

# Deptford 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?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection June 2015 rated – Good overall, Requires Improvement for Effective)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Deptford Surgery on 13 April 2018, as part of our inspection programme.

At this inspection, we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had implemented defined and embedded systems to minimise risks to patient safety.
- Staff knew about current evidence based guidance. The practice ensured that staff received training to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Staff delivered care and treatment according to evidence-based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Patients told us that they were always able to make appointments at the practice. The 2017 national patient survey also showed that patients found it easy to make appointments.
- Information about services and how to complain, was available.
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- There was good evaluation of the service provided to patients.
- There was clear leadership and leaders encouraged practice staff to be accountable.

We saw one area of outstanding practice:

- The practice had identified an area of need for transgender patients requesting hormones from their GP for gender transition. The GPs worked with the CCG to develop a South East London guideline and liaised with local community services in order to educate patients on what their GP can provide outside of gender services. The practice had developed a patient agreement to safeguard patients with gender transition and set out best practice for prescribing bridging prescriptions and Gender Identity clinic referrals.

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

- The practice should make improvements in relation to patient involvement in decisions about their nursing care.
- The practice should be able to provide evidence that they have considered where new Disclosure and Barring (DBS) checks are needed for clinical staff, to renew their DBS professional registration.
- The practice should have a protocol for taking consent from patients undergoing joint and soft tissue injections.

**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, a second CQC inspector and an expert by experience.

## Background to Deptford Surgery

Deptford Surgery provides primary medical services in New Cross, London to 5,018 patients and is one of 39 local GP practices in the NHS Lewisham Clinical Commissioning Group (CCG).

The practice population is in the second most deprived decile in England. The practice population's age demographic is broadly in line with the national average. However, there are proportionally more patients aged between zero and 49 years and proportionally fewer patients aged over 60.

Deptford Surgery is one of four practices operated by the Penrose Group. All of the locations are individually registered with the CQC. The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures, and diagnostic and screening procedures at one location.

The practice has a PMS contract. Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice, and provide a number of local and national enhanced services. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open six days a week, Monday to Friday from 8am to 6.30pm and on Saturday from 8.45am to 12pm. When the practice is closed, patients are directed to contact SELDOC, the local out of hour's service provider.



Deptford Surgery is operated by one GP partner and one management partner. Three salaried GPs and three locum GPs are employed at the practice. A practice pharmacist works full time.

The nursing team consists of three part time practice nurses and a part time Mental Health Nurse. Deptford Surgery also employs one full time health care assistant. At this inspection, we were not able to speak to a practice nurse.

The practice staff team also includes an Operations Manager. There is a Site Manager, who leads a team of reception and administrative staff.

The practice was previously inspected on 29 June 2015 where the overall rating was found to be Good overall, but Requires Improvement for Effective. At that inspection, it was found that the practice **should** do the following:

- Take account of results of audits and take action immediately.

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- Ensure that non-clinical staff are aware and follow the practice's protocols relating to patients' clinical documentation.

# Are services safe?

**We rated the practice, and all of the population groups, as good for providing safe services.**

## Safety systems and processes

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

- The practice conducted safety risk assessments. It had safety policies, which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. The practice regularly reviewed policies and these were accessible to all staff. They outlined clearly who to go to for further guidance. The salaried GP was the safeguarding lead at the practice.
- The practice worked with other agencies to support patients and protect them from neglect and abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. However, the practice should be able to provide evidence that they have considered where new DBS checks are needed for clinical staff to renew their DBS registration professional registration. (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).
- 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 the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The practice nurse was the IPC lead.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and clinical specimens.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The practice has planned for a growing population and the need for a larger team and has planning permission to extend the premises. The management team have planned for the disruption to their service over the next few months during building of a new extension.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- There was a system to highlight vulnerable patients on records. The practice worked with the Multi Agency Risk Assessment team in Lewisham (MARAC), to develop information sharing and update the risk assessment process to safeguard children or vulnerable people who may be at risk of forced marriage and female genital mutilation (FGM).
- When there were changes to services or staff the practice assessed and monitored the impact on safety. SELDOC provided the local out of hour's service.
- We saw a copy of the practice's business continuity plan. Staff had access to an electronic copy on the practice intranet. A hard copy of the plan was stored off site at head office.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

## Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

- The practice addressed their prescribing practice and outcomes by recruiting a practice pharmacist. All patients had an opportunistic medication review when requesting repeat medication. The pharmacist reviewed patients on multiple medications to improve detection of medication contraindications.
- The practice had procedures in place to monitor the prescribing of benzodiazepines to treat anxiety disorders. The pharmacist had developed a benzodiazepine patient agreement form for patients on long term benzodiazepine medication. The pharmacist had a de-brief meeting with a GP every day to discuss and action prescribing queries.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. High-risk medicines prescribing which included warfarin, methotrexate and sulfasalazine, had been risk assessed and had safeguards in place.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were used safely and followed up on. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

- 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.
- The practice team were involved in the CCG locality safeguarding improvements plans. The CCG offered the position of Named GP for safeguarding children in Lewisham CCG, to the practice GP.

### 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.
- Staff understood their individual responsibilities in relation to the Duty of Candour. Staff were supported to be open and honest with patients and apologise when something goes wrong.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw minutes from a Clinical meeting in February 2018 in which the lead GP informed the practice team about a Medicines and Healthcare products Regulatory Agency (MHRA) safety alert. The manufacturer had carried out a patient level recall of inhaler devices. The practice ran a search to see if they had prescribed these inhalers. The search returned 0 patients. No further action was necessary at that time.

# Are services effective?

**At our previous inspection on 29 June 2015, we rated the provider as Requires Improvement for providing Effective services in respect of:**

- Take account of results of audits and take action immediately.
- Ensure that non-clinical staff are aware and follow the practice's protocols relating to patients' clinical documentation.

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

## 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.
- Staff used 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.
- At the last inspection, the practice had an international medical graduate (IMG) working as a member of administrative staff. We found the practice did not have a clear protocol defining the role of IMG staff members. At this inspection, we spoke to the lead GP about how they monitor the work of IMGs. The practice has provided supervision and training for the two new IMGs employed at the practice. We saw a protocol and guidance for IMG staff. We spoke to one of the new IMGs who understood the limits of their role and when and how to seek advice from a GP or nurse.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. We saw minutes of a clinical meeting held in February 2018, where this was discussed by the clinical team. The minutes included a list of actions.
- The practice had care plans for patients and GPs had a good awareness of their patient list, and the needs of complex patients.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- All indicators for the management of long-term conditions at the practice were in line with CCG and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology to improve the delivery of care and treatment through online rota and staff management software to plan rotas, manage leave requests and monitor staff time and attendance.

### Older people:

- The practice had undertaken comprehensive frailty assessments for patients based on NHSE guidance. In addition to the local CCG requirement, the practice had extended this work to include two additional groups, those who are severely frail and under 65 years of age and those who have frequent unplanned admissions. The practice has seen reductions in emergency admissions to hospital because of this work.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan. There were 68 patients over 75 on the register.
- 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.

### 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. This included those patients with atrial fibrillation, high blood pressure, stroke, asthma and diabetes. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had improved patient diabetes care for this group. This was evidenced by a practice audit showing

## Are services effective?

consistent improvement in the proportion of patients with well-controlled diabetes. This was during a period when the practice was identifying an increasing number of patients with diabetes.

- The practice had a focus on reducing admissions for patients with frequent emergency admissions. The practice was able to reduce admissions for some patients, including those that had complex medical illness or social and mental health needs.
- 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's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was in line with local and national averages.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given in 2016/17 were below the target percentage of 90% or above. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice failed to achieve the target in all four areas. The practice told us that they were aware of these results and all delayed and childhood immunisation decliners were contacted by a GP in a bid to improve uptake of childhood immunisations. The practice shared with us unverified 2017/18 results for childhood immunisation uptake which showed the practice had achieved the target percentage of 90% in the four areas measured.
- 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.

