

# The Sandmere Road Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Sandmere Road Practice on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice had undertaken an audit with a view to improving its uptake of breast screening as only 30% of eligible women in the practice population had regular screening; one of the lowest uptakes among practices in Lambeth. The initial audit was undertaken in 2012 and was repeated every twelve months thereafter. The practice held an educational session for all staff on the procedure; invited women who were eligible by telephone to come in for screening and promoted the service in the practice waiting area. The practice also ensured that locums were aware of the service and were actively encouraging patients to attend. As a result uptake within the practice has gradually increased year on year and was 59.3% in 2014/15 comparative to the

# Summary of findings

CCG average of 60.1%. Although the practice were still below the CCG average; this demonstrated an effective use of a rolling audit programme which significantly improved uptake of screening; potentially resulting in significantly improved outcomes for the patients involved.

- The practice told us of an incident where an elderly frail patient attended the practice for an appointment and did not have transport home. On the basis of this incident a taxi fund was established to ensure that frail patients were able to be taken home safely.

The areas where the provider should make improvement are:

- Review the arrangements for clinical waste storage.
- Provide online facilities enabling patients to book appointments and order repeat prescriptions.
- Review their practice around coding to ensure that patients with long term conditions and carers are being identified.
- Undertake analysis of the appointment system reviewing waiting times and patient perceptions of waiting times.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice participated in the Holistic Health assessment scheme; providing comprehensive assessments for older housebound patients which targeted their health and social care needs through engagement with a multitude of agencies in the local area including those within the voluntary sector.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the Holistic Health assessment scheme; offering comprehensive social and health care needs assessments for those over 65 who either had not attended the GP in 15 months or were housebound and for all patients over 80 years old.
- The practice worked closely with the community pharmacists to reduce poly pharmacy (the use of four or more medications to treat a patient) and optimise medication for the elderly.
- The practice had established a taxi fund to ensure that frail patients who did not have their own means of transport were able to be transported home safely after attending appointments at the practice.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We were told that nursing staff would review patients who attended in the waiting area and undertake opportunistic reviews of long term conditions while they were waiting to be seen by the doctor.
- The practice ran a clinic for patients with complex long term conditions on a Thursday.

# Summary of findings

- The practice held virtual clinics with specialist consultants from the local hospital with the aim of reviewing complex patients and ensuring that the care they received was in accordance with current best practice. These clinics were held six monthly for patients with diabetes and annually for other long terms conditions.
- The practice had a lower prevalence of chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD) was lower than the national average. It is recommended that the practice conduct analysis to ensure that this is an accurate reflection of prevalence among its patient population.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice ran an in reach paediatric clinic where a paediatric consultant attends the practice and reviewed patients who may otherwise have been referred to hospital. Appointments at this clinic were thirty minutes long.
- The practice ran an antenatal clinic.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 Royal College of Physicians questions was 77.92% compared with the national average of 75.35%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 83.8% compared with the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good





# Summary of findings

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- Though the practice did not offer online appointment booking or repeat prescribing we were shown evidence that there had been technical problems getting this system to work and that staff would be trained in March 2016 after which patients would have access to these services. None of the patients that we spoke with or comment cards we reviewed stated that lack of online facilities had prevented them from accessing services at the practice.
- The practice had implemented a campaign to increase the attendance for breast screening whereby all staff were made aware of the initiative and would discuss this with patients opportunistically when they attended the practice. The practice also had leaflets available promoting breast screening and a member of the administrative team who would contact patients to book them in for screening. This had resulted in the number of patients attending increasing from 30% in 2012 to 59.3% in 2014/15.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours

# Summary of findings

and out of hours. The practice had a dedicated safeguarding team which regularly reviewed those at risk of harm or abuse . The practice's safeguarding lead had instigated a review of children who had parents with mental illness, updating the patient and parents records and taking further action where appropriate.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%. The exception rate was 14.3% compared with a national average of 8.3%
- The practice had a policy of contacting patients with dementia the day prior to their appointments to ensure they remembered to attend. The practice also sent reminders to the patient's carer and arranged for transport to collect the patients where required.
- Performance for mental health related indicators was similar or higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice told us that they had links with two consultants from a local hospital who would review those with mental illness who were at risk of developing comorbidities.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A drug and alcohol counsellor attended the surgery every four weeks.
- We were told that the carers of people with mental illnesses had the mobile telephone number of the patient's named GP.

