

Dr Christopher John George Wright, aka The Deerbrook 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Christopher John George Wright, aka The Deerbrook Surgery on 26 November 2014.

Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It was also good for providing services for population groups including older people; people with long term conditions; mothers, babies, children and young people; the working age populations and those recently retired; people in vulnerable circumstances and people experiencing poor mental health.

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

- There were systems in place for reporting, recording and monitoring significant events to help provide improved care. Staff were clear of their roles in regards to monitoring and reporting of incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.

- Staff shared best practice through internal arrangements and meetings and also by sharing knowledge and expertise with external consultants and other GP practices. There was a strong multidisciplinary input in the service delivery to improve patient outcomes.

- Feedback from patients about their care and treatment was very positive. Patients were treated with kindness and respect and felt involved in their care decisions.

- The practice was responsive to the needs of vulnerable patients and there was a strong focus on caring and on the provision of patient-centred care. The practice also provided information on health promotion and prevention, on the services provided by the practice and on the support existing in the community that was available for patients.

- The practice has a clear vision and strategic direction which was to improve the health, well-being and lives of those that they care for at the practice. Staff were suitably supported and patient care and safety was a high priority.

We saw several areas of outstanding practice including:

Summary of findings

- The practice worked in partnership with a local community initiative, Lambeth 'message in a bottle' program' to provide vulnerable patients with a holistic service.
- The 'message in a bottle' programme is a process for the practice to share agreed information with other care providers such as district nurses and health visitors who have contact with a patient, and to ensure this information is correct and up to date. This initiative, which during routine visits and in the event of an emergency attending clinicians are signposted to 'the community green sticker initiative', where patient related information can be viewed to indicate, who their GP is, key medical problems, what treatment, allergies and medications are currently being taken by the patient.
- The practice was working in partnership with its patients, and their carers, and had arranged to have digital key locks fitted to elderly/house bound patient's front door so HCA could enter to obviate need for patients with poor mobility to struggle to the front door.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place for the management of incidents and significant events, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a culture of reporting, sharing and learning from incidents within the organisation. Information sharing and updates took place with all staff at regular planned weekly and monthly meetings. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the clinical commissioning group (CCG) and NHS England. There were suitable systems in place for assessment of patient needs, and care and treatment was delivered in line with current legislation, published guidelines and best practice. Such as the percentage of patients with health-related problems in daily life was 52% compared to the national average of 48%.

Audits of various aspects of the service were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development. There were systems in place to effectively manage all vulnerable patients, including the completion of follow ups for nonattendance of appointments, and for patients requiring immunisations and vaccinations.

Good



Are services caring?

The practice is rated as good for providing caring services. The patients and carers we spoke with were complimentary of the care and service that staff provided and told us they were treated with dignity and respect. They felt cared for, were well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy, dignity and respect.

National data showed that patients rated the practice higher than others for several aspects of care. The proportion of respondents to

Good



Summary of findings

the national GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 92% against the local CCG average of 90%. Eighty four percent of respondents with a preferred GP usually get to see or speak to that GP, compared with the local (CCG) average of 53%.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients' needs were suitably assessed and met. There was good access to the service with walk in and urgent appointments available on the same day. Patients were able to access GP led telephone consultations when the practice was not open for appointments. Patients were signposted to their out of hours service, South East London Doctors On Call (SELDOC) when the surgery was closed. The practice also had facilities for patients to access non NHS services including private medicals and travel immunisations.

The practice encouraged comments and suggestions from patients. There was a patient participation group (PPG) and a virtual patient participation group which is accessed on line in the first instance. The practice had systems in place to learn from patients' experiences, concerns and complaints to improve the quality of care. Patients' were able to make comments and suggestions within the practice and were encouraged to do so. The practice was operating open appointments every day for all patients.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice was well-led and had a clear vision and strategy to provide high quality, effective, treatment and advice in safe surroundings and to make the patient's visit as comfortable and productive as possible. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear leadership structure, and staff felt supported by management and able to raise concerns. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place. Staff meetings were undertaken regularly, and staff received suitable training and appraisals.

Good



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 outstanding for the care of older people.

The practice was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Support was available in terms of home visits and rapid access appointments for terminally ill and housebound patients.

