The Acorn & Gaumont House Surgery

Inspection 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 location	Good
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Requires improvement**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. (Previous inspection 18 January 2017 – Requires Improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at The Acorn & Gaumont House Surgery on 12 April 2018 this was to follow up on breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified at our last inspection completed on 18 January 2017.

The concerns related to published data which showed that the practice was below local and national averages for health outcomes relating to diabetes, hypertension, and poor mental health. Outcomes for patients with learning disabilities were low. Published data also highlighted that patients rated the provider below local and national averages for consultations with GPs, and general satisfaction with the service. In response to our findings we issued a requirement notice for breaches of regulation 17.

At this inspection we found:

That the practice had made significant improvement in respect of clinical outcomes. Though the practice had gathered internal feedback which was positive and had taken action in response to the national patient survey after the last inspection; the most recent national patient survey still showed that the practice was rated below local and national averages in respect of some aspects of care provided.

- The practice did not have a clear protocol in place for the management of sepsis and some staff we spoke with were not able to outline the red flag warning signs of sepsis. However a protocol was put in place and displayed in clinical rooms and reception shortly after our inspection.
- The practice had clear systems to manage risk in most instances so that safety incidents were less likely to happen. On most occasions when incidents did happen, the practice learned from them and improved their processes. However action had not been taken in response to risks associated with legionella until after our inspection.
- Performance against clinical targets had shown significant improvement. Published data for 2016/17 showed improvement in all areas, though the practice were still not in line with local and national performance. However unverified data provided by the practice for 2017/18 showed that the practice were in line with national clinical performance in almost all areas.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided through clinical audit to ensure that care and treatment was delivered according to evidence- based guidelines. The practice was not routinely auditing individual consultations although we saw evidence of systems being developed to do this.
- National patient survey scores related to compassion, kindness, dignity and respect were below local and national averages. Although no action was taken by the practice in response to feedback regarding clinical staff the practice had completed their own internal survey which indicated that satisfaction had improved. Comment cards were mainly positive about the care received and patients we spoke with provided mixed feedback.
- Some patients found it difficult to access appointments and get through to the surgery on the telephone. The practice had taken action in response to this feedback and their own internal patient survey indicated improvement with patient satisfaction.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **Must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider **should** make improvements are:

- Implement a system to enable review of clinical consultations.
- Work to improve uptake of cervical screening in line with target set by Public Health England.

Overall summary

- Have oversight of risk management activities undertaken by third parties.
- Continue to review the appropriateness of emergency medicines held on site.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and an expert by experience.

Background to The Acorn & Gaumont House Surgery

The Acorn and Gaumont House Surgery is a GP practice located at 151 – 153 Peckham High Street, London, SE15 5SL. The practice website can be found at https://www.acorn-gaumont.nhs.uk

The practice provides GP practice services to approximately 9800 patients. This reduced from approximately 11,000 patients as a result of the provider no longer operating from two premises. The practice is located in an area ranked among the second most deprived in the country on the index of multiple deprivation scale. The practice has an ethnically diverse patient population with 7.0% of patients identifying themselves as mixed ethnicity, 8.2% Asian, 43.7% black, 3.9% other non-white ethnic groups. The practice is located in an area with a transient population and has an annual turnover of 14% of the patient list.

Out of hours services are provided by South East London Doctors on Call (SELDOC)

The practice is operated by two male GP partners. The practice employs a female salaried GP and long term locum staff who provide eight sessions per week. The practice provides 37 GP sessions in total. The practice employs two full time nurses and there is one locum advance nurse practitioner. The practice employs a pharmacist on a part time basis and two full time healthcare assistants.

The Acorn and Gaumont House Surgery Is registered to provide the following regulated activities Diagnostic and screening procedures, Treatment of disease, disorder or injury, Maternity and midwifery services and Family planning.

Good

Are services safe?

At our last inspection we rated the practice as good for safe. The provider remains rated good for providing safe care.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The patient record system would alert staff if a child missed four appointments as a possible safeguarding concern.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety. However the provider took action to address the areas of concern immediately following our inspection.

- The practice had emergency equipment on site.
- Staff understood their responsibilities to manage most medical emergencies on the premises and to those in need of urgent medical attention. However, one clinical staff member was not aware of the clinical symptoms of sepsis, one did not know about the sepsis toolkit, there was no protocol in place and some reception staff did not know the warning signs of sepsis. The practice provided evidence within 48 hours of the inspection that a protocol had been developed for clinicians and would be displayed in clinical areas and a poster with the warning signs displayed in reception.[OA1]
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice had a comprehensive business continuity plan and staff were suitably trained in emergency procedures.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice's systems for handling of medicines was not safe in all respects though the service addressed issues identified within 48 hours of the inspection.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment ensured that most risks were minimised. Some emergency medicines were not available on the day of the inspection. The practice provided evidence of a risk assessment having been completed during a clinical meeting in January 2017 after out inspection. Evidence was also provided that some absent medicines were purchased after the inspection.
- There was out of date adrenaline in one of the treatment rooms and the vaccine fridges did not have a failsafe thermometer and calibration of the fridge was only completed annually. However we were provided with evidence shortly after the inspection that second thermometers had been purchased for both fridges. The adrenaline was disposed of on the day of the inspection and the practice provided evidence that they had undertaken a significant event analysis in response to the incident..

