

Bexley Group Practice

Quality Report

44 Nuxley Rd
Belvedere
Kent
DA17 5JG

Tel: 020 3691 0730

Website: <http://www.bexleygrouppractice.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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Bexley Group Practice on 25 August 2015. Overall the practice is rated as requires improvement.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Most information about safety was recorded, monitored, appropriately reviewed and addressed.
- Some risks to patients and staff were assessed and well managed, with the exception of those relating to lone working and responding to emergencies.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Most staff had received training appropriate to their roles, however not all staff had received mandatory training.
- Data showed patient outcomes were average or above for the locality. Clinical audits had been carried out, with evidence that audits were driving improvement in performance to improve patient outcomes.
- 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.
- Patients said they found it easy to make an appointment with a named GP or nurse and that there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs; however not all areas of the practice were wheelchair accessible.

Summary of findings

- 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, although the patient participation group was less actively involved at the Nuxley Road location.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must

- Review the arrangements for the practice to be able to appropriately respond to emergencies; including access to a defibrillator.
- Ensure that staff are adequately trained and updated in fire safety, infection control and mandatory safeguarding children's training.
- Ensure that the risks of lone working have been thoroughly assessed, with mitigating actions put in place.
- Ensure there are clear and effective systems in place to govern activity at the Nuxley Road practice, to include assessing, managing and responding to risks, safety alerts, incidents and complaints; and adequate monitoring and recording of staff information including recruitment and training.

- Ensure that recruitment arrangements include all necessary employment checks for staff.

Importantly the provider should

- Ensure that prescription pads are tracked and monitored in the practice.
- Ensure that translation services are advertised in the practice.
- Ensure that the practice environment is suitable for wheelchair users and those with mobility difficulties.
- Ensure that systems to promote confidentiality and privacy at the practice are reviewed.
- Ensure that the Patient Participation Group (PPG) is actively involved in improving services at the Nuxley Road practice site.
- Ensure that all clinicians have a clear understanding of the consent and decision-making requirements of the Mental Capacity Act 2005.
- Ensure all staff have easy access to policies, procedures and guidance to carry out their role.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, lessons learned were not always shared widely enough and it was not clear if action points were followed up to support improvement.

Although risks to patients who used services were assessed such as for health and safety and fire, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Mandatory children's safeguarding training had not been completed by all administrative staff that worked in the practice. Risks to lone workers and responding to emergencies had not been thoroughly assessed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles, however not all mandatory training had been undertaken. The practice were aware that further training was required and they were planning appropriate training to meet these needs. There was evidence of appraisals and personal development plans for most staff. Staff worked with multidisciplinary teams and meetings occurred on a monthly basis. A range of health promotion and screening services were available for patients.

Good



Are services caring?

The practice is rated as good for providing caring services. Data for all four practice sites showed that patients rated the practice in line with others for several aspects of care and patients at the Nuxley Road practice said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and aimed to promote confidentiality most of the time, however some patients reported privacy was difficult to maintain in the reception and waiting area.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

The practice had adequate facilities and was well equipped to treat patients and meet their needs; however not all areas were suitable for wheelchair access and those with mobility difficulties.

Information about how to complain was available and easy to understand, however there were delays where complaints sent to the Nuxley Road location were not dealt with promptly.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision which staff were aware of and a five year business plan was in place. There was a leadership structure and all staff felt supported by management and knew who to approach with issues. Governance issues were discussed during clinical meetings, and during informal discussions between the lead partner and practice manager. However these lacked structure and action points were not clearly documented. The practice had a number of policies and procedures to govern activity, but some of these were not easily accessible to staff. Some risks to staff and patients were identified, however not all risks were adequately assessed and managed and not all action points were followed up.

The practice proactively sought feedback from patients and had an active Patient Participation Group (PPG), but this group had more presence at the main practice and had not visited the practice at Nuxley Road. Most staff had received regular performance reviews, however these were not always clearly documented in staff files. Communications with staff were frequently via email due to staff working across four locations.