The principle GP completed planned weekly and monthly meetings with other health care providers such as health visitors, palliative care nurses and district nurses to discuss registered patients requiring care and treatment and any other patients that were of concern. All patients 75 years of age and over were specifically being cared for by a named GP. Older people were afforded the option of home visits, double appointments and regular contact.

The practice was working in partnership with its patients, and their carers, and had arranged to have digital key locks fitted to elderly/house bound patient's front door so HCA could enter to obviate need for patients with poor mobility to struggle to front door.

Individual patient needs were taken into account by the practice. In partnership with patients, the practice supported patients with poor mobility to have digital locks fitted, which meant they could provide people with remote access into their home. This meant those patients did not have to struggle to their front doors to let people in. Part of the initiative was to communicate with all health care providers to ensure a holistic approach is taken, in conjunction with the Lambeth 'message in a bottle' program. The 'message in a bottle' programme is a process for the practice to share agreed information with other care providers such as district nurses and health visitors who have contact with a patient, and to ensure this information is correct and up to date.

During routine and emergency visits, attending clinicians are signposted and alerted to 'the community green sticker initiative', which was placed on the patients' front door and on their fridge. Patient related information can then be seen to identify, what treatment, conditions and medications were currently being taken by the patient.

The practice also provided annual health checks for all patients aged 75 and over.

Outstanding



Summary of findings

Patients in this group were provided with early identification and access to influenza vaccine appointments including follow ups for patients that did not attend the practice. The percentage uptake for the practice in the eight months up to November was 53% compared to the national average of 73%.

Patients in need of bereavement services were available through the practice GPs, with referral to NHS services as required.

People with long term conditions

The practice is rated as good for the care of patients with long term conditions (LTCs).

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus, asthma, hypertension and chronic obstructive pulmonary disease (COPD) was based on national guidance and clinical staff had the knowledge and skills to respond to their needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs.

Patients identified with hypertension, had regular physical health and medicines reviews. These patients also had care plans developed with them, and were provided with education and information during consultations to avoid unplanned hospital admissions. Patients could also be sign posted to other specialist services. Patients in this group were monitored following hospital discharge and the outcomes of their care were reviewed. The lead GP was clinical lead for all patients with long term conditions.

The practice had reached out to the local community by working in partnership to maintain care and treatment of older patients and those with long-term conditions (LTC) registered at the practice that were house bound.

Part of this practice led initiative was to communicate with all health care providers responsible for patients within the practice, to ensure a holistic approach is taken, and in conjunction with the Lambeth 'message in a bottle' program. The 'message in a bottle' programme is a process for the practice to share agreed information with other care providers such as district nurses and health visitors who have contact with a patient, and to ensure this information is correct and up to date. During routine visits and in the event of an emergency attending clinicians are signposted to 'the community green sticker initiative', where patient related information can be viewed to indicate, what treatment, conditions and medications are currently being taken by the patient.

Good



Summary of findings

The practice was operating and arranged the Lambeth green sticker pots 'message in a bottle' which is a signposting incentive to direct health care workers to information about patients that were house bound or with long term conditions such as emergency contacts, GP details, key medical problems such as allergies and list of medications.

The principle GP was engaged with stakeholders working jointly to provide terminal care for patients. The practice was providing locally enhanced services jointly with other stakeholders.

Families, children and young people

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

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level three for GPs and nurses. There was evidence of joint working with other professionals including midwives, and health visitors to provide good antenatal and postnatal care. Patients in this group that required an urgent appointment were seen in addition to booked appointments. Child immunisations were provided in line with national guidelines with any non-attendance being followed up by the GPs or nurse. Immunisations are offered and only given with consent of parents which is recorded on the patient's record. The practice is spacious, well lit and ventilated, clean and accessible with automated doors and good access for all people. All rooms and areas within the practice were clean and spacious and secured. Facilities included toilets, disabled toilets and baby changing facilities were available.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group 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 there were appointment options available to patients such as walk in and wait, bookable appointments, and extended hours for nurse led clinics and appointments. The practice offered health checks, travel vaccinations and health promotion advice including smoking cessation. The practice also offered telephone consultations throughout the day during opening times Monday to Friday. The practice nurse was responsible for contraceptive advice and health checks for all patients.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities in identifying and reporting concerns.

