

Summercroft Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Summercroft Surgery on 09 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current, evidence-based guidance.
- Staff had been trained to ensure they 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients understood the appointments system and said they had access to care in a timely manner, including urgent appointments available on the same day. However, not all patients found it easy to make an appointment over the phone or with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Risks to patients were mainly assessed and were well managed. However, not all of the risks associated with the management of healthcare premises and infection control had been fully assessed and mitigated.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that risks to staff and patients are fully assessed and mitigated. For example, the practice must address identified concerns with infection

Summary of findings

prevention and control at the practice including, but not limited to, waste management, monitoring systems and audits, and the protection of staff through appropriate immunisation.

The areas where the provider should make improvement are:

- Review the practice's safeguarding training to ensure that it covers both children and adults, all staff are trained to an appropriate level for their role, and all staff are aware of their responsibilities

- Review governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes keeping up to date evidence of registration with professional bodies.
- Review how they identify carers to ensure their needs are met.

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 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.
- The practice had embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all staff had completed safeguarding training to an appropriate level at the time of the inspection. We were sent evidence, after the inspection, demonstrating that all staff had now been booked to complete this training.
- Risks to patients who used services were assessed, although some areas of risk had not been considered. For example, the practice had not carried out a Legionella risk assessment or an infection control audit at the time of the inspection. The practice had also not reviewed staff members' immunisation records with a view to mitigating the risks of infection. The practice provided evidence, within the agreed timescale of two days after the inspection, showing that they had taken action in relation to these concerns.

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.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice in line with the national average for several aspects of care. However, there were some areas where improvements could be made. The practice was able to demonstrate that they had considered and responded to these concerns. For example, reception staff had received additional training in customer service and call handling.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had worked with local GPs to develop a scheme offering extended hours access in the evening and weekends at practices throughout the area.
- 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.
- Patients said they had good access to appointments, with urgent appointments available on the same day. However, they found the process of making an appointment was not always easy. The practice had responded to feedback in this area and had provided additional access to online appointment booking. They had also recently installed a call monitoring system with a view to analysing and responding to issues raised in relation to telephone access.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we noted some areas where improvements to the management of risk, through the use of audit and formal risk assessment processes, could be improved.
- 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.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified elderly, housebound patients and ensured they received an annual review visit from their GP.
- The practice had a named clinical lead who was responsible for reviewing the practice's approach for the management and care of all patients over the age of 75 years.

People with long term conditions

Good



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

- Nursing staff, salaried GPs and GP partners had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, in 2014/15 patients with diabetes with an acceptable average blood sugar reading was 74%, compared to the national average of 78%.
- 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

Good



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

Summary of findings

- 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 Accident and Emergency (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.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 77% and the national average of 74%.
- 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.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours on Saturdays from 9.00am to 12:00pm.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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)

Good



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

- Performance for mental health related indicators was similar to the national average. For example, 88% of patients with a serious mental health diagnosis had a care plan in place compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages, although there was some room for improvement. Two hundred and fifty survey forms were distributed and 123 were returned. This represented 0.01% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% 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%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who had 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 12 comment cards. The majority (11/12) of these were positive about the standard of care received. Patients felt that their concerns were listened to and they were given good advice by the clinical staff.

We spoke with 10 patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. A small number of patients raised concerns about the appointments system, particularly in relation to the time taken to get through over the phone and access to their preferred GP.

We also reviewed the practice's response to the NHS 'Friends and Family' Test. Twenty-eight responses had been received by the practice from January 2016 to April 2016. Fifteen patients stated that they were unlikely to recommend the practice and 13 stated that they were likely to recommend the practice to other people.

Summercroft Surgery

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 advisor and a practice manager specialist advisor.

Background to Summercroft Surgery

Summercroft Surgery is located in Orpington in the London Borough of Bromley. The practice serves approximately 11,300 people living in the local area. The local area is relatively affluent. The practice has higher than average numbers of people over the age of 65 years registered for services.

The practice operates from a single site. It is situated in purpose-built premises with a ground and first floor. There are ten consulting rooms on the ground floor. The premises are fully wheelchair accessible with level access at the entrance and a disabled toilet on site. There is also a car park for patients to use, including dedicated disabled parking bays.