Good



# Summary of findings

- The practice had arranged for a screening of a short film highlighting the issue of self-harm amongst young people. This was a free screening attended by practice staff, the practice's PPG and was open to all Lambeth residents.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and forty nine survey forms were distributed and 70 were returned. This represented a 15.6% response rate and 0.53% of the practice's patient list.

- 83.2% found it easy to get through to this surgery by phone compared to a CCG average of 76.5% and a national average of 73.3%.
- 95.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.9%, national average 85.2%).
- 85.7% described the overall experience of their GP surgery as fairly good or very good (CCG average 83.4%, national average 84.8%).
- 75.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77.2%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 90 comment cards, 81 of which were entirely positive about the standard of care received stating that staff were caring and compassionate and always listened to them. The majority of the remaining cards also aligned with these views though some expressed dissatisfaction with the length of time they had to wait to be seen by a GP when they attended the practice's walk in surgery.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Several patients we spoke to described the practice as a family and that they continued to attend the surgery even though they had moved out of the area.

# The Sandmere Road Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Sandmere Road Practice

The Sandmere Road Practice is based in the Lambeth CCG it serves approximately 13000 patients. The practice is registered with the CQC for the following regulated activities: Diagnostic and screening procedures, Family planning, Treatment of Disease, Disorder and Maternity and midwifery service and Surgical procedures.

The practice has a higher number of working age patients than the national average and smaller proportion of infants and older people than national averages. The practice is ranked within the third most deprived decile on the IMD deprivation score. The practice population has a lower than average number of patients with a long standing health condition, number of disability claimants and higher proportion of patients in employment.

The practice is run by two partners. Including the partners there are ten GPs in total (seven female and three male). The practice has four female nursing staff. The practice teaches fifth year medical students from a local hospital but did not have students at the time of our visit.

The practice is open between 8.00 am to 6.30pm Monday to Friday. Appointments are from 8.00 am to 12 pm Monday to Friday and from 3.30 pm till 6.30 pm on Monday, 4.00pm to 7.00 pm Tuesday and Wednesday and 3.30 pm till 7.00 pm

on Friday. The practice did not have an afternoon surgery on a Thursday. The practice provided extended hours surgeries from 6.30pm to 7.00pm on Tuesday, Wednesday and Friday and from 8.00 am to 11.00 am on Saturday. The practice offers 43 GP sessions per week and 30 nursing sessions each week. The practice runs a walk in service throughout the day with one pre bookable appointment available every thirty minutes.

The Sandmere Road Practice operates from purpose built premises which are rented. The service is accessible for disabled patients; with adjustments made to the reception desk so that wheelchair users are able to easily speak with staff and all consulting and treatment rooms being located on the ground floor.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

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

Childhood Vaccination and Immunisation Scheme, Extended hours access, Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and Pneumococcal Immunisations, Minor Surgery, Patient Participation and Remote Care Monitoring.

The practice is a member of South West Lambeth Healthcare Federation.

This practice was previously inspected under the CQCs old methodology and was found to be compliant in all areas.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with a range of staff GPs, nurses, and non clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw evidence of lessons being shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had a dedicated safeguarding team consisting of one of the GP partners and two non-clinical staff members. The team ensured that requests for safeguarding reports were processed in a timely manner and that alerts were placed on the system which provided contact information for the family's social worker. Not only were vulnerable children flagged but alerts were also placed on the system of family members and those connected with that child. This enabled the practice to monitor potential safeguarding concerns. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The safeguarding lead was also the locality lead GP who hosted

safeguarding meetings with a community paediatrician every six months; focusing on training delivery and significant safeguarding events. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and nurses to Safeguarding level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However on the day of the inspection we found that the clinical waste bins outside of the practice had been left unlocked with clinical waste inside.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out annual medicines audits, with the support of the local CCG pharmacy teams, and had bi annual meetings with the CCG to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed 5 personnel files and found appropriate recruitment checks had been undertaken prior to employment for those staff employed after 2013. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All staff had been DBS checked.

## Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota completed by the practice manager a month in advance for all the different staffing groups to ensure that enough staff were on duty. We were told that if a member of clinical staff were on leave then one of the salaried GPs would be asked to work this staff member's sessions. If this was not possible the staff would employ one of their regular locums. Non clinical staff were able to cover for one another during absences.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- One of the patient comment cards referred to an emergency incident where they had taken ill and staff had managed the situation effectively; providing them with rapid treatment.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Each member of staff had been provided with a card which listed the emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- GPs within the practice had their own areas of interest of specialism including dermatology and sports medicine.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.9% of the total number of points available, with 6.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets.

The practice had approximately half the expected prevalence of COPD and coronary heart disease comparative to national averages. This was attributed to the lower than expected number of patients aged over 65 among the practice population when compared to other practices nationally.

The practice had recently changed to a new computer software system. We were informed that this had resulted in a loss of patient data on their systems, particularly coding of those with long term conditions, mental health concerns and those who had caring responsibilities. Consequently the prevalence of certain conditions may have been under reported. We reviewed patients with a

variety of long term conditions and those with mental health concerns. Although these patients were not always coded on the practice's system; appropriate action, for example periodic reviews, had been undertaken in all of the patient notes we reviewed. The practice informed us that they were working hard to ensure that all patients were correctly coded.

Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (a test which determines how well controlled a patient's blood glucose has been over the previous 2-3 months) is 64 mmol/mol or less in the preceding 12 months was 75.72% compared with 77.54% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 73.24% compared with 78.03% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 86.87% compared with 94.45% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 81.38% compared to 80.53% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.08% compared with 88.3% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average with 82.81% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less compared to 83.65% nationally.
- Performance for mental health related indicators was similar or higher than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92.77% compared to 88.47% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91.76%

# Are services effective?

## (for example, treatment is effective)

compared with 89.55% nationally. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared with 84.01% nationally. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 97.61% compared with 94.1% nationally.

Clinical audits demonstrated quality improvement.

- We were shown two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one of the audits focused on the management of hypertensive patients. The practice aimed to get 80% of patients in this category with a healthy blood pressure (BP) of <150/90 in accordance with NICE guidance. During the initial audit the practice identified 78% of patients having a BP of <150/90 with exception reporting of 3%. The practice then reviewed its existing processes for the management of hypertensive patients and looked to improve this figure by implementing a range of measures including; improving coding, encouraging patients in this group to self-manage their condition, review non attending patients, review patients in a virtual clinic and make referrals where appropriate. When re audited the percentage of patients with BP of <150/90 had increased to 79% and exception reporting reduced to 2%.

The practice undertook a second audit seeking to improve its uptake of breast screening as a result of only 30% of eligible women having regular screening; one of the lowest uptakes among practices in Lambeth. The initial audit was undertaken in 2012 and was repeated every twelve months thereafter. The practice held an educational session for all staff on the procedure; eligible women were invited by telephone to come in for screening and promoted the service in the practice waiting area. The practice also ensured that locums

were aware of the service and were actively encouraging patients to attend. As a result uptake within the practice has gradually increased year on year and was 59.3% in 2014/15 comparative to the CCG average of 60.1%.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics clinical systems training, safeguarding, health and safety and fire training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to training and discussions at the local practice nurse forum.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those with a long term condition or disability and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

- Practice staff provided patients with advice on their diet and smoking cessation and would refer them to other support services if required.

The practice's uptake for the cervical screening programme was 83.8%, which was comparable to national average of 81.83%. There was a policy to send letters and offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice informed us that they were also looking to increase the uptake of bowel cancer screening.

