

Dr. Jeyanathan and partners

Quality Report

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Date of inspection visit: 20 April 2016

Date of publication: 16/11/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr. Jeyanathan and partners on 20 April 2016. Overall the practice is rated as requires improvement.

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

- Some risks to patients were not well assessed and well managed. There was no clear lead for infection prevention and control, and no practice-specific policies. Although the practice was generally clean, we found some issues with cleanliness and sharps disposal that should have been detected by the practice systems. Vaccine fridge checks and checks of emergency equipment were not happening consistently.
- Data from the national GP patient survey showed patients rated the practice below others for several aspects of care.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access

care and treatment was below local and national averages. The practice taken made changes, but it was too early for us to see evidence that this had improved patient satisfaction.

- Governance arrangements were not sufficiently robust. Not all of the policies we would expect were in place, staff records were incomplete and systems were not effective to ensure that all staff had completed the necessary training. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 acted on feedback from staff and patients.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Implement formal governance structures for assessing and monitoring all risks, including those present in the practice premises, policies and procedures to prevent and control infection, and safe and proper management of vaccines.
- Ensure that there are sufficient medicines in the practice and taken on home visits to deal with medical emergencies, taking into account the patient population and the services provided. Ensure that emergency equipment is checked regularly.
- Maintain complete staff records and implement an effective system to ensure that all staff have completed mandatory training.

The areas where the provider should make improvements are:

- Review the business continuity plan to ensure it is complete and up-to-date.
- Review patient satisfaction scores with access to services.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Maintain complete records of complaint handling, and implement a system to allow learning from analysis of trends.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There were systems, processes and practices in place to keep patients safe and safeguarded from abuse, although the practice were not able to produce evidence of child safeguarding training for one member of clinical staff.
- Risks to patients were not all well assessed and well managed. There was no clear lead for infection prevention and control, and no practice-specific policies. Although the practice was generally clean, we found some issues with cleanliness and sharps disposal that should have been detected by the practice systems. Vaccine fridge checks and checks of emergency equipment were not happening consistently.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs. There was evidence of regular, effective meetings with some key health care partners, and of several instances where the practice had acted proactively to involve a much wider

Summary of findings

multi-disciplinary team for patients in vulnerable circumstances or experiencing poor mental health about whom they had concerns, to ensure patients remained safe and received appropriate treatment.

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 below others for several aspects of care.
- Patients told us 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



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice introduced an in-house joint injection clinic to provide a rapid treatment for common musculoskeletal ailments, to reduce the waiting time for patients to access treatment.
- 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.
- However, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. The practice made changes, but it was too early for us to see evidence that this had improved patient satisfaction.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- Staff had a general sense of the practice values.

Requires improvement



Summary of findings

- There was a business plan in place, but this did not cover all of the plans the practice told us about.
- 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.
- Governance arrangements were not sufficiently robust. This included arrangements to monitor and improve quality and identify risk. Not all of the policies we would expect were in place, staff records were incomplete and systems were not effective to ensure that all staff had completed the necessary training.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice team was part of local schemes to improve outcomes for patients in the area.

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 provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Vulnerable older people had access to a priority telephone line.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Same-day delivery of medicines was arranged (with a local pharmacy) for housebound patients.
- The practice provided an in-house joint injection clinic to reduce the waiting time for patients to access treatment for common musculoskeletal ailments.
- The practice had signed up for an enhanced service (in addition to the standard GP contract) to increase the rates of influenza and pneumococcal immunisations in vulnerable groups. 79% of patients aged over-65 were vaccinated, which was one of the best rates in the Clinical Commissioning Group.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 generally 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.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 low for standard childhood immunisations in 2014/15, but we saw evidence that the practice had improved these considerably.
- 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 practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%.
- 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.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. We heard and saw evidence of several instances where the practice had acted proactively to involve the a much wider multi-disciplinary team for patients in vulnerable circumstances or experiencing poor mental health about whom they had concerns, managing disagreements within the team to ensure patients remained safe and received appropriate treatment.
- 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 and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 76% of patients diagnosed with dementia had a face-to-face review of their care. This was below the national average of 84%. The practice rate of exception reporting was lower than average for most of the QOF indicators, including dementia. 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). Performance for most mental health related indicators was in line with the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. We heard and saw evidence of several instances where the practice had acted proactively to involve the a much wider multi-disciplinary team for patients in vulnerable circumstances or experiencing poor mental health about whom they had concerns, to ensure patients remained safe and received appropriate treatment.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. Three hundred and eighty-five survey forms were distributed and 98 were returned. This represented 2% of the practice's patient list. The results showed the practice was performing below local and national averages.