The practice provided a chaperone and advocacy service at request and could provide trained staff to support patients. Staff within the practice had good understanding of the Mental Capacity Act (MCA), and how it applies, and were able to tell us the actions they would take if they had concerns for patients, relatives or their carers. They worked with other health and social care professionals to ensure multi-disciplinary input in the case management of vulnerable people. The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for people with a learning disability to help improve their health outcomes.

The practice clinical staff held regular meetings with district nurses and health visitors to discuss care and treatment for people within this patient group. Meetings with other agencies related to patient well-being such as counsellors, drug and alcohol rehabilitation teams were regularly attended to analyse patient needs and arrange appropriate care planning and treatment.

The GP partners were able to provide examples which included significant event reviews and actions to maintain care and treatment for vulnerable patients. The practice worked in corroboration with local health care partners and practices. This patient group was able to access care or treatment within the practice and any patient concerns or requests were referred to the principle GP for approval.

Good



People experiencing poor mental health (including people with dementia)

The practice provided a caring and responsive service to people experiencing poor mental health.

The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met. Staff had a clear understanding of the Mental Capacity Act (MCA) and how and who to report any concerns to within the practice. Reviews of care records of patients with dementia and mental health issues showed

Good



Summary of findings

they were receiving regular reviews of their health, there was a multi-disciplinary approach to their care, and they had support from the community mental health teams, on site counselling services. The provider also ensured that patients within this group received regular medicines and care plan reviews. The practice was also responsible for one local care home for people with forensic mental health conditions.

Summary of findings

What people who use the service say

We spoke with five patients during our inspection and received 27 Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection. The five patients we spoke with said that they were very happy with the care and treatment they received. They were very complimentary about the caring, approachable and friendly staff and had no complaints about the practice staff or the care being provided. Almost all the comment cards received indicated satisfaction with the GP, the practice and its staff, and all gave praise to the professional and dedicated caring service, and that the practice team responded to patient needs.

All of the comment cards received indicated that patients were happy with the GP and the care and treatment afforded to them. Patients also told us that staff were caring, friendly, that they were treated with respect and dignity, and that staff were informative and listened to their concerns or worries. Patients also informed us that they were given options and choice and were included in any decisions about treatment plans or recommendations.

One comment seen suggested that getting an appointment by telephone was sometimes difficult. The practice had an open walk in appointments service which patients commented was a good way to make services available.

People's responses to the GP national survey 2013 showed the practice was found to be more favourable and not so favourable in certain aspects of the service.

For example, 72% would recommend the practice, 92% say the last nurse they saw or spoke to was good at listening to them, and 77% for their experience of making an appointment. Whereas the proportion of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they prefer was 47% compared to the national average of 37%. Eighty eight per cent of respondents said the last appointment they got was convenient.

However comments made in the GP patient survey 2013 and NHS choices website showed the practice compared less favourably with others in the area in some aspects of the service. For example, the percentage of patients who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours was 73% compared to the national average of 79%. The proportion of respondents to the GP patient survey who described the overall experience of this surgery as fairly good or very good was 71% compared to the national average of 85%. The percentage of patients who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone' was 84% compared to the national average of 75%.

The practice had an active patient participation group (PPG), which we were able to meet one member off, who in addition to other patients we spoke with, spoke highly of the staff and services being provided, and told us that the practice was kind and caring, respectful and dignified when providing care and treatment.

Outstanding practice

- The practice worked in partnership with a local community initiative, Lambeth 'message in a bottle' program' to provide vulnerable patients with a holistic service.
- The 'message in a bottle' programme is a process for the practice to share agreed information with other care providers such as district nurses and health visitors who have contact with a patient, and to ensure this information is correct and up to date. This

initiative, which during routine visits and in the event of an emergency attending clinicians are signposted to 'the community green sticker initiative', where patient related information can be viewed to indicate, who their GP is, key medical problems, what treatment, allergies and medications are currently being taken by the patient.

Summary of findings

- The practice was working in partnership with its patients, and their carers, and had arranged to have digital key locks fitted to elderly/house bound patient's front door so HCA could enter to obviate need for patients with poor mobility to struggle to front door.