Requires improvement



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 requires improvement for the care of older people. The practice was rated as requires improvement for safe and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that most outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia, social prescribing and avoiding unplanned admissions. The practice had a dedicated care co-ordinator to work with those with the most complex needs. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Over 75s health checks were provided annually.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for safe and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had a dedicated care co-ordinator to work with those with the most complex needs and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Longer appointments and home visits were available when needed. All these patients had a named GP and were offered a structured annual review to check that their health and medication needs were being met. For 2013/14 91% of diabetic patients had received an annual review and the practice was a tier two practice for diabetic care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for safe and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example,

Requires improvement



Summary of findings

children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were slightly low for some standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as requires improvement for safe and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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, such as the availability of an evening surgery. 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for safe and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 50% of 48 patients on the register had received a review in 2014/15. It offered longer appointments for people with a learning disability and the practice also visited a local learning disabilities home to carry out flu vaccinations. Flu vaccinations were provided to those who were carers.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. It had told 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

Requires improvement



Summary of findings

responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Not all staff had completed mandatory safeguarding children's training.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for safe and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Ninety two per cent of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia and identified those at risk of dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line or lower than local and national averages in some areas. However the data available was combined for the providers' four locations. There were 284 survey forms distributed for this practice and 107 forms were returned. This was a response rate of 37% of the practice patients who received the survey.

- 56% find it easy to get through to this surgery by phone compared with a clinical commissioning group (CCG) average of 61% and a national average of 75%.
- 72% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 40% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.

- 50% describe their experience of making an appointment as good compared with a CCG average of 64% and a national average of 73%.
- 60% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 48% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards and spoke to four patients, who were all positive about the standard of care received. All were complimentary about the practice, staff who worked there and the quality of service and care provided. Patients felt that they were listened to and had good continuity of care as they normally saw the same staff member. Some patients reported that the centralised telephone system had improved their access to appointments.

Bexley Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a GP Specialist Advisor.

Background to Bexley Group Practice

Bexley Group Practice provides primary medical services in Bexley across four locations to approximately 11000 patients and is one of 28 practices in Bexley clinical commissioning group (CCG). The practice site located at Nuxley Road provides services to 950 patients, although patients can attend any of the four practice sites. The practice at Nuxley Road was the only Bexley Group Practice location that was inspected on 25 August 2015, as all four locations are registered separately with the Care Quality Commission. This report refers specifically to services provided from the Nuxley Road location; however the intelligence data we hold and the national GP patient survey data are combined for all the locations.

The practice population is in the fourth least deprived decile in England. They have a lower than national average representation of income deprived children and older people. The practice has a comparable representation to the national average of working age patients, patients over 65 and children. Of patients registered with the practice, 66% are White British and 9% are of Black African origin.

Bexley Group Practice has two senior partners; with one partner being on long-term sick leave and the practice employs one salaried GP and two self-employed GPs. The practice also uses regular locum GPs. The practice has a full time practice manager who works across all four sites; the

rest of the practice team consists of two practice nurses, two advanced nurse practitioners, one health care assistant, one care co-ordinator and 23 reception and administrative staff members.

All four practices operate on a rotational basis and most clinical staff work across all sites if required, however the Nuxley Road practice routinely offers medical consultations with an advanced nurse practitioner on a daily basis and GP sessions one day per week. Four reception and administrative staff members work at the Nuxley Road site, with one being on duty at any one time. The premises are ground floor accessible in an adapted residential property.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of enhanced services including minor surgery (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice telephone lines are open from 8am to 6.30pm Monday, Tuesday, Wednesday and Friday; and from 8am to 2pm on Thursdays. All telephone calls are handled via staff in the telephone call centre which is located at the main Bexley Group Practice location. The Nuxley Road practice reception is open from 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday; and from 8.30am to 2pm on Thursday.

Appointments with a GP or advanced nurse practitioner are available between 9am and 10am Monday to Friday, 3pm to 4pm Monday, Wednesday, Thursday and Friday and 6pm to 8pm on Tuesday. Appointments with a nurse and health care assistant are also available on Tuesday, Wednesday and Friday. Appointments are offered at the three other sites for practice patients if required.

