

# Dr Surinder Sennik

## 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?		Requires improvement	
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 on 23 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Regular meetings were in place to support learning from internal and external incidents.
- The practice used proactive methods to improve patient outcomes, working with other local providers to share best practice. For example Dr Sennik is actively involved in a local Co-ordinate My Care and Older People Network.
- Feedback from patients about their care was consistently positive, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand.
- Patients said they were treated with compassion, dignity and respect and were generally involved in their care and decisions about their treatment.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice is part of Eltham GP Practice Network, works with the neighbouring pharmacy and has developed a weekly phlebotomy service to the practice population.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG.) For example the reception counter was lowered to better support wheelchair users.
- The practice was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had patient quality as its top priority.
- The practice had a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were also areas of practice where the provider should make some improvements.

The provider should:

# Summary of findings

- Review staff understanding of codings to support accuracy of QOF reporting.
- Recording of complaints could be more detailed.
- Ensure that carers are identified and recorded so their needs are known and can be 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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events and 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 an apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and protected from abuse.
- Risks within the practice were assessed and well managed.

Good



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable with the national average, although improvement is required in relation to people with long term conditions and mental health needs.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patient needs.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. They 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 practice had a patient participation group (PPG) which was active, however the practice lead for the PPG was in the process of developing it further to reflect the local population.
- There was a focus on continuous learning and improvement at all levels.

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

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 telephone consultations, home visits and urgent appointments for those with enhanced needs.
- The practice liaised where appropriate with local pharmacies and district nurses to support a co-ordinated approach to meeting the needs of their patients.
- Where multi-agency input was required referrals were made to the co-ordinated care group to provide appropriate support.

### People with long term conditions

Good



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

- Nursing staff had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and an 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.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with expectations for all standard childhood immunisations. To maximise immunisation rates, call-in lists are monitored and updated for children whose immunisations are not up to date, and parents contacted.

# Summary of findings

- We saw that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 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 and health visitors.

## 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, where required.
- The practice continues to develop its offering of online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- To support this population group the practice is open until 7pm daily and until 8pm one day per week.

## People whose circumstances may make them vulnerable

**Good**



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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, together with an annual health check.
- The practice had a flag system on their computer records identifying individuals whose circumstances may mean they need more urgent and on the day appointments.
- 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.

# Summary of findings

## 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).

- 60% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. This included referrals to the memory clinic where dementia was suspected.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including self referral for talking therapy via the “Time to Talk” service.
- 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 on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety four survey forms were distributed and 84 were returned. This represented a return of 21.3% of those surveyed.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% 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%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The national GP patient survey results published on 07 July 2016 showed a marked increase in most areas surveyed with the majority being comparable with the CCG and national average:

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%.

- 77% 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%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients who responded felt that they were treated with respect, were listened to and the majority rated the service as good or very good. Practice staff at all levels were described as friendly, helpful and caring. One health professional commended the staff on their vigilance in raising safeguarding concerns.

We spoke with five patients during the inspection. All five patients said they were generally satisfied with the care they received and thought staff on the whole were approachable, committed, respectful and caring. In the Friends and Family Test the practice achieved a score of 85% from 34 responses received. This showed that the majority of patients who responded would recommend this practice.

# Dr Surinder Sennik

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector and included a GP specialist advisor.

## Background to Dr Surinder Sennik

Dr Surinder Sennik, also known as Briset Corner Surgery is a practice run by Dr S Sennik and is situated in Westthorne Avenue in Eltham, SE9 6JX. The area falls in to the fourth more deprived decile out of 10, the lower the decile, the more deprived an area is. However, an area itself is not deprived; it is the circumstances and lifestyles of the people living there that affects its deprivation score. It is recognised that people living in more deprived areas tend to have greater need for health services.

The practice is well established within the local community and patients can register with the practice who live within the postcodes SE9, SE3, SE4 and SE12. The practice is relatively small with a patient list of approximately 2,200 and has a contract with NHS England to provide Personal Medical Services. The age distribution within the practice is similar to the national average but slightly higher for males within the 20 to 30 age group. The ethnicity of the population is predominately white English 75% and has higher rates of unemployment and people with long standing health conditions than both the CCG and national average.

The practice currently has 2 regular male GP's, Dr S Sennick who provides nine sessions and Dr Vijay provides three sessions weekly. They are supported by a female Practice Nurse who provides three sessions weekly, a female Practice Manager and four female reception staff.

The practice is open between 8am and 7pm Monday to Friday. Appointments are from 9am to 12.30pm and 3pm to 6.30pm daily. An extended hours surgery is offered at the following time, 7pm until 8pm on a Thursday.