Childhood immunisation rates for the vaccinations given were on the whole comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80.4% to 100.0%. For five year olds only 63.5% had received the Dtap/IPV Booster compared to 83% nationally. When we queried this figure with the nursing staff they informed us that sometimes children may have received this vaccination from a nearby health centre and would not bring in their records so that these could be updated on the practice's systems. The staff we spoke with also suggested that patients may have moved when they are called for this vaccination but that there were systems in place to alert staff when these vaccinations became due which promoted contact to be made with parents. Vaccinations for children under two year olds ranged from 80.4% to 100% and five year olds from 87.1% to 95.3% in line with national averages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Eighty one of the ninety patient Care Quality Commission comment cards we received were exclusively positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The majority of the remaining nine comment cards also aligned with this view but expressed dissatisfaction with the waiting times for appointments at the walk in clinic.

We spoke with 2 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89.7% said the GP was good at listening to them compared to the CCG average of 87.6% and national average of 88.6%
- 85.5% said the GP gave them enough time (CCG average 83.9%, national average 86.6%).
- 97.7% said they had confidence and trust in the last GP they saw (CCG average 94.2%, national average 95.2%)

- 84.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 82.5%, national average 85.1%).
- 92.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.4%, national average 90.4%).
- 74.4% said they found the receptionists at the practice helpful (CCG average 86.7%, national average 86.8%). The practice had provided staff with customer care training in response to this result.

The practice told us of an incident where an elderly frail patient attended the practice for an appointment and did not have transport home. The practice manager took the patient home and a taxi fund was established to ensure that frail patients were able to be taken home safely.

### Care planning and involvement in decisions about care and treatment

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

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

- 86.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86.0%.
- 89.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.2%, national average 81.4%)
- 87.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80.1%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language and we saw notices in the reception areas informing patients this service was available. Many of the staff in the practice were multi lingual and the practice had access to telephone translation services for those patients who spoke other languages.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.25 % of the practice list as carers. The practice again recognised that the proportion of carers that they had identified was low. They again attributed this to the loss of data that occurred when they had migrated to a new software systems. We were told that they practice were planning to institute a campaign to identify those on their list with caring responsibilities.

Written information was available to direct carers to the various avenues of support available to them. The practice also informed us that it was policy to offer carers a flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer them a consultation at a flexible time and location to meet the family's needs and directed them to a local support service. We saw evidence of emails from patient relatives praising the support that the practice had provided them and the family member who had passed. The emails reviewed also spoke of practice staff attending their relative's funeral and sending flowers.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in the Holistic Health assessment scheme; providing comprehensive assessments for older housebound patients which targeted their health and social care needs through engagement with a multitude of agencies in the local area including those within the voluntary sector.

- The practice offered an extended hours appointments including a Saturday clinic for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice's walk in appointment system meant that same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patients were unable to book appointments online or order repeat prescriptions at the time of our inspection. We were provided evidence to show that there had been some difficulties in getting this system working and that practice staff were now awaiting training on the online booking and repeat prescribing system and were show confirmation that this was due to take place on 8 March 2016. We raised this issue with patients on the day of the inspection. None of the patients we spoke with on the day or those who had completed a feedback form stated that lack of online repeat prescribing or appointment booking facilities impacted on their ability to access services.
- There were disabled facilities, a hearing loop and translation services available. The practice also had signs in braille on all of the clinical room doors. The practice reception desk was too high for wheelchair users to be able to speak with reception staff. As a result the desk had been customised so that staff could speak

with patients at wheelchair level through a window panel. All of the consulting and treatment rooms were located on the ground floor making it easier for disabled patients to access clinical areas.

- The practice ran a clinic for children with the assistance of a local paediatrician on an adhoc basis which enabled conditions that would otherwise need to be referred to a secondary care provider to be dealt with in house.
- The practice hosted a drug and alcohol counsellor every four weeks.
- Practice staff told us that they did not confine patients by only allowing them to discuss a single issue at each appointment.
- The practice ran a clinic for patients with complex long term conditions on a Thursday.
- The practice held virtual clinics with specialist consultants from the local hospital with the aim of reviewing complex patients and ensuring that the care they received was in accordance with current best practice. These clinics were held six monthly for patients with diabetes and annually for other long terms conditions.
- The practice had identified that obesity, particularly among children, as a growing concern in the local area. Practice staff and members of the patient participation group voluntarily picked organic apples from a local farm. These apples were distributed to local food banks and a stock of apples would be held within the practice and handed out to patients. The apples were used by the practice as a health promotion tool to encourage people to improve their diet. Two of the comment cards we reviewed made positive reference to this initiative.