Dr Christopher John George Wright, aka The Deerbrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist advisor. The inspection team members were granted the same authority to enter the practice as the CQC lead Inspector.

Background to Dr Christopher John George Wright, aka The Deerbrook Surgery

Dr Christopher John George Wright aka The Deerbrook surgery is located in Tulse Hill in the London Borough of Lambeth in south-east London, and provides NHS GP services to around 4,533 patients. The practice patient list is varied in ages although adult patients 25 years of age and older make up the majority of patients registered with the practice.

The inspection took place over one day and was undertaken by a lead inspector, along with a GP advisor. We looked at care records, spoke with patients, members of the patient participation group (PPG), and staff including the management team. The practice is contracted by NHS England for personal medical services (PMS) and is registered with the Care Quality Commission for the

following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures, family planning, and diagnostic and screening procedures at one location

The practice has a personal medical services (PMS) contract and provides a full range of essential, enhanced and additional services including maternity services, diabetic clinics, child vaccinations and immunisations, family planning, smoking cessation, mental health, contraception services and counselling. The personal medical services (PMS) contract is one kind of contract between general practices and NHS England for delivering primary care services to local communities.

The CQC intelligent monitoring placed the practice in band three. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

The surgery is currently open five days a week from 8:30 am to 6:00 pm Monday to Friday and closed at weekends. In addition, the practice is open from 6.30pm till 7.30 pm on a

Detailed findings

Wednesday for nurse led clinics. Out of hours services for the Deerbrook surgery is provided in partnership with South East London Doctors On Call (SELDOC) Out-of-hours service when the surgery is closed.

The practice is one of 49 GP practices located within the Lambeth clinical commissioning group (CCG) who provide care and services to a diverse population of over 359,394 registered patients within the borough of Lambeth.

The practice is spacious, well lit and ventilated, clean and accessible with automated doors and good access for all people. All rooms and areas within the practice were clean and spacious and secured. Facilities such as toilets, disabled toilets and baby changing facilities were also available. The location is adjacent to a pharmacy.

The practice comprises of three consulting rooms, a combined reception and waiting area, toilets, disabled toilets, baby change facilities and staff meeting room, staff kitchen and toilets and rooms for office space and administration purposes. Parking is very restricted within the immediate area. The practice is located close to various public transport links.

The practice provides walk in and bookable appointments each day including urgent appointments.

There are 11 staff who work within the practice. The staff mix is comprised of a lead GP with one other full time salaried GP. There is one nurse, one practice manager, one health care assistant/receptionist manager, one health visitor, four reception staff, and one administrator.

There were no previous performance issues or concerns about this practice prior to our inspection.

No safeguarding notifications were received for the practice in the past 12 months.

No whistle blowing notifications were received for the practice in the past 12 months.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and under section 60 of the Health and Social Care Act 2008 and as part of our

new comprehensive inspection programme. This provider had not been inspected before and that was why we included them. We also determined which services to inspect through intelligence monitoring, public perception, and engagement and partnership working with the local Clinical Commissioning Group (CCG).

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Lambeth Clinical Commissioning Group (CCG) to share information about the service. We carried out an announced visit on 26 November 2014. During our visit we spoke with patients and a range of staff which included GPs, practice manager, nurse, receptionists, and administration staff.

We spoke with five patients who used the service and to one member of the Patient Participation Group (PPG). We observed staff interactions with visitors and patients in the waiting area. We looked at records including recruitment, health and safety checks, staff training, medicines management, equipment checks, audits, complaints and significant events, patient records, and policy and

Detailed findings

procedure documents. We reviewed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service. We received a total of 27 comment cards collected as part of our visit.

Are services safe?

Our findings

Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a policy and a significant event toolkit to report the incidents and the practice manager showed us the processes around reporting and discussions of incidents. Significant events were reviewed regularly and staff we spoke with were aware of their responsibilities to report any identified concerns and issues appropriately.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. For example, following an incident involving a sharps injury to a staff member, the practice sharps injury policy and procedure were promptly followed to ensure the injured staff member was appropriately cared for. The arrangements for the management of sharps in the practice were also reviewed to prevent any repeat injuries of this nature occurring.