Good

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

Most risks were well managed though action had not been in response to potential risks related to legionella.

- There were comprehensive risk assessments in relation to safety issues in most areas. The premises were leased from NHS Property services who were responsible for maintenance and risk management related to the premises. The most recent samples analysed for legionella showed that there was no bacteria present in the samples taken. The company that had been contracted to check water temperatures had not taken action in response to temperatures that enabled growth of legionella bacteria. This was raised with the practice who said they would raise this with NHS Property services. We were provided with evidence after the inspection that the concerns had been raised and were being dealt with.
- The practice monitored and reviewed activity in most areas. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

At our last inspection we rated the practice as requires improvement for providing effective services as the available published data for 2015/16 showed that the practice was below local and national averages for health outcomes relating to diabetes, hypertension, and poor mental health. The number of annual healthchecks for patients with learning disabilities was also low. Published data for 2016/17 showed that there had been improvement in most areas and unverified data for 2017/18 showed that the practice was now in line with local and national averages for most health targets. Consequently the practice is now rated as good for providing effective care and treatment.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice delivered holistic health assessments to patients who were consider frail or who were aged over 80 who did not regularly attend the GP. The practice had assessed 41 patients against a federation target of 41. Comprehensive care plans were put in place where necessary for these patients which addressed both their health and social needs.
- The practice had provided flu vaccinations to 72% of patients aged over 65.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had an in-house phlebotomy service for older patients.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). The practice had completed pre diabetic screening for 182 patients against a target of 132. The practice had prioritised these checks as they had the highest proportion of patients with diabetes in the locality; approximately 150 patients more than the practice with the second highest prevalence.
- Cancer indicator – 100% of patients with new cancer diagnosis had a reviewing within six months of the date of diagnosis. No patients were exception reported.
- The practice hosted an organisation which provided courses that aimed to teach patients how to more effectively manage their own long term condition.

Good

Are services effective?

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. This evidence came from the practice's online patient record system and could not be verified by any independent source.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice had added a function to the system whereby clinical staff would be alerted to a possible safeguarding concern after a child failed to attend four consecutive appointments.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 73%, which was in line with the 72% national average but below the target of 80%.
- The practices' uptake for breast and bowel cancer screening was in line with the CCG average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 290 NHS health checks in 2017/18 against a federation target of 288. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice participated in the co-ordinate my care scheme which aimed to ensure end of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had completed these pathways for 41 patients against a federation target of 43.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had completed checks for 90% of their learning disabled patients in 2017/18. This was an increase from 78% in 2016/17.
- The practice had access to fact sheets for asylum seekers in different languages with information about how the health service works.
- The practice supported patients from a hostel which supported victims of trafficking and domestic violence. All staff had received domestic violence training.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 80% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example we were provided with audits reviewing patients

who were affected by a recent medicine safety alert for sodium valproate and an audit which reviewed the prescribing of antibiotics for urinary tract infections. Where appropriate, clinicians took part in local and national improvement initiatives. For example the practice participated in a locality wide initiative aimed at improving diabetes through the use and support of a diabetic specialist nurse.

- According QOF data covering 2016/17 the practice performance related to some aspects of the management of certain long term conditions, including diabetes, mental health and Chronic Obstructive Pulmonary Disease were still below local and national averages, though there had been considerable improvement since the previous QOF year. The practice provided unverified evidence of performance from 2017/18 which showed a significant improvement across all areas.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. We were not provided with evidence that the practice was auditing individual consultation notes though we were told there was a system being developed. Prescribing decisions were monitored generally though clinical audit.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for vulnerable patients. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Good

Are services effective?

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through referral to a course which aimed to provide patients with the skills to independently manage their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example tackling obesity through dietary advice and referring patients to local gyms.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services caring?

The practice was rated as requires improvement at the last inspection as published data highlighted that patients rated the provider below local and national averages for consultations with GPs, and general satisfaction with the service. At this inspection we found that patient feedback had not sufficiently improved. Consequently the practice remains rated as requires improvement for caring.

Kindness, respect and compassion

Some feedback received indicated that staff did not consistently treat patients with kindness, respect and compassion.

- Feedback from patients was not always positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The national patient survey results showed that patient did not always feel they were treated with kindness respect and compassion. For example:

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern 70% compared with 82% locally and 86% nationally.

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern 77% compared with 85% locally and 91% nationally.

Involvement in decisions about care and treatment

Feedback indicated that staff did not always help patients to be involved in decisions about care and treatment. However the practice showed awareness of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and provided information on local support groups and offered free annual flu immunisations.
- National patient survey scores showed that fewer patients said they were involved in decisions about care and treatment when compared to local and national averages.

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments 75% comparted with 83% in the CCG and 86% nationally.

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care was 67% compared with 77% in the CCG and the national average of 82%

The practice had undertaken its own internal survey. Patients were given the survey at random. We were told that the practice had reduced the number of questions asked to make it easier for patients to complete and encourage a higher number of responses.