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

- At the previous inspection the practice's uptake for cervical screening had been 63%, which was below the 80% coverage target for the national screening programme. The practice told us that they were aware of these results and had decided to engage with these patients and introduce a system to identify non-attenders. At this inspection, we saw the 2017/18 QOF cytology report and the cervical screening rate had improved to 82%. We saw the Cervical Cytology failsafe policy for following up women with an abnormal or inadequate cervical cytology sample result.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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 had identified an area of need for transgender patients requesting hormones from their GP for gender transition. The GPs liaised with the CCG who were arranging for a South East London guideline and liaised with local community services in order to educate patients on what their GP can provide outside of gender services. The practice were developing a practice policy to meet these patients' needs and expectations without giving unsafe care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There are eight patients on the learning disabilities register.
- The practice recognised the barriers to homeless people accessing primary health care in GP practices. The GPs worked effectively with community agencies across the local adult assessment and care services to find ways to

## Are services effective?

address the barriers that affect access to healthcare for vulnerable people. For example, through access to benefits advice, accessible transportation and services such as art therapy.

- Receptionists had done homeless health training through the Healthy London Partnership. The training was on registering homeless patients and the role of staff in safeguarding this vulnerable group.
- The practice worked with homeless patients who had registered with a local charity providing support, shelter and health checks for homeless people in Lewisham. The practice staff engaged with the club to help homeless people and vulnerable adults access the service and register at the practice. The receptionists told us they seek consent from the homeless person to take contact details for next of kin or the club manager so that they can keep in contact with homeless people more effectively. The reception team liaise with the club manager to tell them when there is a Patient Participation Group (PPG) meeting.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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

- The practice had a high proportion of patients with poor mental health, which is higher than the national average. 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. We saw examples of when patients had care planning assessments and were seen opportunistically at times of emotional distress.
- The Mental Health Nurse at the practice was a Wellbeing practitioner and worked within the local 'Improving Access to Psychological Therapies' (IAPT) service, providing support for people struggling with emotional difficulty and mental illness.
- There was a system for following up patients who failed to attend for administration of long term medication.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average.

- 100% 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 above the national average.
- The practice offered annual health checks to patients with a learning disability.

### 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. There was evidence of measures to review the effectiveness and appropriateness of the care provided through clinical and procedural audit.

- The most recent published Quality Outcome Framework (QOF) results were above average at 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%.
- The overall exception reporting rate 2016/17 was 6.4% compared with a national average of 9.6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- The practice provided a recently completed two-cycle audit of diabetes care, which showed an increase in diabetes prevalence alongside improvement in diabetes control. The audit aimed to identify patients with good, intermediate and poor diabetic control requiring action. The practice showed that the proportion of patients with well-controlled diabetes was improving.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice has enrolled in the diabetes pilot in Lewisham. This was a two-year programme, which had shown improvement in local diabetes outcomes. The practice was involved with the asthma/COPD pilot to improve respiratory outcomes as this was identified as an area with poor outcomes within the borough of Lewisham, when compared against others.
- The practice used information about care and treatment to make improvements. For example, the

# Are services effective?

practice had developed a patient agreement to support patients with gender transition and set out best practice for prescribing bridging prescriptions and Gender Identity clinic referrals.

- The practice was actively involved in quality improvement activity. For example, the practice had carried out an audit of safeguarding practice to review the non-attendance at appointments (DNA) policy. We saw that the DNA policy has been reviewed and updated in February 2018. The practice DNA policy was accessible to staff and was included in the locum pack.
- The practice conducted medicines audits. For example, the practice had reduced prescriptions in broad spectrum antibiotics prescribing (co-amoxiclav, cefalosporins and quinolones). We saw evidence of a two-cycle audit for inappropriate prescribing habits identified and delayed antibiotic prescriptions. The total volume of broad spectrum antibiotics prescribed was reduced by 50% from 2016/17 to 2017/18