There are four GP partners (two female, two male) as well as four salaried GPs (all female), four practice nurses and a healthcare assistant. There are also regular locum staff comprising two locum GPs and one locum nurse. Overall the practice provides 46 GP sessions each week. The practice also employs a range of non-clinical support staff comprising a practice manager, accounts manager, medical secretary, two prescription clerks, three administrators and 11 receptionists.

The practice offers appointments on the day and books appointments up to two weeks in advance. The practice has appointments from 8.00am to 6.30pm Monday to Friday. The practice also offers extended opening hours on Saturdays from 9.00am to 12:00pm. Patients who need attention outside of these times are directed to call the 111 service for advice and onward referral to other GP out-of-hours services. The practice is also part of the Bromley GP Alliance. This provides access to GP appointments up until 8pm on weekdays, and until 1pm at weekends, at various GP practice locations throughout Bromley as part of a primary care hub agreement.

Summercroft Surgery is contracted by NHS England to provide Personal Medical Services (PMS). The practice provides GP services commissioned by NHS Bromley Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to carry out the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; Treatment of disease, disorder or injury.

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 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 9 June 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers 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, changes had been made to protocols related to urgent referrals following an incident which had led to a delay in the referral process.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities as regards safeguarding children and

vulnerable adults. We found that the majority of staff, including all of the GPs were trained in child protection or child safeguarding to level 3. However, two of the nurses and the healthcare assistant had not completed any child safeguarding training at the time of the inspection. We also found that not all staff had completed training in safeguarding vulnerable adults. A practice administrator sent us confirmation via email, after the inspection, that such training had now been booked for all staff.

- 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.)
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (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.)
- The practice had systems in place for maintaining appropriate standards of cleanliness and hygiene. We

Are services safe?

observed the premises to be clean and tidy. One of the GP partners and one of the practice nurses were the infection control clinical leads. There was an infection control protocol in place and staff had received up to date training.

- However, there had not been an infection control audit within the past year to monitor the effectiveness of the systems in place. We noted some improvements could be made in this area on the day of the inspection. For example, improvements were required to the storage of clinical waste. We found that the clinical waste bin located outside the building had been left unlocked. Sharps bins had also not been correctly labelled. A practice administrator sent us evidence, within the agreed timescale of two days after the inspection, that they had addressed these concerns in response to our feedback on this topic.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service. However, we noted that the practice had not consistently recorded registration with the appropriate professional body. We checked the registration for these clinicians and found they were up to date.
- We also noted that the staff records did not systematically identify immune status for staff, for example, in relation to Hepatitis B for those staff administering injections. The practice administrator reviewed the vaccination for each member of staff and sent us evidence, within the agreed timescale of two days after the inspection, confirming that blood tests and booster injections had been booked for all relevant staff.

Monitoring risks to patients

Risks to patients had been considered and some were well managed. However, we found that not all areas had been assessed and managed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. For example, there was a health and safety policy available. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a risk assessment in place of the control of substances hazardous to health.

- However, we found that the practice had not carried out a recent practice-wide health and safety risk assessment. We also noted that some specific risk assessments had not been completed. For example, although the practice carried out regular fire drills, which had led to improvements in equipment and protocols, but there had not been a recent, systematic fire risk assessment carried out. The practice manager confirmed with us, within the agreed timescale of two days after the inspection, that an external contractor had now been booked to carry out this assessment.
- We also found that the practice had not carried out a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice manager sent us evidence via email, within the agreed timescale of two days after the inspection, that an external contractor had been booked to carry out such an assessment.
- 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.

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 rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- 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. 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 (for 2014/15) were 96% of the total number of points available. The practice also demonstrated that the results, which had recently been submitted for the 2015/16 period, showed that the practice had now achieved 99% of the points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, in 2014/15 patients with diabetes with an acceptable average blood sugar reading was 74%, compared to the national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 88% of patients with a serious mental health diagnosis had a care plan in place compared to the national average of 88%.