- 47% of patients found it easy to get through to this practice by phone (compared to the national average of 73%).
- 54% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received.

Twenty-eight cards had only positive comments about the standard of care received. Two cards contained mixed feedback, positive about most aspects of care received but negative about appointment access.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Several patients said that it could be difficult to make an appointment.

Dr. Jeyanathan and partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr. Jeyanathan and partners

Dr. Jeyanathan and partners is based in a large NHS health centre, in Lewisham, in south-east London. The building also houses two other GP practices, a GP walk-in centre and a range of community services including health visitors, midwives, sexual health, district nurses, blood tests and a foot health clinic.

Three doctors work at the practice. Two of the doctors are partners (and are male) and there is one salaried GP (who is female). All of the GPs work part-time. The working hours added together equate to just over two full time roles (whole time equivalents).

There is one female practice nurse. She works part-time, with all of the nursing hours adding up to just under half a full-time role.

The practice is open 8am to 6.30pm Monday to Friday. Extended hours are offered on Tuesday 6.30pm to 8.00pm.

Appointments are available from 8.30am to 11.30am and 3pm to 6pm Monday to Friday. When the practice is closed cover is provided by a local out-of-hours service. In addition to bookable appointments, the practice operates a drop-in clinic every week day morning.

There are 4316 patients at the practice. Compared to the England average, the practice has more young children as

patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

Life expectancy of the patients at the practice is in line with CCG and national averages. The practice population scores highly on national measures of deprivation: people living in the area are measured to be on the third decile (the first decile is most deprived and the tenth is the least deprived).

The practice is in the Lewisham Clinical Commissioning Group area and offers GP services under an NHS Personal Medical Services contract. It is registered with the CQC to provide diagnostic and screening procedures, maternity and midwifery services, treatment of disease,

disorder or injury, family planning and surgical procedures.

The practice received a routine inspection from the CQC on 24 January 2014. We found that there was no written policy or procedure for the practice on safeguarding of vulnerable adults and no staff had completed formal training in this area.

The practice was re-inspected on 13 September 2014, and we found evidence that a policy had been put in place and that staff had received training.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 20 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurses, reception and administration staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, reception staff agreed to a patient receiving a telephone consultation at a time when these are not normally available, but did not communicate this to doctors so the patient was not called. The issue was discussed in a practice meeting and staff given clear guidelines to avoid any re-occurrence.

Overview of safety systems and processes

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

- Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to child protection or child safeguarding level 3. However, the nurse told us that she

was trained to level 2 in child safeguarding, but thought that it might be overdue for updating. There was no evidence of recent child safeguarding training in the nurse's staff record. The practice could not provide evidence of this training, so arranged for the nurse to complete it after the inspection (and sent us evidence of this).

- 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 (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).
- Before the inspection we were informed that the practice nurse was the infection control lead and we talked to her about her responsibilities on the day of the inspection. She told us that she provided training on infection control to the rest of the practice staff. As evidence of this we were shown minutes of a meeting that said that the nurse discussed infection control, but with no details of what was discussed. After the inspection we were advised that one of the GP partners was the infection control lead. We saw no evidence that anyone in the practice had received recent specific training to act as infection control lead, or liaised with local infection prevention teams to keep up to date with best practice. After the inspection we were sent evidence that the nurse received training from the local infection prevention team some years previously, and of recent internal training provided by the GP partner. We were sent evidence that the GP had completed generic infection control training for clinical staff.
- There was no infection control protocol in place. The practice gave us a copy of Standard Infection Control Precautions issued by NHS Professionals in 2010, which they were using as their guide. This document states that it is "intended to be used alongside, and not replace, local Trust NHS policies/guidelines" and states that staff should refer to their own organisation's procedures for guidance on matters such as waste management, personal protective equipment, incident reporting, cleaning up spillages, sharps injuries and cleaning clinical equipment.

Are services safe?

