

# Belmont Hill Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Belmont Hill Surgery on 14 April 2015. 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not in all instances implemented well enough to ensure patients were kept safe, specifically in relation to infection control, cleaning arrangements and the checking of emergency medical equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

# Summary of findings

- Implement actions identified from the infection control audit and review the cleaning arrangements for the practice.
- Ensure there is an effective system for checking emergency medical equipment is fit for use.

The areas where the provider should make improvement are:

- Consider how people who use the accessible toilet facility would alert staff in the event of an emergency.

- Review the policy to offer patients with ambulatory difficulties consultations on the ground floor.
- Implement a procedure to track blank prescriptions through the practice in line with national guidance.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Review auditory privacy within the practice.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. This included cleaning and infection control processes within the practice and the checking of emergency medical equipment.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For

Good



# Summary of findings

example, 94% of patients said the GP was good at listening to them (CCG average 86%; national average of 89%) and 90% of patients said the GP gave them enough time (CCG average 83%; national average 87%).

- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The national GP patient survey showed 61% usually get to see or speak to their preferred GP (CCG average 51%; national average 59%) and 81% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%; national average 85%). However, CQC comment cards and some patients we spoke with on the day of the inspection told us it was sometimes difficult to get an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



# Summary of findings

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in all instances effective specifically in relation to infection control, cleaning arrangements and the checking of emergency medical equipment.
- 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. The practice supported staff to undertake training and had supported a receptionist to train as a phlebotomist.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who were on the avoidable admissions register and integrated care programme were given a separate number to call to enable them to get through to the practice quickly and by-pass the main line.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months was 75% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 99% (national average 94%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were good for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 76%, which was comparable with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, school nurses and health visitors.

## **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 offered a 'Commuter's Clinic' on Wednesday from 6.30pm to 7.30pm and Thursday and Friday from 7am to 8am for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services and patients could book and cancel appointments, request repeat prescriptions and update personal information through the practice website. The practice operated an automated text reminder system for appointments.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had a policy to register homeless patients at the surgery address.
- The practice offered longer appointments for patients with a learning disability.

Good





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and 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.
- All doctors and nurses had undertaken radicalisation awareness training.
- The practice ran a twice-weekly substance misuse clinic for its patients and those within the local practices.

## 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).

- 73% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, which was lower than the national average (84%). However, the practice provided evidence that they had increased their dementia prevalence and diagnosis rate since the 2014/15 QOF results.
- 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 lower than the national average (practice 74%; national average 88%). Evidence provided by the practice showed they had increased the care plans undertaken in 2015/16 and had identified 59 patients and undertaken 55 care plans (93%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty-five survey forms were distributed and 113 were returned. This represented a 34% response rate and 2% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared (CCG average 66%; national average 73%).
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%; national average 85%).
- 84% of patients described the overall experience of this GP practice as good (CCG average 82%; national average 85%).
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 76%; national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards all of which had positive comments about the standard of care received. Seventeen cards contained both positive and negative comments in which the negative comments related predominantly to difficulty getting an appointment.

We spoke with three patients during the inspection. Although all patients said they thought staff were approachable, committed and caring, a patient commented that only one problem could be discussed at each consultation and it was difficult to get a timely follow-up appointment.

The results of the Friends and Family Test for the period April 2015 to April 2016 stated 91% of patients would recommend the practice.

## Areas for improvement

### Action the service MUST take to improve

- Implement actions identified from the infection control audit and review the cleaning arrangements for the practice.
- Ensure there is an effective system for checking emergency medical equipment is fit for use.

### Action the service SHOULD take to improve

- Consider how people who use the accessible toilet facility would alert staff in the event of an emergency.

- Review the policy to offer patients with ambulatory difficulties consultations on the ground floor.
- Implement a procedure to track blank prescriptions through the practice in line with national guidance.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Review auditory privacy within the practice.

# Belmont Hill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Belmont Hill Surgery

Belmont Hill Surgery is situated at 36 Belmont Hill, Lewisham, London SE13 5AY in an adapted residential property with access to four consulting rooms on the ground floor and two on the first floor. The first floor is accessible by stairs. The practice provides NHS primary care services to approximately 6,200 patients living in and around the Lewisham area of London. The practice operates under an Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS Lewisham Clinical Commissioning Group (CCG) which consists of 41 GP practices.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services and surgical procedures.