The practice has opted out of providing out-of-hours (OOH) services to their own patients and directs patients to the out-of-hours provider for Bexley CCG.

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. This 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We received information from Bexley clinical commissioning group and NHS England. We carried out an announced comprehensive inspection on 25 August 2015. During our visit we spoke with a range of staff including a GP, an advanced nurse practitioner, a practice nurse, the practice manager and one reception staff member. We spoke with four patients who used the service. We reviewed CQC comment cards completed by 22 patients sharing their views and experiences of the service. We looked at a number of medical records.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Meetings to discuss events were held on a six-weekly basis and were attended by the senior GP, practice manager and another salaried GP. Examples of significant events included missed or delayed diagnoses, missed referrals and medication errors. We noted that all incidents had a learning point identified, but they were not always shared with all relevant staff and it was not clear if action points were followed up.

We were told that safety was monitored using information from a range of sources, such as medicines alerts. These were shared with a practice nurse by email and stored on the practice computer system so they were accessible. However there was limited evidence within the last 12 months that these had been cascaded to relevant staff and used effectively in the practice to give a clear and accurate picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Some arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and knew how to recognise signs of abuse. However, the four administrative staff members who worked at the practice, who were frequently lone workers whilst on the reception desk, had not undertaken the appropriate mandatory training to safeguard children.

- A notice was displayed in the waiting room, advising patients that a chaperone could be requested. All staff who acted as chaperones were nursing staff and were trained for the role. They had received a Disclosure and Barring Service check or a criminal records check. However, the criminal records check for one staff member was completed in 2008 and had not been updated. We were told the practice was in the process of reviewing and updating criminal records checks through the Disclosure and Barring Service (DBS) for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- There were some 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. The practice had completed a recent health and safety risk assessment in August 2015, and action points had been identified, however we were told they were still to be carried out.
- The practice had a fire risk assessment completed by an external company dated August 2012, which was overdue a review. Action points from this assessment were to complete regular monitoring of the emergency exits and fire extinguishers, however these had not been carried out. We were shown a risk assessment the practice had carried out themselves in August 2015, but it did not contain a thorough assessment of potential fire risks. The practice had recently carried out a fire drill in August 2015 and they told us all staff that rotated to the practice had been nominated as fire marshals, as there were normally very few staff working on a daily basis. All staff required training in fire safety. There was no visible fire evacuation plan to alert patients and staff of the correct procedure; however the practice showed us that one was available and they agreed to make this visible in the reception area after the inspection. All fire extinguishers had been serviced annually.

Are services safe?

- All electrical equipment was regularly checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Fixed electric wiring checks had been carried out. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as legionella and asbestos. The practice had a control of substances hazardous to health (COSHH) policy; however there was no register or risk assessment for the practice.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and cleaning schedules were in place. A 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 up to date infection control policy in place with some supporting procedures including hand washing, sharps management and waste management. However, staff were unable to easily locate all these procedures on the practice's shared drive at Nuxley Road and reported they were in a file at the main practice site. Not all staff had received up to date training in infection control, however we saw evidence that training had been booked for September 2015. The practice had completed annual audits, the last being June 2015. Staff told us that the infection control audit report did not contain all concerns and action points that had been identified during the audit, and action points were yet to be addressed. The practice reported they would update the audit to include all relevant details.
- The arrangements for managing medicines, including emergency drugs and vaccines in the practice, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). When new stocks of vaccines were required, they were transported using a cool bag from the main practice to the Nuxley Road site by the practice nurse, in order to maintain the cold chain. Regular medicines audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing safely in line with best practice guidelines and we saw evidence of this. Prescription pads were securely stored, however they were not tracked through the practice to monitor their use.
- Two files for recently employed staff who regularly worked at the Nuxley Road practice, showed that most appropriate recruitment checks had been undertaken prior to employment. For example, proof of

identification, qualifications and the appropriate checks through the Disclosure and Barring Service. However only one reference had been obtained for each staff member.

