

Dr Atul Arora

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

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 Atul Arora on 22 March 2016. Overall, the practice is rated as requires improvement.

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, recording and learning from significant events.
- Risks to patients were not always well assessed or well managed. This was in relation to gaps in mandatory training, fire safety, and the absence of emergency equipment. They had not conducted risk assessments for health and safety and legionella and had not addressed risks from previous risk assessments and audits. Signed Patient Group Directions were not in place to give the nurse authorisation to administer vaccines.
- 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 mostly well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management, but governance arrangements did not always operate effectively. The practice had a number of policies and procedures to govern activity, but several were generic or were overdue a review.

Summary of findings

- The practice had proactively sought and responded to feedback from patients and its active patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure there are adequate arrangements for emergencies.
- Ensure risk assessments are conducted for health and safety, legionella and all chaperones who have not received a Disclosure and Barring Service check, and all outstanding risks from the fire risk assessment are addressed.
- Ensure there are effective systems in place for fire safety.

- Ensure all staff receive all outstanding mandatory training, including for chaperones.
- Ensure signed Patient Group Directions are in place for nurses.
- Ensure the immunisation status of all clinical staff is obtained and documented.
- Ensure all practice policies are reviewed and updated.

The areas where the provider should make improvements are:

- Improve the system for identifying and supporting carers.

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



- Risks to patients were not always assessed or managed well enough to keep patients safe. The practice did not have oxygen or a defibrillator available for use in medical emergencies, and they had not conducted any risk assessments in relation to this.
- There were no formal systems in place to monitor medicines that had been ordered, and those that were on the premises.
- The practice had not addressed risks identified from a fire risk assessment conducted in 2012, and they had not carried out a more recent risk assessment. They had not conducted risk assessments in relation to legionella and health and safety.
- Staff were not up to date with infection control training and chaperones had not received chaperone training. The practice had not carried out risk assessments for chaperones who had not received a Disclosure and Barring Service check.
- There were no Patient Group Directions in place for the nurse to give them the proper legal authorisation to administer vaccines.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse but there were areas requiring improvement. For example, the safeguarding policies did not state the names of the practice lead and two members of staff had not received training appropriate to their role.
- 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/or 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 showed patient outcomes were at or above average for the locality and compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- A clinical audit demonstrated quality improvement, but there was no evidence of a programme of continuous clinical or internal audits to improve patient outcomes.
- 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 multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

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 in line with local and national averages 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 that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice told us they had identified 0.2% of their patients as carers.
- The practice did not offer bereavement services to patients who had suffered bereavement. Patients who requested support were signposted to local support groups.

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 (CCG) to secure improvements to services. For example, in 2015 and 2016 the practice participated in a CCG winter pressures scheme to relieve pressure on secondary services, and to improve outcomes for patients of all ages whose conditions could worsen during the winter months.
- 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.

Good



Summary of findings

- The practice offered extended hours with the nurse on a Thursday evening until 7.00pm for working patients who could not attend during normal opening hours. There were no extended hours appointments available with a GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs, with the exception of the absence of a defibrillator and oxygen for use in medical emergencies.
- 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 requires improvement for being well led.

- Arrangements to monitor and improve quality and identify risk were not robust.
- The practice had a number of policies and procedures to govern activity but several were overdue a review.
- The practice had a clear vision and strategy to deliver personalised 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.
- There were regular governance meetings.
- 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.

Requires improvement



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 requires improvement overall. The issues identified affect all patients including this population group.

However, we saw some examples of good practice.

- 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.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were average. For example, 83% of patients with hypertension had well-controlled blood pressure in the previous 12 months. This was in line with the national average of 84%.

Requires improvement



People with long term conditions

The practice is rated as requires improvement overall. The issues identified affect all patients including this population group.

However, we saw some examples of good practice.

