a timely manner with apologies given where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, in response to a complaint relating to misunderstanding around collection of a urine sample the practice told all GPs to explain the process for urine sample collections during consultation to avoid similar confusion occurring in the future.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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 effective 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 took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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, in response to patient survey feedback which expressed a preference for early morning weekend appointments the practice had increased the number of Saturday sessions offered from 88 to 107 per year. The practice also arranged for customer service training for reception staff after feedback from patients. In response to feedback about waiting times the practice had recently employed an additional physician associate to help address acute presentations from patients who attended for same day appointments. The practice received recognition as an "outstanding" organisation engaged with the implementation of the NHS friends and family test (FFT)

Are services well-led?

Good 

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

survey. The Practice Manager was invited to talk at the FFT Awards and Service improvements during their Spotlight Week in March 2016 regarding the implementation of the survey and how the practice had embraced this.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. All staff were asked to provide feedback on GPs which would be fed into the GP appraisal process. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a member of the nursing team had drafted a guide which was attached to the emergency medicines trolley which explained the function of each medicine and dosages to administer depending on whether the patient was a child or an adult. 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 had been piloting a system which enabled staff to report any incident even those which were not sufficiently serious enough to meet the threshold for a significant event. Staff could report any incident through a portal on the practice's computer. The aim of the system was to improve safety within the practice through proactive identification of patterns, trends and possible loopholes in existing safety systems. Incidents reported were reviewed every fortnight and would be escalated under the practice's significant event process if necessary.