- An audit of infection control was completed in December 2015 by the practice manager. This did not identify any issues.
- Most areas of the practice were clean, although some areas, such as book shelves in clinical rooms, were cluttered and dusty and in a room that was used by locum GPs we found some outdated (non-disposable) clinical equipment and a sharps bin that was dated 2010. Other sharps bins we checked were dated within the last three months.
- The practice was cleaned by an external company, employed by the managers of the building. The practice carried out no routine checks of cleanliness.
- Practice staff had no access to the cleaning cupboard and had not checked cleaning supplies or cleaning records as part of their audit. Practice staff told us that if cleaning was needed during the day, they would call for the cleaning staff (based within the building).
- The cleaning schedule used by the cleaning staff was a standard NHS system. We were told that clinical equipment such as the nebulizer was cleaned between patients, but not routinely otherwise. There were no records of clinical equipment cleaning.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) were not sufficiently robust. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Boxes of blank prescription forms were securely stored, and there was a system in place to monitor their use. We found prescription forms in the computer printers of rooms used only infrequently. The practice told us that these rooms were usually locked. There was one fridge where vaccines were stored. This was very full, which will have made it harder for the contents to be kept at an even temperature. Records kept of checks of fridge temperatures showed that there were multiple occasions where the fridge had not been checked (on days when the practice nurse who did the checks was not working) with no system for covering this task in their absence.
- We reviewed four personnel files. Recruitment checks included proof of identification, references, qualifications, and registration with the appropriate body. However we found that some checks had not been undertaken prior to employment for all recently recruited staff. The practice told us that they obtained two references and a Disclosure and Barring Service check for all members of staff. One member of staff had only one reference on file. The DBS check for one (non-clinical) member of staff who was in post had been delayed by the need for additional identification checks. Another non-clinical member of staff had a DBS check on file that had been obtained by another organisation. This was not 'portable' and was dated more than a year prior to the staff member beginning in post. The practice had not formally assessed the risks of these staff working without recent DBS checks being in place. The reference and evidence of completed DBS checks were sent to us after the inspection.

Monitoring risks to patients

Not all risks to patients were well assessed and well managed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- 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 fire risk assessment was inadequate. It considered only one risk (portable electrical equipment causing fire). No other risks were assessed or mitigated.

Fire drills were carried out by the management team for the building, who also arranged for the servicing of fire equipment and checks that the building for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had carried out their own premises risk assessment. This did not consider any risks specific to a GP practice, and assessed only the risks from tripping,

Are services safe?

wet floors, flooding and cleaning items. Other risks had not been identified, such as unsecured blind cords in the practice reception area. A COSHH (Control of Substances Hazardous to Health) assessment had been only partially completed, with no hazardous substances identified.

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 clinical staff and most non-clinical staff received annual basic life support training and there were emergency medicines available in the treatment room.
- A first aid kit and accident book were available. There was oxygen with adult and children's masks. Oxygen checks were carried out monthly by the practice nurse, but the log showed several months when checks had not been made.
- The practice shared a defibrillator with the adjacent premises. The practice had not assessed whether the additional time that it would take to fetch the defibrillator from the other practice was reasonable. The defibrillator was checked by the other practice.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice did not have in stock all of the emergency medicines on their own checklist and which we would expect. The nurse who checked the medicines said that she had been told they were not required, but did not know why. The GPs we asked said that they thought all of the medicines on the checklist were stocked.
- GPs did not take any emergency medicines on home visits, and were unaware of guidance that they should.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 (2014/15) for the practice was 95% of the total number of points available. The average for other local practices was 93% and the national average was 95%.

Although not yet published or independently verified, the practice told us that they achieved 96% for their overall QOF indicators for the year 2015/16.

- Performance for diabetes related indicators was generally similar to the national average.
- 80% of patients with diabetes, on the register, in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months, compared to the national average of 78%. This is an important measurement of how well blood sugar is controlled, crucial to reduce complications in people with diabetes.
- 82% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months, compared to the national average of 88%.
- 78% of patients with diabetes had well controlled total cholesterol, compared to the national average of 81%.