## Effective staffing

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

- The number of GP sessions per week was 15, this included 13 sessions by the clinical lead and a salaried GP and two sessions provided by long-term locum cover.
- The practice had a higher proportion of patients with poor mental health than the national average. The practice recruited a Wellbeing and Mental Health nurse who worked two sessions per week. The mental health nurse performed mental health reviews and signposts patients to services.
- The practice manager told us they had recruited a paramedic to undertake urgent request triage and same day clinical assessments for adult patients including home visits. A practice pharmacist worked 10 sessions per week and supported prescribing practice by providing clinics to review patient medication and assist with clinical audits.
- 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 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. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision-making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Staff had received mandatory training in safeguarding children, safeguarding adults, Mental Capacity Act training and information governance. We checked training records and saw staff had completed mandatory training in Information Governance. The practice had information about how they meet the requirements of the Data Protection Act in their practice leaflet.

## 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.
- Care was well co-ordinated between agencies. The practice shared information with, and liaised, with community services, social services, carers and with health visitors and community services.
- The practice discussed patient's health and social circumstances in monthly MDT meetings, to address patients' needs in a coordinated and holistic way. The practice made referrals to the Social Care Advice and Information Team (SCAIT).
- Patients received coordinated and person-centred care. This included when patients 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.

## Are services effective?

- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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, stop smoking campaigns, tackling obesity.

### 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. Although the practice did not have a protocol for taking consent from a patient undergoing joint and soft tissue injections, staff told us that verbal consent was taken for the GP to give joint and soft tissue injections and this was recorded in the medical record.

# Are services caring?

**We rated the practice, and all of the population groups, as good for caring.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The practice is a five-star rated surgery on NHS choices from 32 patient reviews.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- We spoke to 12 patients on the day of the inspection. They said that staff were helpful and that doctors took care to provide clear explanations and involve them in decisions relevant to their treatment.
- All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect.

## Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Patients reported that the GPs were caring, responsive to their needs and always took the time to listen to all issues the patients had. All patients we spoke with were happy with the services the clinicians provided.
- Staff supported patients to plan for and be involved in their care, to understand their choices and make their own decisions.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

- Staff communicated with patients in a way that they could understand, for example, communication aids were available and a hearing loop was in place in the reception area.
- 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 patients who were carers. Staff identified carers opportunistically by asking patients if they were a carer. Carers were coded on the patient record system. The practice had invited the local Carers Trust Network Partner to have an information desk in the waiting area.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (2.8% of the practice list). The practice gave out a carer's pack to help signpost carers to the local support services.
- Staff told us that if families had experienced bereavement, their usual GP sent them a letter of condolence and the Practice Manager will call the family and offer advice on how to find a support service. The practice mental health nurse offers additional support to families.
- 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. However, 74% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; this was lower than the CCG score of 81% and the national average of 85%. The practice was aware of the patient survey results in relation to nurse care. The practice told us that short staffing levels of nursing had an impact on patient feedback.

## Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

## Responding to and meeting people's needs

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

- The practice had a patient centred approach to delivering care and treatment. All staff were aware of the particular difficulties faced by the local population.
- The practice had taken action to bring additional services to patients to help address some of those issues.
- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered extended opening hours, and online services such as repeat prescription requests, advanced booking of appointments, and also advice services for common ailments.
- Appointment length was need-specific and GPs arranged longer appointments when they thought this was necessary. GPs routinely offered longer appointments to some patients, for example, patients with a learning disability.
- 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 was designed to accommodate disabled access. There were toilet facilities for disabled people and a hearing loop available at reception.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Blood tests were available on site so that older patients did not have to attend the local hospitals to have bloods taken.