- The lead GP was pro-active in improving outcomes for patients with diabetes. They had developed a diabetes scheme that focused on improving the management of patients with diabetes and improving the education of nurses and doctors on the condition. This scheme was cited in the diabetes UK conference 2014 as being one of the best models of care, and the GP won a South London Membership Council Innovation award in 2013 in recognition of their work. Thirty local practices had participated in the scheme since it was developed.
- The lead GP was the cardiology lead for Bromley Clinical Commissioning Group, and they had developed guidelines for cardiology in primary care for the CCG in 2012. They had also delivered lectures at educational events on the management of patients with abnormal cardiac conditions.
- Nationally reported data showed that outcomes for patients with diabetes were in line with or above the local Clinical Commissioning Group (CCG) and national averages. For example, 79% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (CCG average 75%, national average 78%). 92% of patients with diabetes had well-controlled blood pressure in the previous 12 months (CCG average 74%, national average 78%).

Requires improvement



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

Families, children and young people

The practice is rated as requires improvement overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those 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.
- 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.
- 73% of patients with asthma received an asthma review in the previous 12 months. This was in line with the Clinical Commissioning Group (CCG) average of 74% and the national average of 75%.
- 82% of women aged 25-64 had received a cervical screening test in the previous five years. This was in line with the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- The practice was proactive in offering online services such as appointment booking and repeat prescription ordering facilities, as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

- The practice did not offer extended opening hours with a GP for patients unable to attend the practice during working hours. Extended hours were available with the nurse until 7.00pm on a Thursday evening.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- 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 during and outside of normal working hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- Staff had a good understanding of how to support patients with mental health needs and dementia. The lead GP was the local Clinical Commissioning Group's (CCG) lead for mental health and dementia.
- 98% of patients with dementia had a face-to-face review of their care in the previous 12 months. This was above the CCG average of 83% and the national average of 84%.
- The practice informed us that 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the previous 12 months of 2015/2016. This was in line with the national average of 88% and had increased from 63% in 2014/2015 (CCG average 84%, national average 88%).

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing mostly in line with or above local and national averages. Three hundred and sixty survey forms were distributed and 97 were returned. This represented approximately 2% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 87% said they would probably or definitely recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, which were all positive about the standard of care received. Patients commented that the staff had a good attitude, receptionists were helpful, and their privacy and dignity was respected. There were two comments on the cards about difficulties getting appointments.

We spoke with nine patients during the inspection. All nine patients gave very positive comments regarding the cleanliness of the premises, and staff being accommodating, caring and respectful. From five of these patients there were three comments regarding difficulties getting appointments, and four comments about waiting times of up to 30 minutes after arriving for appointments.

Dr Atul Arora

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 and an Expert by Experience.

Background to Dr Atul Arora

The practice operates from a single location in Bromley, London. It is one of 45 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There are approximately 5094 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours access, influenza and pneumococcal immunisations, minor surgery and remote care monitoring.

The practice has a higher than national average patient population of females and males aged zero to nine years and 25 to 49 years. Income deprivation levels affecting children and adults are below the national average.

The clinical team includes a male lead GP, two female salaried GPs, and a regular male locum GP. The GPs work a

combined total of 15 sessions per week. There is a female salaried nurse, a female health care assistant and a male pharmacist practitioner. The clinical team is supported by a practice manager and eight reception/administration staff.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours with the nurse from 6.30pm to 7.00pm on Thursdays. Appointments are available from 9.00am to 12.00pm and from 4.30pm to 6.30pm Monday to Friday. There are seven consulting/treatment rooms, all of which are on the ground floor. There is wheelchair access throughout, and baby changing facilities.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to a contracted OOH service.

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.

Detailed findings

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 22 March 2016. During our visit we:

- Spoke with a range of staff including the lead GP, the pharmacist practitioner, non-clinical staff, the practice manager and the health care assistant. We also 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. 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. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an event where a patient had an adverse reaction to a medicine, the practice discussed the event at a practice meeting and implemented processes to improve the monitoring of patients who were taking the medicine.