- 88% of patients with diabetes had an influenza immunisation, compared to the national average of 94%.
- Performance for most mental health related indicators was mixed, but generally similar to the national average.
 - 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan. This was above the national average of 88%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (compared to the national average of 90%).
- 76% of patients diagnosed with dementia had a face-to-face review of their care. This was below the national average of 84%. However, the practice rate of exception reporting was lower than average for most of the QOF indicators, including dementia. 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). The practice exception reporting rate for dementia was 0%, compared to the Clinical Commissioning Group rate of 4% and the national rate of 8%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audit and three case reviews completed in the last two years. One of these, an audit of diabetes management was first completed in 2010. The practice put in place an improvement plan and repeated the audit in 2011, 2013, 2014 and 2015. The results showed steady improvement in patients' control of blood sugar, blood pressure and cholesterol, all very important in reducing the risk of complications and early death.
- The practice participated in local quality improvement initiatives. For example, the Lewisham multi-disciplinary reflective learning programme to improve prescribing practice. As a result of their involvement, the practice made a number of changes to their prescribing, including increasing the number of electronic prescriptions issued from 9% to more than 70% (as the practice learnt that this reduced the risk of human error in dispensing and the loss of paper prescriptions).

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The staff members we spoke to said that they had received an appraisal within the last 12 months. This was supported by the staff records we checked.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

We heard and saw evidence of several instances where the practice had acted proactively to involve the a much wider multi-disciplinary team for patients in vulnerable circumstances or experiencing poor mental health about whom they had concerns, managing disagreements within the team to ensure patients remained safe and received appropriate treatment.

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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and add your example.
- Patients were signposted to the relevant service, for example, dietician or smoking cessation support.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in

Are services effective?

(for example, treatment is effective)

different languages and for those with a learning disability and they ensured a female sample taker was available.. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The data we received from NHS England (for 1 April 2014 – 31 March 2015) showed that the practice had below average rates of childhood immunisation. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 8% to 85% and five year olds from 34% to 98%. Local childhood immunisation rates for the vaccinations given to under two year olds ranged from 10% to 93% and five year olds from 71% to 94%.

The practice showed us data published by the CCG that showed that the practice had improved its childhood

vaccination rates considerably. For example, in October 2014 the practice had vaccinated 46% of year olds with two doses of the Measles, Mumps and Rubella vaccine (and was the lowest performing practice in Lewisham). In October 2015, 90% of 5 year olds had received this immunisation, making the practice one of the best performers in the CCG.

The practice had signed up for an enhanced service (in addition to the standard GP contract) to increase the rates of influenza and pneumococcal immunisations in vulnerable groups. 79% of patients aged over 65 were vaccinated, which was one of the best rates in the CCG.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most of the 30 patient Care Quality Commission comment cards we received were 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. Only two cards had any negative comments. Both said that it could be difficult to get an appointment.

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

Results from the national GP patient survey showed not all patients surveyed felt they were treated with compassion, dignity and respect. The practice satisfaction scores for reception staff were in line with other practices, but were below average for consultations with GPs and nurses.

- 89% of patients said they found the receptionists at the practice helpful (compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 87%).
- 81% of patients said the GP was good at listening to them (compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%).
- 76% of patients said the GP was good at giving them enough time (compared to the CCG average of 83% and the national average of 87%).

- 89% of patients said they had confidence and trust in the last GP they saw (compared to the CCG average of 94% and the national average of 95%)
- 77% of patients said the last GP they spoke to was good at treating them with care and concern (compared to the national average of 85%).
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern (compared to the national average of 91%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment than patients from other practices. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 83% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as carers (less than 0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice introduced an in-house joint injection clinic to provide a rapid treatment for common musculoskeletal ailments, to reduce the waiting time for patients to access treatment. Fifty-five patients received treatment in the last 12 months.

- The practice offered a late clinic with the GP and a practice nurse on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or with complex medical needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Same-day delivery of medicines was arranged (with a local pharmacy) for housebound patients.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

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

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 47% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Appointments were available from 8.30am to 11.30am and 3pm to 6pm Monday to Friday. When the practice is closed cover is provided by a local out-of-hours service.

In response to the GP patient survey results, the practice:

- Reviewed the appointments system and introduced a drop-in clinic every weekday morning. Practice staff told us that any patient arriving before 10am would be seen by a GP that morning, with up to 42 drop-in patients seen per day.
- Increased the number of staff answering the telephones in the morning, from two to three.
- Introduced a separate priority telephone line for patients with complex medical needs.
- Increased the number of appointments available to book online (from three to five per clinic).

Practice staff told us that patients seemed happier with the new appointment system, but it was too early for us to see evidence of this at the time of the inspection. The practice planned to run their own survey the following month.