We reviewed a sample of the four incidents that had been reported since January 2014. Records showed evidence of discussion and improvements.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. The principle GP was the designated lead for safeguarding. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues.

All staff that worked at the practice had completed adult safeguarding training. Clinical staff including the GPs and the nurse had completed Level 3 child protection training; the HCA/reception manager had completed Level 2 child protection. Reception staff had received Level 1 child protection training. Clinical staff had received a criminal records check (through the Disclosure and Barring Service).

The contact details of the local area's child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk. The practice had an up to date chaperone policy in place which provided staff with information about the role of a chaperone and staff were aware of their role and responsibilities.

Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept in the practice.

GPs followed national guidelines and accepted protocols for repeat prescribing. All prescriptions were reviewed and signed by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicine with potentially serious side effects. Prescription pads were secured appropriately when not in use.

Cleanliness and Infection Control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control (IPC) lead. Staff had received IPC training and were aware of IPC guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons.

There was a cleaning schedule in place to ensure each area of the practice and equipment was cleaned on a regular basis. The waiting area, chairs, reception desk and all communal areas we saw were clean and in good repair. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination

Are services safe?

couches and weighing scales were clean. Cleaning checks were undertaken regularly. Annual IPC audits were conducted in the practice, and the latest audit had been completed in September 2014.

Clinical waste was collected by an external company and consignment notes were available to demonstrate this. Waste including sharps were disposed of appropriately.

Equipment

There were appropriate arrangements in place to ensure equipment was properly calibrated. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year. The equipment and the environment were well maintained.

Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of statutory recruitment requirements including obtaining proof of identity, proof of address, references and undertaking criminal records checks, through the Disqualification and Barring Service, (DBS) before employing staff. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process.

Rotas showed staffing levels were maintained, planned in advance and procedures were in place to manage planned and unexpected absences.

Monitoring Safety and Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested weekly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors to ensure security of patient documents and the computers.

Arrangements to Deal with Emergencies and Major Incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received regular training in basic life support. The practice held a stock of emergency medicines and equipment such as oxygen, masks, nebulisers, pulse oximeter and an Automated External Defibrillator (AED) were available and these were checked regularly.

A business continuity plan was available and the practice manager told us of the contingency steps they could take if there was any disruption to the premises' computer system, central heating, and telephone lines. They told us of the arrangements they had with other neighbouring GP practices to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs reviewed published guidelines, such as those from the National Institute for Health and Care Excellence (NICE), and if considered relevant they were discussed in practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship among the staff team to ensure information was cascaded suitably and adopted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings.

As part of the unplanned admissions Direct Enhanced Service (DES) within the practice's service contract, care plans had been put in place for patients who were at risk of unplanned admissions to hospital. The practice contacts its patients and invites them to a consultation. The consultation goes through CCG template which includes the Lambeth 'message in a bottle' initiative and key safe door access, involvement with social services and district nurses, contacts in emergency, reviews drugs and significant problems, housing support, Special considerations (deaf, language). With a follow up review arranged three months after the consultation date.

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably. Completed audit cycles were seen and evidenced such as; an audit for prescribing of statins, which had been undertaken by the practice to monitor their compliance with current guidance. Second cycles of these audits were then repeated in January 2013.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information.

There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

Medicines and repeat prescriptions were issued based on nationally accepted guidelines. In our discussions with clinicians we reviewed four patient records and found that prescriptions matched the patients' current diagnoses and the repeat prescriptions had been reviewed when altering or adding medicines. Appropriate clinical monitoring such as regular blood tests had been undertaken in all four patients whose records we reviewed, and that were on high risk medicines, such as Methotrexate.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training including infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

There was evidence of appraisals and performance reviews of staff being undertaken. There were appraisal processes for GPs and one of them was due for appraisal in December 2014. Revalidation had been completed for one of the salaried GP in September 2014. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. Staff were encouraged to develop within their role and the practice shared with us evidence that training and courses had been completed. The practice manager showed us evidence of staff having completed training, and ensured that all update courses were attended.

Working with colleagues and other services

Are services effective?

(for example, treatment is effective)

The practice worked with other providers and health and social care professionals to provide effective care for people. There was evidence of close working relationships with local hospitals in the area. Such as Kings Colleague Hospital and Guys and St Thomas' NHS Foundation trusts.