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 systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- 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. There was a lead member of staff for safeguarding. The policies clearly outlined who to contact externally for further guidance if staff had concerns about a patient's welfare, but they did not detail who to refer concerns to within the practice. The GPs told us they did not attend safeguarding meetings but they provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. We requested but were not provided with evidence of safeguarding training for two clinical staff members. The practice manager told us after the inspection, that these members of staff had been booked to receive level 2 training that was appropriate

to their roles, but we were not provided with evidence of this. Of the training certificates we saw, GPs were trained to Safeguarding level 3 and non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role but they demonstrated a good understanding of their responsibilities. Not all of them had received a Disclosure and Barring Service check (DBS check) and the practice had not conducted a risk assessment to mitigate the need for this 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, but we were not given evidence of infection control training for all staff as we requested; the practice manager informed us this training was outstanding. We observed the premises to be clean and tidy. The lead GP and practice manager were the infection control clinical leads. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that the practice took action to address most improvements identified as a result.
- The practice had not checked the Hepatitis B immunisation status of all staff, as advised in the audit. We requested but were not given evidence of the immunisation status of all clinical staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not robust enough to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). There was no evidence of a robust system to ensure medicines were monitored regularly. A clinical member of staff told us they checked the medicines every six months to every year but there was no log of medicines stored in the fridge.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Patient Group Directions (PGDs) were not in place to give the nurse authorisation to administer medicines in line with legislation. Following the inspection, the practice sent us evidence of PGDs for the nurse, which had been signed after the inspection date (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Patient Specific Directions were in place to enable Health Care Assistants (HCAs) to administer vaccinations after specific training when a doctor or nurse was on the premises (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber has assessed the patient on an individual basis).
- We reviewed 10 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body DBS checks.
- There were 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

There were limited procedures in place for monitoring and managing risks to patient and staff safety.

- The practice did not have an up to date fire risk assessment; the last one was conducted in September 2012. Some risks identified in the fire risk report had been addressed but several had not, including those that had been listed on the action plan as medium or high risk. For example, waste bins had not been removed from the external fire escape pathway, some fire doors were wedged open, fire doors did not fully close, and self-closers had not been fitted on all fire doors. We raised this with the practice manager who informed us they carried out a monthly fire safety inspection but they had not reviewed the fire report in detail.
- The practice manager told us the fire alarms were tested on a weekly basis if they remembered to do so, and they

provided us with a log of fire alarm checks dated up to 2014. There was no log of any checks carried out after this date. The practice carried out regular fire drills. We requested but were not provided with evidence of fire safety training for all staff.

- There was a health and safety policy available with a poster in the reception office that identified local health and safety representatives. The practice manager told us they had not carried out risk assessments for legionella or health and safety. (Legionella is a term for a particular bacterium that can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- The practice did not have a defibrillator or oxygen available on the premises. The GP told us the practice had carried out a risk assessment to mitigate the need to have these available. We requested the risk assessment but were not provided with it.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a list of emergency medicines but there were no logs in place for checking them regularly to ensure there was adequate stock and that they were in date. We found five medicines used in the treatment of acute episodes of asthma in a box on a shelf had expired in April, September and October 2015. We brought this to the attention of the health care assistant who immediately disposed of them.
- A first aid kit and accident book were available.
- There was an instant messaging system on the computers in all the consulting and treatment rooms, which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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. The practice manager received updates via email. These updates were printed out and clinical staff were required to read and sign them. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice did not monitor 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 were 98.2% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was mostly above local Clinical Commissioning Group (CCG) and national averages.

79% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (CCG average 75%, national average 78%).

92% of patients with diabetes had well-controlled blood pressure in the previous 12 months (CCG average 74%, national average 78%).

98% of patients with diabetes received the annual flu vaccine in the previous 12 months (CCG average 91%, national average 94%).

95% of patients with diabetes had a foot exam and risk classification in the previous 12 months (CCG average 87%, national average 88%).