Of the 406 patients asked "Are you usually satisfied with your GP consultation?" 91% responded positively and 9% negatively.

How likely are you to recommend our GP practice to your friends and family if they needed similar care or treatment? 84% responded positively and 16% negatively. This sample was larger and included responses from NHS friends and family. The total sample size for this question was 1648.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Requires improvement

Are services caring?

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services . Although the practice had received below average feedback in respect to telephone access, action had been taken to improve this and the service's own survey showed improvement in this area.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account take account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example the practice offered HIV screening to all new patients due to higher rates of the condition within the local population.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All older patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held dedicated weekly clinics for patients with diabetes and hypertension due to the high number of patients with these conditions in their population.
- The practice provided in-house phlebotomy for those with chronic diseases and mental health conditions.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We were told there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, telephone consultations and online booking.
- The practice participated in a local volunteering initiative where patients donated time and received the time of other patients back in exchange. The practice said that this scheme was directly particularly towards those recently retired.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice offered longer appointments for patients who were vulnerable.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice supported a local service which house patients with serious mental illnesses.
- The service provided a Substance misuse service/ shared care methadone prescribing Weekly Clinic. This

Good

Are services responsive to people's needs?

was jointly provided by a lead GP and local drug and alcohol service. The systems for prescribing and monitoring patients on methadone were safe and appropriate.
- The practice hosted counselling and psychotherapy service.

Timely access to care and treatment

Though feedback around access to the service was generally good some patient feedback indicated that getting through to the practice on the telephone was difficult. However the practice had taken action in response to this feedback and undertaken their own survey which indicated improvement with patient satisfaction.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that it was difficult to access appointments using the telephone. For instance four patients we spoke with on the day of the inspection told us that it was difficult to get through to the practice on the phone and that it was sometimes difficult to get an appointment.
- Results from the national patient survey also indicated issues with access to care and treatment:

The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" was 48% compared with 71% in the CCG and 74% nationally.

The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 50% compared to 69% in the CCG and 73% nationally.

In response to the survey the practice had increased the number of incoming telephone lines.

The practice had then conducted their own internal survey using patients selected at random to assess the impact of the changes.

Of the 406 patients asked "What was your overall experience of making an appointment?" 80% of responses were positive and 20% negative.

Of the 226 patients asked "Do you find it easy to get through to this surgery by phone?" 80% of responses were positive and 20% were negative.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. The process was cleared outlined on the practice website. Complaint responses indicated staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable clinical care. However greater oversight was needed of patient safety issues and leaders needed to do more to improve satisfaction among patients.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example the practice demonstrated considerable improvement in respect of performance against national clinical targets. The practice had reviewed patient survey feedback and had taken action to improve patient satisfaction in respect of access and the customer service provided by the reception team. However there was no evidence of action taken to improve satisfaction with clinical consultations. The practice's internal survey showed improvement in feedback but national patient survey data still indicated that satisfaction fell below local and national averages in some areas. There were a number of safety issues raised on the day of the inspection although the practice took action quickly to address most of these concerns.
- Leaders at all levels were visible and most staff felt they were approachable.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities; particularly in respect of upgrading the premises which was deemed to be key to expanding the service offering. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

Most staff told us that the practice environment was open, supportive and patient focused. However patient feedback in respect of some aspects of care and access was poorer than in other services locally and nationally.

- Most staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients though evidence suggested that a considerable number of patients were not satisfied with the service provided. The practice had taken proactive steps to improve satisfaction including recruiting additional staff, changing the skill mix in the service and providing customer service training for staff.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- Most staff reported there being positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

Good

Are services well-led?

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance in most respects. However the practice did not have good oversight of some risks associated with legionella or put systems in place to mitigate risks of the vaccine fridge temperatures going out of range. The practice were also not currently doing audits of clinical consultations. The practice provided evidence after the inspection that most of the safety concerns had been addressed or were being addressed and there was a system in development to audit clinical consultations.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety in most respects. However the practice did not have good oversight of risk related legionella. We found one expired medicine in a treatment room. The practice also did not have a second failsafe thermometer for either of their vaccine fridges though these were purchased shortly after the inspection.
- The practice had processes to manage current and future performance. Although there was a system of clinical audit which demonstrated improvement in quality for patients, there was no system to audit individual clinical consultations. We saw evidence that a system was in the process of being developed.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice now had systems in place to ensure they submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners in the planning of services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice participated in research studies and local pilot schemes. For example the practice participated with five other practices in their locality in using specialist diabetic nursing staff. The outcome data from the practices involved prompted the CCG to extend the use of specialist diabetic nurses across the borough.

Good

Are services well-led?

- Staff fed into improvement initiatives and made suggestions of areas of improvement. For example one staff member suggested making an amendment to the system to reduce the amount of administrative time spent documenting the collection of prescriptions in patient notes. In response the practice manager created a new function in the system which made the process easier.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Details of specific complaints were not shared with the PPG.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met** There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The practice had not taken sufficient action in response to poor national patient survey results in some areas. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.