The practice had regular six weekly multi-disciplinary team meetings with other professionals including palliative nurses, community matrons, social workers, CCG pharmacist and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. We saw that blood test results, hospital discharge letters, communications from other providers including out of hours provider were acted on promptly.

Information Sharing

Regular meetings were held in the practice to ensure information about key issues was shared with relevant staff. The practice was actively involved in work with peers, other healthcare providers and the local CCG. We were told that the practice was very open to sharing and learning and engaged openly on pathways and multi-disciplinary team meetings.

The practice website provided a wealth of information for patients including the services available at the practice, health alerts and latest news. Information leaflets and posters about local services were available in the waiting area.

Consent to care and treatment

All GPs we spoke with were aware of the requirements of the Mental Capacity Act 2005, the Children Acts 1989 and 2004, and their responsibilities with regards to obtaining and recording consent. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the

implications of those decisions). Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that standard guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients.

Health Promotion & Prevention

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website provided information ranging from the various services, clinic times, PPG meeting minutes, and newsletters to the various activities being undertaken by the practice.

There was a range of information available to patients on the practice website and in the waiting areas which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed 92% of patients with a status recorded as smoker had been offered advice about smoking cessation. The GPs told us they could refer patients with obesity and eating disorders to support from specialist community teams.

Data available to us showed that the practice was achieving about 79.6% coverage for the eight months up to November compared to the local CCG average of 86% for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, a cellular pertussis (whooping cough), poliomyelitis and Haemophilus influenza type b), Meningitis C and MMR vaccination for children. All new patients registering with the practice were offered a health check which was undertaken by the practice nurse.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

The 2013/14 GP survey results (latest results published in July 2014) showed that 84% of respondents with a preferred GP usually get to see or speak to that GP compared to the local (CCG) average of 53%. Ninety nine percent of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local (CCG) average of 84%. And 92% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local (CCG) average of 79%.

We spoke with five patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect. Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received 27 completed cards. Almost all the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the medical care and treatment at the practice. All patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions relating to their care and treatment.

The practice phones were located and managed at the reception desk. The practice staff told us that they could take calls at the back of the reception area to ensure privacy. A notice setting out chaperoning arrangements was displayed outside the treatment rooms. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' rights to privacy and dignity.

We observed staff interactions with patients in the waiting area and at the reception desk and noted that staff ensured patients' respect and dignity at all times. All consultations and treatments were carried out in the privacy of a consulting room and we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

In the 2014 Patient Participation Group (PPG) patient survey, 99% of the respondents gave a score of 4 or 5 (on a scale of 1-5, where 5 was agree; 1 disagree) in response to the question 'had confidence and trust in the last nurse they saw or spoke to'. Seventy percent of the respondents gave a score of 3 or 4 in response to the question 'The doctors involve me in decisions about my care' and 88% of the respondents gave a score of 4 or 5 in response to the question 'The reception staff are helpful and friendly.'

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information as to what to do in time of bereavement. The practice offered counselling services to patients during a weekly in-house session with a CCG-provided counsellor. The practice also provided a weekly session with a care worker from a local drug and alcohol centre for practice patients. They also told us that where relevant they could signpost people to support and counselling facilities in the community following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of patient records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also an annual review of their care.

The practice was engaged with their Patient Participation Group (PPG) and feedback from patients was obtained proactively and the service acted accordingly to improve care delivery. There were regular meetings attended by the practice manager and the principle GP. Patient surveys to obtain feedback on different aspects of care delivery were undertaken annually.

The practice had six weekly multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Direct Enhanced Services (DES) undertaken was suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as at high risk of unplanned hospital admission.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and also could use online resources to help with language interpretation. Languages spoken by staff at the practice included Spanish, French and Portuguese.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances

made them vulnerable. Facilities for disabled people included an induction loop on the reception desk for patients with hearing disability, a lower reception desk for people in wheelchairs and a disabled toilet. Baby changing facilities were available as well.

We were told by the principal GP that longer appointments could be scheduled for patients with learning disabilities. Review of care of people with learning disabilities showed that they were receiving suitable care and had received an annual review within the last year.