- The practice utilised two self-employed GPs and one self-employed advanced nurse practitioner that worked at the Nuxley Road practice. There were some assurances in staff files, including evidence of identification, up to date professional registration, insurance details and their Hepatitis B status. However there were no up to date criminal records checks for two of the clinicians; one criminal records check was completed in 2009 and this had been for a previous employer. We were told that the practice was in the process of reviewing the appropriate checks through the Disclosure and Barring Service for all staff.
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and we were shown the rota system for Nuxley Road. The practice had access to a pool of locums if extra staff were needed and staff at other sites were able to provide cover. There were arrangements in place for planning the number of staff and mix of staff needed to meet patients' needs. We were told that staffing arrangements were monitored via reviewing appointment access on a quarterly basis to ensure staffing was adequate.

Arrangements to deal with 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 basic life support training and there were emergency medicines available in the treatment room and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a nebuliser and oxygen available with adult and children's masks. A defibrillator was not available on the premises in the event of a medical emergency and the practice had not undertaken an assessment to justify why a defibrillator was not required. The patient and staff toilet did not have any emergency alert facility in the event that a patient became unwell.

The Nuxley Road practice site required one reception staff member to work daily. There were significant periods of the day where the staff member manning the reception desk was acting as a lone worker. Staff told us there was a panic

Are services safe?

button facility on the new telephone system to alert staff in the practice, to any incidents. The member of reception staff worked from inside a locked cubicle, however the front desk window was open to the public. The practice showed us a violence and aggression policy and a lone worker policy which covered all four practice sites; however this did not contain detailed information for staff to refer to. The practice had not completed an assessment to determine the risks to staff acting as lone workers or assessed the security of the premises. As a result, it was not

clear what systems were in place to support staff acting as lone workers in the event of situations of conflict and medical emergencies. We were told there had not been any instances where these scenarios had occurred.

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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, for example for dementia, diabetes and low back pain. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The advanced nurse practitioner who led the majority of patient consultations at Nuxley Road was able to demonstrate a clear understanding of best practice guidance, which was evident in conversations and in review of medical records.

The practice had access to a virtual diabetic clinic run by the lead partner where all complex diabetes patients were discussed. The practice provided tier two diabetes care at the main practice location. Practice nurses led on long-term conditions reviews such as for patients with chronic obstructive pulmonary disease. We saw care plans were being used to ensure holistic needs were identified, for example for patients at risk of admission to hospital.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice.) The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF clinical targets.

Data showed:

- Performance for diabetes related indicators was above or in line with the national averages. For example, 77% of patients had well-controlled diabetes, indicated by

specific blood test results, compared to the national average of 78%. The number of patients who had received an annual review for diabetes in 2013/14 was 91% which was above the national average of 88%.

- Performance for management of patients with mental health conditions were above or in line with national averages. For example, 91% of patients had received a care plan and annual review compared with the national average of 86%.
- The dementia annual review performance was 68% which was below national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was in line with the national average, achieving 85% compared with the national average of 83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent improvements in patient outcomes included a reduction in the levels of antibiotic prescribing and ensuring best practice guidance was being followed in relation to cholesterol medication prescribing.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. The lead GP attended local clinical commissioning group benchmarking meetings and locality meetings. Information about patients' outcomes was used to make improvements such as the current recognition by the practice to increase the uptake of childhood immunisations and to improve smoking cessation rates.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, basic life support and confidentiality. However we found that for the two recently employed staff; one clinical and one

Are services effective?

(for example, treatment is effective)

non-clinical, their files did not contain induction and checklist information. The practice informed us that they had a system in place that supported all new staff; however they had not kept formal records for this.