We also discussed the care of patients diagnosed with dementia at the practice with one of the GP partners. We noted that there were relatively low numbers of patients (96) identified with a diagnosis of dementia at the practice, given the higher than average proportion of patients over

the age of 65 years. They told us that the practice was careful only to record those patients with a definitive dementia diagnosis, who needed additional support. However, there was a wider recognition, and recording of, patients with a range of less serious cognitive impairments who were monitored and assessed by their GP when they visited the practice.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had carried out an audit in March 2015 of their heart failure patients. The aim was to optimise the medicines that these patients were taking in order to improve symptom management, quality of life, and patient survival. The audit identified 49 patients whose medicines management could be improved. These patients were invited for a face-to-face review with their doctor and were subsequently provided with a new management plan. A re-audit in January 2016 found 47 patients had been reviewed and had action plans in place. This included 39 patients who had reached the maximum tolerated, or maximum possible dose, of recommended medicine. Other patients had received onward referrals for specialist assessment or were in the process of implementing a medicines action plan.
- The practice participated in local audits, national benchmarking, accreditation and peer review and research. Findings were used by the practice to improve services. For example, the practice worked with the Clinical Commissioning Group's prescribing team to regularly review their prescribing practice to ensure that each GP worked in line with relevant and up-to-date guidance.

Effective staffing

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

- 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

Are services effective?

(for example, treatment is effective)

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. All staff had received an appraisal within the last 12 months.
- The practice had recently implemented 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of, e-learning training modules, external training days, and in-house training. However, we noted that not all staff had completed relevant training at the time of the inspection. For example, some staff had not completed safeguarding training. A practice administrator subsequently confirmed (within the agreed timescale of two days after the inspection) that this training had been booked 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.
- 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 or quarterly basis, when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- The practice identified patients receiving end-of-life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation or alcohol reduction. Patients were signposted to relevant services.
- For example, the practice's website displayed information about weight management. Patients were invited to make an appointment with a practice nurse if they were concerned about their weight. Nurses also made onward referrals to NHS weight management programmes.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 77% and 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 different languages and for those with a learning disability and they ensured a female sample

Are services effective?

(for example, treatment is effective)

taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 98% and five year olds from 94% to 98%.

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.

Eleven out of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good 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 eight members of the Patient Participation Group (PPG) and two patients visiting the practice on the day of the inspection. 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 in line with the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% 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%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% 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%.

- 93% 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%.

However, there were some scores that indicated slightly lower satisfaction compared to the average:

- 77% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice had also carried out its own in-house patient satisfaction survey with input from the PPG during the past year (2015-16). There were 133 responses. The results highlighted similar concerns to the national GP patient survey. The practice was able to demonstrate that action they had taken had improved patient satisfaction scores. For example, the PPG survey for 2014-15 had found patients were dissatisfied with the telephone manner of the receptionists. The practice put in place a range of measures to address the problem. This included changing the automated message on the telephone to illustrate what types of questions patients may be asked by the receptionist and why, as well as asking receptionists to attend additional training courses in telephone skills and conflict resolution. The survey for 2015-16 found a reduction in comments on this topic, and 100% of patients reporting that they considered staff to be helpful, caring and polite.

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. The majority of 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 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:

Are services caring?

- 81% 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%.
- 81% 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%.
- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and the national average of 86%.

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.
- Information leaflets were available in the consulting rooms and in the waiting area.
- Patients with complex needs, who had care plans in place, were routinely given a copy of their care plan for reference purposes.

Patient and carer support to cope emotionally with care and treatment

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 79 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them and this was displayed on the practice's website. The practice had recently hosted an event at the practice to support carers. The Patient Participation Group (PPG) had instigated a programme of awareness events with local charities. One of these had been with a local carer's charity which was attended by practice staff, members of the PPG and patients who were registered as carers at the practice.

Staff told us that if families had suffered bereavement, a member of the practice staff contacted them or sent them a sympathy card. This call was either followed by a patient consultation 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 had met with a member of staff from the CCG in May 2016 to review the practice's performance in relation to the overall provision of GP services in the local area.