### Access to the service

The practice was open between 8 am to 6.30pm Monday and Thursday and 8 am to 7 pm Tuesday, Wednesday and Friday. Appointments were from 8 am till 12 pm Monday to Friday and from 3.30 pm till 6.30 pm on Monday, 4pm till 7 pm Tuesday and Wednesday and 3.30 pm till 7 pm on Friday. The practice did not have an afternoon surgery on a Thursday. The practice also ran a surgery from 8 am till 11 am on a Saturday. Seventy percent of the practice's appointments were walk in appointments. Thirty percent of

# Are services responsive to people's needs?

## (for example, to feedback?)

the practice appointments were pre bookable which could be booked up to one month in advance. The practice told us that those who required urgent appointments were prioritised.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.7% and national average of 74.9%.
- 83.2% patients said they could get through easily to the surgery by phone (CCG average 76.5%, national average 73.3%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 54.3%, national average 60.0%).
- 25.5% of patients said that they usually had to wait 15 minutes or less after their appointment time (CCG average of 59.6%, national average of 64.8%)
- 23.8% felt they did not normally have to wait too long to be seen (CCG average 51.9%, national average 57.7%)

Although some of the comments cards corresponded with the issues identified in the National GP patient survey regarding waiting times; most of the comment cards did not mention this and patients we spoke with on the day were largely happy with access to the service and that they were able to get appointments when they needed them. From speaking to patients it appeared that waiting times varied throughout the day; with people having to wait for longer periods of time the later they attended the surgery. The practice's electronic display provided patient with an indication of how long they would have to wait to be seen.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints.
- We saw a form that detailed the practice's complaint procedure in the waiting area.

The practice had received 14 complaints in the last 12 months and we reviewed three of these during our inspection. We found that these were satisfactorily handled and dealt with in a timely manner with apologies provided where appropriate, detailed explanations of what went wrong and information about any action taken to address the cause of the complaint. Lessons were learnt from concerns and complaints and action taken as a result to improve the quality of care. For example, an anonymous comment was made on NHS choices regarding an examination with one of the practice nurses. The comment was treated as a complaint. The practice undertook an investigation to try and identify the complainant in an attempt to engage with them however this was not possible. The complaint was discussed in an MDT meeting and the procedure for examinations was reiterated to the nursing staff. The practice produced a sensitive examination checklist for the nursing team in an attempt to monitor and review the quality of these examinations. Patients were also provided with questionnaires to fill in after completion of an examination which allowed them to comment on their experience. The results of the questionnaire were analysed and no concerns were found with the quality examinations provided by the nursing team. This complaint was also dealt with in tandem under the practice's significant event procedure.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted that the practice held annual general meetings for all staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Several members of staff referred to the ability to learn and develop in the practice. For example one of the practice administrators said that they had expressed an interest in doing a counselling course. They told us that the practice had offered to fund their study and had provided them with time off to complete external assessments. Another member of staff stated that they had obtained a level 3 NVQ in IT after having asked for this during an appraisal.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had prepared a patient survey in consultation with the PPG and asked patients if



# Are services well-led?

Good 

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

they would like to see an electronic patient information display in the waiting area., 25 of the 27 respondents said that they were in favour of an electronic patient information display and this was subsequently installed.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example one member of staff had requested a specialised chair to accommodate a health condition and that the practice provided this as requested. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. The practice was designated as “research ready” by the Royal College of General Practitioners and had participated in several research studies including one which piloted the use of limited to echocardiograms or "quick scans" in patients who may be at risk of heart disease. Of the 253 patients scanned one of the practice's patients was admitted acutely and anti-coagulated. The results of the research were published in the British Journal of Cardiology and showed the utility of using hand-held ultrasound machine as part of clinical examination in primary healthcare settings.

The practice was also participating in a study which aimed to assess the benefits of Aldosterone Receptor Antagonism in Chronic Kidney Disease (BARACK D); essentially looking for an effective treatment for cardiovascular disease that was associated with kidney disease.