- Performance for hypertension related indicators was similar to local and national averages. 83% of patients with hypertension had well-controlled blood pressure in the previous 12 months (CCG average 80%, national average 84%).
 - Performance for chronic obstructive pulmonary disease (COPD) related indicators was above local and national averages. 100% of patients with COPD had a review in the previous 12 months, including an assessment of breathlessness (CCG average 91%, national average 90%).
 - Performance for dementia related indicators was above local and national averages. 98% of patients with dementia had a face-to-face review of their care in the previous 12 months (CCG average 83%, national average 84%).
 - The practice informed us 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the previous 12 months of 2015/2016. This had increased from 63% in 2014/2015 (CCG average 84%, national average 88%). The practice told us they had achieved this improvement by improving efforts to recall patients with poor mental health for physical health reviews. They told us eight patients had failed to complete the review programme.
- A clinical audit demonstrated quality improvement but there was no evidence of a continuous cycle of audits.
- There had been two clinical audits conducted in the last two years, one of which was a completed second cycle audit where the improvements made were implemented and monitored.
 - Findings were used by the practice to improve services. For example, an audit on heart failure therapy showed none of the 20 patients audited were on the therapy indicated by NICE guidelines. The second cycle of the audit showed 19 patients had started the indicated therapy and the remaining patient had not been able to tolerate it.
 - The practice participated in local audits, national benchmarking, accreditation, and peer review.

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. It covered such health and safety responsibilities and policies. It did not cover topics such as safeguarding, infection prevention and control and fire safety.
- 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 on line resources and external training.
- 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 fire procedures, basic life support and information governance awareness; however, we requested but were not provided with evidence of mandatory fire safety, infection control, information governance and safeguarding training for all staff.

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. 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 with community matrons, district nurses and the local hospice team 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. The lead GP had received training in Deprivation of Liberty safeguards. 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 not 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, those at risk of developing a long-term condition and those requiring advice on their diet, weight management, smoking, alcohol or recreational drug cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group, as the practice did not offer smoking cessation.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82%, 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 did not demonstrate how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability, but they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to children aged below two years ranged from 76% to 96% and for five year olds from 68% to 95%.

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 area of the reception office to discuss their needs. This service was not advertised.

All of the 28 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with nine patients including a member of the practice's 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.

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

- 90% said the GP was good at listening to them compared to the Clinical Commissioning Group average of 86% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 84%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

Staff told us that translation services were available for patients who did not speak or understand English. We saw a notice in the reception areas informing patients this service was available.

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 0.2% (11 patients) of the practice list as carers. We raised this with the practice manager who informed us patients were identified as

Are services caring?

carers through their new patient registration form, but that the practice did not hold a register of carers. 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 but this was ad-hoc for special cases, and was not regularly offered. Patients who requested additional support were signposted to local support services for counselling.

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, in 2015 and 2016 the practice participated in a CCG winter pressures scheme to relieve pressure on secondary services, and to improve outcomes for patients of all ages whose conditions could worsen during the winter months. The practice reviewed patients on a monthly basis for three months to discuss their illness and give them advice on how to manage their illness to prevent it from worsening.

- The practice offered extended hours with the nurse on a Thursday evening until 7.00pm for working patients who could not attend during normal opening hours. There were no extended hours appointments available with a GP.
- Telephone consultations and the facility to order repeat prescriptions and book appointments online were available for patients.
- There were longer appointments available for patients with a learning disability and any other patient who needed one.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS. Patients were directed to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and was closed on bank holidays and weekends. Appointments were available from 9.00am to 12.00pm and from 4.30pm to 6.30pm Monday to Friday. It offered extended hours appointments with the nurse from 6.30pm to 7.00pm on Thursdays, but it did not offer extended hours appointments with GPs. Pre-bookable appointments were available up to six weeks in advance and daily urgent appointments were available for people that needed them.

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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 53% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).
- 57% of patients felt they did not have to wait too long to be seen (CCG average 55%, national average 58%).