### 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 provided a range of services relevant to this group; for example, the practice told us they had developed a clinic for supervised administration of a once-weekly injectable to improve glycaemic control in adults with type 2 diabetes.
- The practice held regular 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 found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- 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, the practice offered extended opening hours and Saturday appointments. A nurse was available on Saturdays for cytology screening.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

### People whose circumstances make them vulnerable:

- The practice referred to third sector organisations (charities, social enterprises and voluntary groups) to support vulnerable adults to improve their wellbeing and reduce social isolation. Staff noted new services within the local area and the third sector for future use in referring patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

# Are services responsive to people's needs?

- All patients with a learning disability had alerts on their records to say that they are vulnerable. This allowed staff to be sensitive to their needs.
- People in vulnerable circumstances were able to register with the practice, including those with “no fixed abode.” A member of the practice team had enabled a homeless person to register with the practice and helped them to access appointments.
- The practice had identified an area of need for transgender patients requesting hormones from their GP for gender transition. The GPs liaised with the CCG who are arranging for a South East London guideline and liaised with local community services in order to educate patients on what their GP can provide outside of gender services. The practice had developed a patient agreement to safeguard patients with gender transition and set out best practice for prescribing bridging prescriptions and Gender Identity clinic referrals.

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.
- Practice staff told us that they sought to work with patients who had at times presented with behaviour that was challenging. They told us that their approach was to seek to resolve the issue and engage with the individual patient.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

## Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice had installed a digital call traffic handling system in the reception area. Patients told us they could

always access appointments. The practice told us they were able to manage and record calls and manage staff calendars, avoiding long waiting times, delays and cancellations.

- Results from the July 2017 patient survey showed patients satisfaction with how they could access care and treatment were in line with national and local averages
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

## 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Our review of the six complaints received in the last year showed the complaints process was being followed effectively.
- 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.

We saw a copy of a complaints summary and the practice's written response to a complaint from a patient. The patient had complained that the practice had delayed contacting them about stopping a prescription following changes in local CCG prescribing guidelines. The complaint was investigated under the practice's complaints procedure and the Practice Manager responded to the complaint fully. The patient was sent information about the complaints procedure.

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The partners prioritised providing high quality care to patients and were fully aware of all challenges facing delivery of the service long-term. Their assessment of quality and risk to patient care was consistent and comprehensive.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Staffing levels and skill mix was continuously reviewed and adapted to respond to the changing needs and circumstances of people using the service.
- There were positive relationships between staff and the leadership team.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There was a complete and contemporaneous record kept of incidents and lessons learned.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

## 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, 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.
- Clinical meetings were set weekly and had a focus on clinical governance issues including monitoring and addressing the performance of the practice and quality improvements. The practice had a whole team practice meeting once a month. They held multidisciplinary team meetings (MDT) every four weeks and held Health Visitor meetings every four to six weeks. The Patient Participation Group (PP) met every four to six months.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

## Are services well-led?

Clinical audits were carried-out when required by the CCG; there was an embedded culture of using clinical audit as a quality assurance and improvement tool.

The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

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 appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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. For example, the practice had introduced a digital telephone system with live call queuing and call traffic monitoring. This allowed the practice to more easily manage and record calls in order to improve service delivery. The practice told us that patient feedback about access to information had improved, since the introduction of the new telephone system.
- The practice 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 to support high-quality sustainable 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.
- The practice had identified an area of need for patients requesting hormones from their GP for gender transition. The GPs liaised with the CCG who are arranging for a South East London guideline and liaised with local community services in order to educate patients on what their GP can provide outside of gender services. The practice were developing a policy and research was being undertaken to assess best practice.
- The practice team at Deptford Surgery told us that they planned to produce a patient education video for the benefit of patients to tell them about the surgery, staff and services. We were provided with copies of the scripts staff had developed for the video.
- 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 at all levels within the practice. (The practice has worked with the CCG and Estates and Technology Transformation Fund (ETTF) to be the first pilot practice for complete digitisation of patient medical records. The practice told us that digitisation would help to improve access to patient information at the point of care. We saw that the practice has repurposed the space to allow them to employ additional clinical staff. The practice said that they had shared its experience of this pilot with other GP practices.
- Staff knew about improvement methods and had the skills to use them.

## Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.