- Clinical and non-clinical staff received update training that included: basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, no staff had received fire training and most staff had not received infection control training. All four non-clinical staff members that worked at the Nuxley Road practice, two of which had been employed for some years, had not received level one safeguarding children's training. The practice were aware of this and were working with the clinical commissioning group (CCG) and had dates arranged.
- 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 these learning needs and to cover the scope of their work, for example we saw that nursing staff had cervical screening and immunisation update training and a GP had received update training in joint injections. All GPs had been revalidated or were due revalidation. All long standing staff confirmed they had received an appraisal within the last 12 months; however the provider was unable to locate evidence of appraisals in some staff files.
- The practice utilised a self-employed advanced nurse practitioner (ANP) to lead on medical consultations at the Nuxley Road practice, who had worked at the practice for some time. The ANP was able to carry out very similar duties to that of a GP, apart from requiring x-ray requests to be authorised by a doctor. There was evidence that the staff member had received update training. The ANP frequently worked without a GP present, however we were told that GP support was available at the other sites by telephone and they knew to call if advice was required for complex patients. We were provided with an example of a significant incident where GP advice had been correctly sought where a patient's condition was not improving.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services electronically by secretaries at the main practice site, for example when people were referred to other services. Urgent referrals were handled by the reception and administrative staff member at Nuxley Road so that they were dealt with in a timely way.

All letters and documents received were scanned onto the electronic system after being reviewed by the advanced nurse practitioner (ANP) or GP, date stamped and actions documented. Results were sent electronically and the practice had a thorough system to ensure that results were dealt with in order of priority and they were actioned by staff working that day.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis at the main practice and that care plans were routinely reviewed and updated. Clinical meetings also occurred on a weekly basis at the main practice, where complex cases were discussed. The ANP attended these meetings.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Most staff interviewed and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, however this was not fully understood by clinical staff in all cases.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance and staff were familiar with this. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available at a nearby health centre and smoking cessation advice was available from a local support groups.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83%, 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For 2014/15 the uptake for breast cancer screening was 73% and was 52% for bowel cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64% to 86% and five year olds from 54% to 77%. The practice were aware of their low performance in relation to these and had arranged for all staff to follow up on non-attenders and we saw this was being done. Flu vaccination rates for 2013/14 for the over 65s were 70%, and at risk groups 52%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Over 75s health checks were completed by health care assistant. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. There was limited space in the practice and no availability of a private room if patients needed to discuss sensitive issues with the reception staff member, however we were told that both treatment rooms were rarely used at the same time. Conversations between patients and reception could be overheard in the waiting area, however reception staff told us that they were aware of this and aimed to keep discussions to a minimum.

Most of the 22 patient CQC comment cards we received were very positive about the service experienced at the Nuxley Road site. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We also spoke with four patients on the day of the inspection. They also told us they were satisfied with the care provided by the practice and said they were treated with respect and dignity. Two comments received reported that conversations in the waiting and reception area could be overheard, which patients felt sometimes limited privacy.

Results from the national GP patient survey showed patients had scored the practice in line with local and national averages in most areas for its satisfaction scores on consultations with doctors and nurses. This data was for all four of the provider's locations. At the Nuxley Road practice, the majority of consultations were carried out with an advanced nurse practitioner.

- 84% said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and national average of 91%.
- 86% said the nurse gave them enough time compared to the CCG average of 89% and national average of 92%.

- 94% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 79% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 70% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 72% patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line or below local and national averages. For example:

- 82% said the last nurse they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 87% and national average of 90%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.
- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.

Are services caring?

- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception area informing patients that this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations including carers support groups, cancer support services and information about the practice's social prescribing referral service.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 20% of the practice list had been identified as carers and were being supported, for example, by offering seasonal flu vaccinations and referrals for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and they were sent a sympathy letter with support group information. Patient consultations were offered if required. The practice had a death and bereavement policy in place for staff to follow the correct procedure.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice had identified that diabetes was a common long-term condition for their patient group. They offered tier two diabetes care and clinics were run at the main practice site, which the patients from all four practice sites had access to. (Tier two specialist care is enhanced essential care for patients with more complex needs, including insulin initiation.) The practice also provided a specialised men's health service for the CCG locality at the Nuxley Road site.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The Nuxley Road practice offered extended opening hours between 6.30pm and 8pm on a Tuesday evening for working patients who could not attend during normal opening hours and patients were also given the option to access extended hours at the other practice locations if required.
- There were longer appointments available for people with a learning disability and their carers.
- Home visits were available for older patients or housebound patients who would benefit from these.
- Urgent appointments were available for older people, children and those with serious medical conditions and urgent appointments could be accessed at any of the four locations.
- The practice were able to register patients with no fixed abode.
- Patients had a choice of seeing male or female staff at the practice and across the sites.
- There were translation services available and language needs were included on the practice registration forms; however no hearing loop was available.
- The practice entrance, waiting area and treatment rooms were wheelchair accessible; however the shared patient and staff toilet was not suitable for wheelchair users or those with mobility difficulties.