We spoke with nine patients during the inspection. From five of these patients there were three comments regarding difficulties getting appointments, and four comments about waiting times of up to 30 minutes after arriving for appointments.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There was information to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint regarding a concern about a consultation, the practice gave the patient a full written apology and explanation of investigations the practice had undertaken. Learning from the complaint was shared with staff in a meeting.

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 clear vision to provide personal, family-oriented care for patients.

- The practice had a mission statement that was displayed in the waiting area. All of the staff members we spoke with understood the practice's vision.
- The practice had a strategy to develop the pharmacy practitioner's role and consolidate the practice's team.

Governance arrangements

Arrangements for governance were in place but did not always operate effectively.

- Risks and issues had not always been dealt with appropriately; risk assessments for legionella and health and safety had not been conducted, and some risks identified from a fire risk assessment had not been addressed. The immunisation status of staff had not been documented as advised from the infection control audit.
- There was an absence of emergency equipment and no risk assessment in relation to this. Mandatory training for fire safety, infection control, safeguarding and information governance had not been received by all staff. The practice manager told us that outstanding safeguarding training had been arranged after our inspection but we were not provided with evidence of this.
- Practice specific policies were available to all staff but several of them required a review and updating. For example, several policies were last updated in 2013/2014, some were not dated, and the safeguarding policies did not detail who the practice's safeguarding lead was.
- A clinical audit had been conducted where improvements to patient outcomes had been made, but there was no evidence of a systematic programme of quality improvement including clinical and internal audits.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. An understanding of the performance of the practice was maintained.

Leadership and culture

Although the partners and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff, they did not demonstrate that they had the capacity to lead effectively.

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.

Staff felt supported by the practice leaders and management.

- Staff told us the practice held regular clinical meetings and general governance 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.
- Staff said they felt respected, valued and supported by the practice manager and the GPs. 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 that met regularly, carried out patient surveys and submitted proposals for improvements to

Are services well-led?

Requires improvement 

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

the practice management team. For example, the PPG had actively promoted the services available with the pharmacist practitioner, which the practice informed us had improved access to appointments for patients.

- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Following a suggestion from a receptionist, the practice displayed information in the waiting area about the practice staff and services provided by their clinical staff, to improve patients' awareness and sense of familiarity. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and development by the lead GP. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The lead GP was pro-active in improving outcomes for patients with diabetes. They had developed a diabetes scheme that focused on improving the management of patients with diabetes and improving the education of nurses and doctors on the condition. This scheme was cited in the diabetes UK conference 2014 as being one of the best models of care, and the GP won a South London Membership Council Innovation award in 2013 in recognition of their work. Thirty local practices had participated in the scheme since it was developed.

The lead GP was also the cardiology lead for Bromley Clinical Commissioning Group (CCG), and they had developed guidelines for cardiology in primary care for the CCG in 2012, with an aim to improve the management and outcomes of patients with abnormal cardiac conditions in the locality. They had also delivered lectures at educational events on the management of cardiac conditions.

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 Surgical procedures 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> <ul style="list-style-type: none">• They had failed to ensure oxygen was available for use in medical emergencies.• They had failed to ensure the proper legal authorisations were in place to allow the nurse to administer vaccines.• They had failed to conduct risk assessments for health and safety, and legionella.• They had failed to address risks identified from a fire risk assessment, and had not updated this risk assessment.• They had failed to regularly test fire alarms to ensure they were in good working order.• They had failed to obtain the immunisation status of all clinical staff.• There was no effective process in place to monitor medicines.• They had failed to conduct risk assessments for chaperones who had not received a Disclosure and Barring Service check. <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 |

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.
- They had failed to ensure policies had been reviewed and updated.

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider failed to ensure that persons employed received appropriate training to enable them to carry out the duties they were employed to perform

- They had failed to ensure all staff had received mandatory fire safety, infection control, information governance and safeguarding training.

This was in breach of regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.