We were told that the practice were looking into improving services further by:

- Recruiting another GP, and more nursing staff
- Obtaining a call queuing system for the telephone.

People told us on the day of the inspection that they were not always able to get appointments when they needed them and that it could be difficult to get through on the telephone.

Listening and learning from concerns and complaints

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

- The practice policy and procedures were generally were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, with information available in the reception area.

We looked at four complaints received in the last 12 months and found that there were limited records of correspondence with patients. Practice staff told us that much communication is managed by phone or in person, and records were not always kept of such contact.

Are services responsive to people's needs? (for example, to feedback?)

Action was taken as a result of complaints to improve the quality of care. For example, after an issue where a patient's medicine was delayed because a GP did not sign the prescription, the procedures for issuing prescriptions was changed.

There was no central log of complaints to allow the practice to be clear that the complaints policy was being adhered to. A log sheet template was sent to us shortly after the inspection.

Although lessons were learnt from individual concerns and complaints, there was no system of annual review to allow learning from analysis of trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients, but this was not fully documented.

- There was no written mission statement, but staff had a general sense of the practice values.
- The practice told us of plans to recruit more nursing staff to provide better care for patients, but this was not reflected in the current business plan.

Governance arrangements

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Not all of the policies that we would expect were in place and some were incomplete. For example, there were no practice-specific infection control policies or protocols. The policies that were in place were implemented and available to all staff.
- Staff records were not complete. We checked a selection of staff files on the day of the inspection and some evidence of recruitment checks and of training could not be found.
- Systems for ensuring that staff training was up-to-date were not sufficiently robust. A matrix document was in place, but this showed a number of gaps in mandatory training. In some cases the matrix had not been updated, but in others there was no evidence that the training had been completed. For example, the practice could not provide evidence that the nurse had completed recent child safeguarding training. The practice made arrangements for the nurse to complete the training shortly after the inspection.
- 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.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. Staff responsible for managing risks had not had training for this task. Assessments we saw did not take account of all of the risks within the practice or have comprehensive mitigation.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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. The PPG met annually, with members of the group called periodically between meetings to ask for any feedback. The group submitted proposals for improvements to the practice management team. For example, the PPG asked for a

Are services well-led?

Requires improvement 

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

marker to show patients where to stand where queuing at the reception desk, so that privacy was maintained. This was purchased and the PPG chair considered it to be successful.

- The practice had gathered feedback from staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One example of change as a result of feedback from staff was the development of a central annual leave logging system, to ensure that sufficient staff are available. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was part of local schemes to improve outcomes for patients in the area.

For example, the practice participated in the Clinical Commissioning Group (CCG) scheme to improve prescribing to improve patient safety and outcomes and reduce waste. As a result of their involvement, the practice made a number of changes to their prescribing, including increasing the number of electronic prescriptions issued

from 9% to more than 70% (as the practice learnt that this reduced the risk of human error in dispensing and the loss of paper prescriptions). The practice's participation was highlighted by the CCG, and practice staff were to be interviewed for a video presentation to be shared nationally.

There had been three clinical audits and three case reviews completed in the last two years. One of these, an audit of diabetes management was first completed in 2010. The practice put in place an improvement plan and repeated the audit in 2011, 2013, 2014 and 2015. The results showed steady improvement in patients' control of blood sugar, blood pressure and cholesterol, all very important in reducing the risk of complications and early death.

The practice showed us data published by the CCG that showed that the practice had improved its childhood vaccination rates considerably. For example, in October 2014 the practice had vaccinated 46% of year olds with two doses of the Measles, Mumps and Rubella vaccine (and was the lowest performing practice in Lewisham). In October 2015, 90% of 5 year olds had received this immunisation, making the practice one of the best performers in the CCG.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Risk assessments relating to the health, safety and welfare of people using services were not completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so.</p> <p>There were not effective systems in place to ensure that sufficient medication were available in case of emergencies, and that equipment would be in good working order. The practice had not formally assured themselves that the defibrillator would be available when needed and within a reasonable time without posing a risk.</p> <p>There were not effective systems for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated, considering the Code of Practice issued by the Department of Health.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The practice was failing to:</p>

This section is primarily information for the provider

Requirement notices

- assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
- maintain securely such other records as are necessary to be kept in relation to

persons employed in the carrying on of the regulated activity.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.