- There was a care co-ordinator in place specifically to monitor those patients most at risk of hospital admission, who had avoiding unplanned admissions collaborative care plans. These were reviewed every three months during a face to face consultation.
- Joint injections were offered at the Nuxley Road practice and patients could access the other practice sites for a range of family planning services.
- The practice was a pilot site for the local CCG social prescribing project which had recently started; where patients were signposted and referred to a range of services to meet their needs.

Access to the service

The practice telephone lines were open from 8am to 6.30pm Monday, Tuesday, Wednesday and Friday; and from 8am to 2pm on Thursdays. All telephone calls were handled via staff in the telephone call centre which was located at the main Bexley Group Practice location. The Nuxley Road practice reception was open from 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday; and from 8.30am to 2pm on Thursday.

Appointments with an advanced nurse practitioner were available between 9am and 10am Monday, Wednesday, Thursday and Friday; 3pm to 4pm Monday, Wednesday, Thursday and Friday and 6pm to 8pm on Tuesday. Appointments with a nurse and health care assistant were also available on Tuesday, Wednesday and Friday. Appointments were available with a GP for minor surgery and the men's health clinic on Tuesday mornings. Appointments were offered at the three other sites for practice patients if required. The practice had opted out of providing out-of-hours (OOH) services to their own patients and directed patients to the out-of-hours provider for Bexley clinical commissioning group (CCG).

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them at any of the practice locations, however the majority of patients could be seen at the Nuxley Road practice if they requested this. On the inspection day we could see that the next pre-bookable appointment was available one week ahead. Appointments were also able to be booked online.

The national GP patient survey results included:

Are services responsive to people's needs?

(for example, to feedback?)

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 56% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 50% patients described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 60% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below local and national averages. The practice were aware of this and they were working to make improvements in conjunction with the Patient Participation Group (PPG). At the time of our inspection a centralised telephone system had been introduced. This allowed all incoming calls across sites to be answered by designated staff during the practice opening hours. The practice had also changed the telephone number from a high rate number to a local number which was accessible to all patients and a text message appointment reminder and cancellations system had been commenced.

Most patients we spoke with on our inspection day reported an improvement with the accessing care and treatment, however some comments cards received

reported difficulty securing pre-bookable appointments. Some patients also reported they were confused with the appointment system where GP consultations were led by an advanced nurse practitioner.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice and complaints were reviewed annually.

We saw information was available to help patients understand the complaints system. This was included in the practice information leaflet and displayed in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Complaints were dealt with at the main practice site.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However, during our inspection we found that a patient had made a complaint two weeks previously which had been left at the Nuxley Road site, and this had not yet been acknowledged or responded to. We were told that this was due to delays in the practice manager receiving letters from Nuxley Road as there was no courier service or clear system to ensure potentially urgent letters were escalated to the practice manager in a timely way.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients which was documented in their Statement of Purpose. Staff we spoke with were aware of the vision and the practice had a five year business plan in place which reflected their vision and values. Forward planning was discussed at meetings between the partner and practice manager, but this was not formally documented.