The practice staff comprises of two male and two female GP partners (totalling 24 clinical sessions per week) and a male salaried GP (four clinical sessions per week). The

clinical team is supported by a part-time nurse practitioner, a full-time practice nurse and a phlebotomist. The administration team consists of a full-time practice manager and administrator and seven receptionists.

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available from 8.30am to 12 noon and 3pm to 5.50pm. Extended opening is provided on Wednesday from 6.30pm to 7.30pm and on Thursday and Friday from 7am to 8am. Both doctor and nurse appointments are available at these sessions.

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

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Lewisham CCG.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice was previously inspected on 7 February 2014 and concerns were found relating to the essential standard: Requirements relating to workers. A follow-up announced inspection was undertaken on 14 April 2014 and we found

# Detailed findings

that the provider had introduced a new pre-employment check policy, the gaps previously found in employment histories for two staff had been rectified, and the provider was able to show us a list of professional registration checks they had carried out with the General Medical Council and the Nursing and Midwifery Council.

## 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 14 April 2016.

During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, practice nurse, practice manager, receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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. There was a lead clinician, meetings were held and minutes were available. We saw evidence that the practice held an end of year review of all significant events. The practice had recorded four significant events in last 12 months.

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, after a blood form was printed for the wrong patient of a similar name, the practice reviewed its patient identification protocol and increased the parameters of identification to include as a minimum the full name, date of birth and address.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

- member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and had received safeguarding children and vulnerable adult training to a level relevant to their role. GPs and the practice nurses were trained to Safeguarding level 3.
- Notices in the waiting room and consulting 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 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).
- Whilst the premises appeared to be clean, we found evidence of high level dust in two consulting rooms. Some of the consulting rooms were carpeted. We found the cleaning store cupboard did not have adequate segregation of mops and cleaning cloths which posed a risk of cross-contamination. The practice told us they used a contract cleaning company. The practice produced a general cleaning specification included in their cleaning contract but there was no cleaning schedule which evidenced cleaning undertaken and frequency. The cleaning specification included the vacuuming of carpets but no reference to deep cleaning of carpeted consultation areas.
- The practice nurse was the infection control clinical lead who told us she had taken over the role two weeks previously from a GP partner. There was an infection control protocol in place and staff had received up to date training. All staff we spoke with knew the location of the bodily fluid spill kits. An infection control audit had been undertaken two weeks prior to our inspection. However, the audit did not include review of the cleaning storage area and therefore the findings we noted on the day of inspection were not identified. We saw evidence that some actions identified in the audit had been taken. We also noted that some actions from

## Are services safe?

the previous audit in 2014 were still outstanding. For example, the replacement of carpets in the consulting rooms and the correct labelling of sharps containers in line with healthcare waste regulations.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions 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). These were signed by the practice nurses and lead prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff kitchen and reception which identified local health

and safety representatives. The practice had an up-to-date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked annually to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the nurse's treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, there was no schedule in place to check these on a regular basis. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had a 'buddy' system in place with a neighbouring practice.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months was 75% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 99% (national average 94%).
- Performance for mental health related indicators were variable in comparison to national averages. 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 74% (national average 88%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 86% (national average 90%). However, the practice provided evidence that they had increased the care plans undertaken and had identified 59 patients and undertaken 55 care plans (93%) in the 2015/16 QOF period.

- The practice were lower than the national average for the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (practice 73%; national average 84%). The practice had identified after the 2014/15 QOF period a low dementia prevalence based on the NHS England dementia prevalence calculator. The practice had actively engaged with the facilitating timely diagnosis and support for people with dementia enhanced service and with Lewisham CCG in its priority to improve diagnosis of dementia in the locality. Evidence provided by the practice showed they had undertaken 104 dementia assessments as part of the dementia enhanced service for the 2015/16 period and correspondence from Lewisham CCG showed that the practice had increased its diagnosis rate by 10%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, of which two were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice had undertaken a CCG-led prescribing audit in line with antimicrobial resistance strategy guidance. The practice had been identified as an outlier against the national percentage for the prescribing of cephalosporins and quinolones (practice 13%, national 5%). The result of a two-cycle audit undertaken in 2014 and 2015 showed a reduction in the total quantity of antibiotics prescribed by 10%.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. There was a locum information pack available.