When the practice is closed a GP service is provided by an out of hours service, Greenbrook. Patients can access this service by calling 111, however if it is a medical emergency they are advised to call 999.

The practice was inspected in August 2013 and found to be not meeting some of the requirements in place at that time. This was in relation to poor monitoring of the practice progress towards the Quality and Outcomes Framework (QOF) targets, lack of an effective system to identify errors in the coding of various conditions leading to patients being wrongly coded and failure to carry out appropriate employment checks or recruitment process. After a responsive inspection in February 2014 the practice was found to have made improvements in all these areas.

## 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 23 June 2016. During our visit we:

- Spoke with a range of staff which included GP's, Practice Nurse, Practice Manager, reception staff, PPG members and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

We also looked at how well services 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)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) 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

The practice has a system in place for reporting, recording and monitoring of significant events.

- Staff told us they would inform the practice manager of any incidents. 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, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an 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:

- When a Pharmacy called to request a copy of a prescription for dispensing of medication by dosette box, the Pharmacy were advised that this would not be possible as the patient had recently changed Pharmacy and prescriptions for the period requested had been sent to and dispensed by the new Pharmacy. This was reinforced in writing to the previous Pharmacy reiterating why they could not comply with their request. This scenario was subsequently discussed with practice staff to inform and promote safe practice.
- A patient became distressed and rude to reception staff when they were not able to wait in another room prior to their appointment, rather in the main reception. The patient advised that they had an agreement with the GP. As reception staff were not aware of the agreement this was discussed and clarified within the practice meeting and agreed that all staff must be made aware of any such agreements to prevent issues in the future and prevent further distress to patients and abuse of staff.

### Overview of safety systems and processes.

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and protected 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 and the lead GP met with the Health Visitor weekly to review and discuss any concerns. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding Level 3. The Practice Nurse was trained to Level 2 in relation to child safeguarding.
- A notice in the waiting room and online 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD's) and Patient Specific Directions (PSD's) had been adopted by the practice to allow the practice nurse to administer vaccines and 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. 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 assessed the patient on an individual basis).

## Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Annual Legionella testing was carried out and a risk assessment produced. We saw that this was last conducted in October 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)
- Infection control was incorporated into the induction process for all new employees in line with the practices policy and procedures, which included waste and specimen handling, hand hygiene and management of body fluid spills. Spill kits were available in the Practice Nurse office and treatment room.
- We saw that all electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working and properly calibrated.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control and Legionella.
- 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.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, flood 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 generally 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 the National Institute for Health and Care Excellence (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 showed that the practice achieved were 67% of the total number of points available compared to the Clinical Commissioning Group (CCG) average of 91.5% and national average of 94.8%. Exception reporting in relation to the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months (01/04/2014 to 31/03/2015) was significantly higher at 25% than the CCG and national averages of 7% and 8% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This however only relates to two patients.

This practice was an outlier for several QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the CCG and national average at 70% compared to CCG 80% and national 84%.
- Performance for mental health related indicators was below the CCG and national average at 61% compared to the CCG 85% and national 87%.

- Performance for COPD related indicators was below the CCG and national average at 58% compared to the CCG 87% and national 90%.

QOF exception reporting was also similarly lower than both the CCG and national averages. However we saw that there had been some improvement in reporting in relation to the above indicators on the day of our inspection. It was noted that insufficient read codes could account for a number of inaccuracies within QOF reporting, resulting in lower percentages in these areas. The practice had identified improving QOF reporting accuracy as a priority for the next 12 months with the Practice Nurse focusing on disease management.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last year with support from the CCG, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the evaluation of the SIP feed (nutritional supplements) audit, resulting in the opportunity for patients to have a review of their diet and nutritional supplements by a named dietician either at the surgery or in their home for housebound patients. Eighteen patients were evaluated as part of the audit which resulted in supplements being stopped in four cases, two patients were referred to the malnutrition service, 2 patients continued supplements without referral and nine of the remaining 10 patients were referred to the dietician, as one was already registered with them.
- A second audit in relation to antibiotic prescribing to ensure appropriate prescribing of "C" antibiotics, Ciprofloxacin (quinolones), Cephalosporins and Co-amoxiclav was undertaken to support longer term outcomes for patients and preserve the usefulness of currently available antibiotics.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, by accessing training in relation to smoking cessation, diabetes management etc.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support/CPR and chaperone training. Staff had access to and made use of e-learning training modules and in-house and external training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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 appropriate to their role.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick Competency.
- 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.
- The process for seeking consent was monitored through audits of patient records.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the Practice Nurse.