There was an open policy for treating everyone as equals and there were no restrictions in registering. Homeless travellers were registered and seen without any discrimination.

Access to the service

The surgery had clear, obstacle free access with fully automated opening doors. Doorways and hallways were wide enough to accommodate wheelchairs of all sizes. The waiting area was spacious and had suitable seating. The practice was currently open five days a week from 8:00 am to 6:30 pm. In addition, the practice offered extended opening hours from 6:30 pm to 7:30 pm every Wednesday for nurse led clinics.

The practice maintained a user-friendly website with information available for patients including the services provided, home visits, health promotion, obtaining test results, joining the PPG, PPG minutes, meeting agendas, booking appointments and ordering repeat prescriptions. There were in excess of 20 information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers.

Appointments could be booked by phone, and in person. The practice had responded to people's concerns and had introduced changes to the walk in and wait clinic to improve accessibility.

Most patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to get and were available at a time that suited them.

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us that for urgent needs patients could be seen by a doctor on the same day. They told us that all babies, children and young people were given priority and were seen the same day by a GP. The practice had an open door policy and welcomed all patients and visitors.

Information was available via the answer phone and the practice's website, providing the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received. The practice reviewed complaints on an annual basis to detect any emerging

themes. We reviewed a sample of two complaints in the period May 2013 to November 2014 and found that actions were taken and learning implemented following the complaints. This helped ensure improvements in the delivery of care. For example, in one case where a complaint had been raised with the practice through NHS England due to a patient being removed from the practice list after implementing the zero tolerance policy.

The practice were able to provide evidence of one complaint which highlighted two separate verbal threats made to the receptionist regarding the principle GP. The practice actions were appropriate and acted in the best interests for the wellbeing of its staff. There was evidence of prompt action to respond to the complainant. In addition, the principle GP and practice manager discussed this complaint and outcome with receptionists. The patient was removed from the patient list and supported by the practice and NHS England to join another practice within the local area.

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 surgery had a statement of purpose and vision which outlined the practice's aims and objectives which are to provide patients with personal health care of the highest possible quality and endeavour to improve on the health of patients continually and aim to achieve this by following national guidelines and national health prevention programs. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns to ensure those could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff.

Staff were aware of lines of accountability and who to report to. The practice had regular meetings involving GPs, practice manager, nurse and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

There was a culture of learning and auditing and a number of clinical audits had been completed for example on amlodipine and simvastatin. The audits documented the clear actions taken in October 2012.

The practice was completing patient surveys and audits, recording and analysing the results to produce action points to improved care and outcomes for patients. The practice offered patients the facility to make comments or suggestions anonymously within the practice.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

The principle GP and practice manager were responsible for new developments and discussions within the practice. The principle GP and practice manager would discuss all concerns or changes with staff during team meetings and seek comments and suggestions from the practice team staff which included a salaried GP before any decision making was completed.

Leadership, openness and transparency

The practice was led by the principle GP and a practice manager. Discussions with staff and meeting minutes showed team working and effective leadership. There was a clear leadership structure which had named members of staff in lead roles. For example there was a healthcare assistant (HCA)/ Reception manager, whose role includes supervising all receptionists, manning reception if there was a staff shortage or when the practice was very busy. There was also a responsibility for the reception manager to manage practice staff and holiday rotas, and the induction of new staff. The principle GP told us that he was well supported by the practice nurse, practice manager, salaried GP and the HCA.

The principle GP was the lead for safeguarding. We spoke with seven members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Practice seeks and acts on feedback from users, public and staff

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings and PPG members' involvement in undertaking patient surveys. The practice was engaged with the Lambeth CCG, the local network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.

Are services well-led?

Good 

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

We found evidence that the practice responded to feedback from patients as was evidenced by the changes made to waiting times, the practice introduced a bookable surgery working in conjunction with the walk in and wait clinic, which appears to have improved waiting times. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

Staff were supported in their professional and personal development. We saw evidence of completed courses relevant to staff members' roles, and other courses that were planned to be completed. The practice manager was responsible for ensuring all staff including doctors were scheduled for courses, and supported new initiatives such

as signing up to the new health care assistant (HCA) development programme due to start in January 2015. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery. The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.