# Are services effective?

(for example, treatment is effective)

- 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 we saw evidence of asthma, spirometry and diabetes updates in the last 12 months.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, 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 children, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

## Coordinating patient care and information sharing

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

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

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

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All doctors had undertaken MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was available with the practice nurse.
- The practice held a substance misuse clinic twice a week.
- A counsellor was on-site three days a week.
- The practice promoted the Pharmacy First scheme (access to advice, treatment and medicines for common ailments from local pharmacies).

The practice's uptake for the cervical screening programme was 76%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening was able to demonstrate a good uptake. For example 67% of female patients, aged 50-70, had been screened for breast cancer in last 36 months compared to



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

the CCG average of 63% and national average of 72%. Also 53% patients aged 60-69 had been screened for bowel cancer within 6 months of invitation compared to the CCG average of 43% and the national average of 55%.

Childhood immunisation rates for the vaccines given to under two year olds ranged from 53% to 93% and five year olds from 55% to 97%.

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 except for one consulting room directly opposite the waiting room.
- 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 patients with ambulatory difficulties would be seen in a ground floor consulting room. However, on the day of the inspection we saw a patient with a walking stick struggling to climb the stairs.

We received 38 patient Care Quality Commission comment cards and all of them contained positive views about the service experienced. Patients said they felt the practice offered a brilliant service and staff were helpful, caring and treated them with dignity and respect. Seventeen cards contained both positive and negative comments in which the negative comments related to waiting time to get an appointment.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was higher in some areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 84% 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 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and 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 CCG average of 81% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice advertised languages spoken within the practice team which included Portuguese, Spanish, Chinese Mandarin, Hindi, Bangladeshi and Gujarati.
- Information leaflets were available in easy read format and there was a television screen in the waiting room running patient information on a loop, this included information about chaperoning, patient participation group, carers, on-line access and comments and complaints.

### **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 47 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. All carers were offered the influenza and pneumococcal vaccine. The new patient health check questionnaire included carer-related questions.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs. Patients were signposted to various services including CRUSE and Lewisham Bereavement Service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on Wednesday, 6.30pm to 7.30pm and Thursday and Friday, 7am to 8am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was a registered Yellow Fever vaccine centre and we saw evidence of practice nurse training.
- There was a hearing loop and disabled facilities. However, there was no emergency call system in the accessible toilet.
- Translation services were available and several staff members spoke other languages, which included Portuguese, Spanish, Chinese Mandarin, Hindi, Bangladeshi and Gujarati.

### Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday. Appointments were

available from 8.30am to 12 noon and 3pm to 5.50pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice operated a daily duty doctor system. Extended hours were offered on Wednesday 6.30pm to 7.30pm and Thursday and Friday 7am to 8am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 67% of patients were satisfied with the practice's opening hours (CCG average 74%; national average 75%).
- 60% of patients said they could get through easily to the practice by phone (CCG average 66%; national average of 73%).

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example posters displayed in the waiting room and a complaint form.

We looked at seven complaints received in the last 12 months. 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.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values.

### 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.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in all instances effective specifically in relation to infection control, cleaning arrangements and the checking of emergency medical equipment.

### Leadership and culture

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

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in 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 quarterly and currently had 16 members, which included virtual members. The practice were actively trying to recruit more members. Meetings were attended by the lead GP, practice manager and reception manager. The PPG worked with the practice on improvements. For example, introducing a local rate telephone number as the premium '0844' number levied a cost in excess of a standard geographical call. The practice had undertaken a survey with the PPG which included access to appointments. The outcome included promoting the variety of appointments available with the advanced nurse practitioner and training a receptionist as a phlebotomist which resulted in an additional weekly phlebotomy clinic.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

## Are services well-led?

Good 

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

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.

This section is primarily information for the provider

## 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>The provider had not done all that was reasonably practicable to address identified risks.</b> <b>How the regulation was not being met:</b> <ul style="list-style-type: none"><li>• The provider had failed to action points raised in infection control audits.</li><li>• The provider had failed to ensure adequate cleaning arrangements.</li><li>• There were no systems in place to ensure emergency equipment was always fit for use.</li></ul> <b>Regulation 12 (1)</b>