QOF indicators show the practice's uptake for the cervical screening programme in the preceding 5 years was recorded at 63%, which was below the CCG and national average of 82%. However, we saw 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 had an online translation service. Data published by the National Cancer Intelligence Network (NCIN), which is a UK-wide partnership operated by NHS England, showed that 70% of woman registered at the practice were screened adequately in the preceding 42 – 66 month period, by age group, which was comparable to the CCG average of 73%

# Are services effective?

(for example, treatment is effective)

and national average of 74%. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 77% and five year olds from 65% to 77%.

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.

Information about patients' outcomes was used to make improvements such as: a poster and leaflet campaign to promote reducing the use of antibiotics, unless essential.



# 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.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their views were listened to and respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was generally below the CCG and national results for its satisfaction scores on consultations with GPs and nurses from the results of the January 2016 published data. For example:

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The national GP patient survey results published on 07 July 2016 showed a marked improvement in most areas surveyed with the majority being comparable with the CCG and national average. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 92%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

The majority of patients told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and generally had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and were aligned with these views. We also saw that care plans were personalised, although the practice should expand on these further, to include further detail.

## Are services caring?

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

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 85%.

Once again the practice showed a marked improvement in the above data in the July 2016 survey report:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Leaflets available at the practice covered information for all population groups, including services for carers, sexuality, contraception, sexual health, immunisation and long term conditions.

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

Patient information leaflets and notices were available in the 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.

Where recorded, the practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients as carers although this was less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to access support services. Patient and family support was provided to patients being treated on end of life care pathways.

# 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an extended clinic on a Thursday evening until 8.00pm for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and other vulnerable groups.
- Home visits were available for older patients, those patients receiving palliative care and patients who had clinical needs which resulted in difficulty in 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.
- The practice was accessible to people who used a wheelchair or walking aids and there was a hearing loop and translation services available.
- The practice had a weekly counselling session arranged through "Time to Talk" and was available to adults across the population groups, particularly those with mental health issues and carers.

### Access to the service

The practice was open between 8am and 7pm Monday to Friday. Appointments were from 9am – 12.30pm and 3pm – 6.30pm daily. Extended hours appointments were offered at the following times, 7pm – 8pm on Thursdays. In addition to pre-bookable appointments, that could be booked up to twelve weeks in advance, same day and next day urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

A GP was available after morning and before afternoon surgeries for telephone consultation and responded to the needs of patients by telephoning the patient or carer to gather information to allow for an informed decision to be made on prioritisation according to clinical 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 a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GP's in England and there is a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system which was prominently displayed in the practice.
- Leaflets were also available, produced by NHS Greenwich, in relation to the Patient Liaison Service (PALS), Independent Complaints Advocacy service (ICAS) and the NHS Greenwich complaints process.

We looked at three complaints recorded in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and the practice were open and transparent in dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of service offered. However, recording could be more detailed. For example, a patient requested an alternative form of the same medication but was unhappy that they needed to speak to or make an appointment to see the GP, which they were unhappy about, as they couldn't understand why it

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

could not just be changed. Although they subsequently made an appointment and the medication was changed, there was no evidence to confirm that the patient now fully understood the reason why their original request could not be complied with.

# 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 although staff we spoke with did not always know what this was, they did however understand and demonstrated the principles and values associated with this.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice were keen to participate in new pilots and developments that would promote the delivery of quality outcomes to its population group.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was not always maintained in relation to QOF and exception reporting but this was being addressed by the practice and was a priority for the coming year.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were suitable arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the management 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 management were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and/or 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 practice meetings were held every month.
- Staff at all levels told us they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Practice seeks and acts on feedback from its patients, the public and staff

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

- The practice had an active patient participation group (PPG) and used this to gather feedback from patients and conduct surveys. The PPG planned to meet quarterly but this was not always possible so also communicated by telephone and email. We saw that the PPG submitted proposals for improvements to the practice management team. For example, they suggested that part of the reception counter was lowered to make it more accessible to people with disabilities, particularly those patients who used a

# Are services well-led?

Good 

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

wheelchair. In addition they increased the number of reception staff at busy times to ensure someone was always available to take telephone calls and reduce call waiting times, whilst ensuring face to face contact was readily available.

- The practice had gathered feedback from staff through staff meetings, supervision, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Management lead through learning and 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. This included participation in the Older Peoples Provider Network, the Eltham GP Provider Network and the Eltham Coordinated Care Pilot, the latter being so successful that this was expanded by the CCG to all areas.