- The practice offered a Saturday morning clinic (9.00am to 12.00pm) for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a lift to improve access to the first floor.
- The practice hosted a hearing aid service on the first floor.
- A psychologist held weekly clinics at the practice to support patients with mental health concerns.
- The practice was part of the Bromley GP Alliance. Representatives from the practice regularly attended meetings with the Alliance to review how GP services in the local area could be improved. This had led to the implementation of a primary care hub service whereby patients could be seen at different local surgeries until 8pm on weekdays and in the mornings on Saturdays and Sundays.

Access to the service

The practice appointments were from 8.00am to 6.30pm Monday to Friday. Extended hours appointments were offered on Saturdays from 9.00am to 12.00pm. In addition to pre-bookable appointments, that could be booked up to two weeks in advance, urgent appointments were also 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. For example:

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

However, there were some areas where improvements could be made. For example:

- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 31% of patients stated that they could see or speak to the GP they prefer compared to the CCG average of 57% and the national average of 59%.

We also noted that 15 out of 28 patients who had responded to the NHS 'Friends and Family Test', between January and April 2016, stated that they were unlikely to recommend the practice to others.

We discussed these issues with one of the GP partners, one of the administrators and members of the Patient Participation Group (PPG). They noted that their own survey had also highlighted these concerns. The practice, in conjunction with the PPG, had implemented an action plan to address the problem with telephone access. The practice had installed an electronic call monitoring system within the past month. This software would allow the practice manager and administrators to monitor for periods of peak activity and proactively identify any areas of concern. The practice would then be able to more accurately plan the levels of staffing and the number of phone lines required. The practice had also increased the proportion of appointments that were available to book online to 50% to ease the demand for telephone support.

The practice's own survey also found that 40% of people with a preferred GP stated that they did not get to see that GP. We discussed this with one of the GP partners who told us that this may be because some of the longer-standing

Are services responsive to people's needs?

(for example, to feedback?)

GPs at the practice had changed, or reduced, their working hours and there had been a period of recruiting new GPs over the past few years. They expected that it would take some time for patients to get to know the new members of staff and to establish these GPs as patients' first preference. They planned to monitor the response to this question in next year's survey to see if satisfaction had increased or decreased prior to deciding on any further action.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients who called for an appointment were asked by reception staff if they wanted to book in advance or if they needed an urgent care appointment on the same day. The patients decided for themselves if they thought they needed to be seen urgently. Receptionists had been given advice on 'red flag' symptoms which might require urgent attention from a clinician. There were also arrangements in place for a GP to phone a patient or carer at home to determine their level of need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- We saw that information was available to help patients understand the complaints system. For example, there was information about how to make a complaint displayed in the waiting area and on the practice's website.

There had been 15 written complaints received in the last 12 months. We reviewed how the practice had dealt with a random sample of these complaints. We found that the practice had operated in an open and transparent manner when dealing with complaints. It was practice policy to offer an apology where they identified that things had gone wrong. We saw written examples of apologies that had been offered. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice had taken a range of actions to improve patients' experience of making appointments following some complaints. Actions included giving individual staff members additional support and training in communication skills, and increasing the proportion of appointments that were available to book online.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- We noted that the staffing structure allowed for all members of staff to be involved and engaged to improve how the practice was run. For example, clinical staff took the lead in different areas, such as around information governance or child protection, they were supported by a named member of the administrative staff. This allowed each member of the administrative team to develop expertise in key areas.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we noted some areas where improvements to the management of risk, through the use of audit and formal risk assessment processes, could be improved. For example, through the use of a practice-wide health and safety risk assessment or the carrying out regular infection control audits.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They 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 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.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the practice held monthly staff social events to support team building and working relationships.
- 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had implemented a strategy for hosting workshops at the practice, with support from local charities, covering topics such as carer's support, breast cancer and dementia awareness.
- The practice had gathered feedback from staff through 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. For example, staff told us they had been involved in reviewing the appointments booking process to ensure that communication with patients was of a high standard at all times.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had engaged in the local primary care hub extended opening hours initiative which allowed patients to visit another local practice on any week day until 8.00pm, and until 1.00pm at the weekend.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not done all that was reasonably practical to assess and mitigate risks relating to the health, safety and welfare of people using the service. This included, but was not limited to, the assessing the risk of, and preventing, detecting and controlling the spread of infections.</p> <p>Regulation 12 (1)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	