Governance arrangements

The practice had an overarching governance framework which supported day to day delivery of the service and good quality care for all four locations; however systems for assessing risks, monitoring actions and evaluating change were not always operating effectively at the Nuxley Road practice.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- All staff had been given a copy of the staff handbook and electronic version was available. The practice had a range of updated human resources policies and procedure to support staff, such as whistleblowing.
- A range of practice specific policies and procedures were implemented, updated regularly and were available to all staff on the shared computer drive, but these were not always easily identifiable or accessible for staff if they needed them.
- Information was well-managed; staff had received information governance and confidentiality training and records were stored securely.
- A programme of clinical audit was in place which was used to monitor quality and to make improvements.
- There was a comprehensive understanding of the performance of the practice and the needs of the practice population by the partner. The partner attended regular clinical commissioning group (CCG) meetings and the practice had yearly quality and outcomes framework (QOF) meetings to discuss performance. Performance issues were frequently discussed at weekly clinical meetings, and the partner also met with the practice manager weekly, however these meetings lacked structure and action points were not clearly documented.

- There were systems to ensure enough staff were working and staffing levels were analysed every quarter when appointments were reviewed. Staff were able to assist from across sites where required.
- Staff files contained comprehensive information including training certificates and CV's. However, systems for monitoring and recording staff information such as training and appraisals were not fully robust. A number of staff had not received mandatory training including safeguarding children, fire and infection control.
- There were some arrangements for identifying, recording and managing risks and incidents, but some risks had not been fully assessed, including those for lone workers and responding to emergencies.
- Identified actions and learning points following incidents and risks were not always documented and followed up effectively, for example following the infection control and fire risk assessments.
- The practice manager visited the practice on a monthly basis. There was a system in place to ensure that letters were delivered to the practice manager at the main site on a weekly basis, and more urgent communications were faxed. However, this system did not ensure that complaints could be acknowledged and investigated in a timely manner.

Leadership, openness and transparency

The partner in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partner encouraged a culture of openness and honesty. Staff told us that the partner and practice manager were approachable, and always took the time to listen to all members of staff where possible. Staff said they felt respected, valued and supported. The practice manager was able to seek support from the clinical commissioning group (CCG) practice manager forum and from the locality practice manager meetings.

The partner and practice manager reported that they visited the practice monthly; as they needed to provide support across all four practice locations so were unable to attend the practice more frequently. We saw that communications were exchanged via emails and phone calls on a day to day basis to provide support to staff at the practice. The practice held meetings that combined all locations. However relevant staff were not always involved.

Are services well-led?

Requires improvement 

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

We spoke to the practice manager and senior partner who were aware of the importance of ensuring meetings involved the whole practice, but this had been difficult to achieve. Minutes of meetings were handwritten and then typed up and shared via emails however, we were told it was difficult to ensure these were documented in a timely way.

In completed appraisal documents we reviewed there was evidence of 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. However, although the PPG gathered survey information from patients from all four practice sites; the PPG had never visited Nuxley Road and no PPG members were frequent patients of this practice. The recent introduction of the centralised telephone system

had positively impacted on the services provided from Nuxley road, but there was limited evidence that the PPG actively influenced service improvements at the Nuxley Road site.

The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice had completed a yearly online staff survey.

Innovation

There was some focus on learning and improvement at all levels within the practice evident from significant incidents, complaints and patient survey information. The practice team were part of local pilot schemes to improve outcomes for patients in the area, such as the social prescribing scheme. The practice utilised a nurse-led model of care at the Nuxley Road practice site, by employing an advanced nurse practitioner to provide medical consultations for patients.

However, due to the workload of overseeing four practices and the day to day management involved, there was a lack of presence of the partner and practice manager at the Nuxley Road site, which limited development of the service.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person did not do all that was reasonably practicable to mitigate risks to health and safety of service users as they did not have adequate systems in place to be able to appropriately respond to emergencies, including access to a defibrillator; they did not ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely as a number of staff had not received mandatory training including fire training, safeguarding children and infection control.</p> <p>This was in breach of regulation 12(1)(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found that the registered person did not ensure that systems and processes were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and staff including the risks of lone working; and adequate monitoring and recording of staff information including recruitment and training.</p> <p>This was in breach of regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

We found that the registered person had not carried out appropriate recruitment checks before staff started work at the practice.

This was in breach of regulation 19(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.