

# Dr Alan M Champion

## 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 Alan Campion on 28 April 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing, safe, effective, caring, and responsive and well led services.

It was also good for providing services for older people, people with long term conditions; mothers, babies, children and young people; the working age population 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:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Some staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.

- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

**However there were areas of practice where the provider needs to make improvements.**

**Action the provider Should take to improve:**

# Summary of findings

- Ensure all staff who undertake chaperone activities are suitably trained.
- Ensure availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**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 care. Reception staff acting as chaperones did not have Disclosure and Barring Service (DBS) checks and appropriate training. However staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance was referenced by clinical staff and used routinely. The practice used the data from the Quality Outcomes

Framework (QOF) to assess how the practice was performing. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and implementing preventative measures. The results are published annually. For the year ending 31 March 2014, the practice achieved an overall QOF score of 92%. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of mental capacity and the promotion of good health. Staff had received training appropriate to their roles and further training needs have been identified and planned. The practice had completed appraisals and personal development plans for all staff. There was evidence of multidisciplinary working with other health and social care professionals.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed patients rated the practice higher than others for several aspects of care. Both these results were above average compared to the local area and national averages. Patients we spoke with during our inspection told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect, and ensured their confidentiality was maintained.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of their local population and engaged with their NHS England Local Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice, having a named GP for those with long term conditions and continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

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 good for the care of people with long-term conditions.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people such as dementia. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. As part of the unplanned admissions Direct Enhanced Service (DES), care plans had been put in place for two percent of the practice patients who met the criteria to avoid unplanned admissions to hospital. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

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

Longer appointments and home visits were available when needed. All patients with long-term conditions had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### 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 3 for GPs and level 2 for nurses. There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. Childhood immunisations were administered in line with national guidelines and the coverage for all standard childhood immunisations was relatively high compared with local figures. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

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 there were a variety of appointment options available to patients such as on-line booking and extended hours. The practice offered health checks, travel vaccinations and health promotion advice including on smoking cessation.

The practice offered NHS health as required and worked with local hospitals in following up patients who failed to attend the identified national screening programmes.

Good



## **People whose circumstances may make them vulnerable**

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for patients with a learning disability and 100% of these patients had received a follow-up. Longer appointments were offered to patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Good



## **People experiencing poor mental health (including people with dementia)**

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

All patients registered at the practice experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

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

Good



## Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for patients with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The six patients we spoke with on the day of our visit told us that they were treated with kindness and respect by all the practice staff. We received eight comment cards from patients who attended the practice during the two weeks before our inspection and almost all were complimentary about the care they received from the surgery staff.

The 2013/14 GP survey results (latest results published in Jan 2015; 405 surveys were sent out, with 105 returned giving a 27% completion rate.) Ninety one percent of respondents said the last GP they saw or spoke to was good at listening to them compared to the national average of 85%, and 87% of respondents said the last GP they saw or spoke to was good at treating them with care

and concern, compared to the national average of 85%. Seventy seven percent of the respondents said the last appointment they got was convenient and 63% found the receptionists at the surgery helpful which was slightly lower than the local and national average.

The patients we spoke with had never needed to make a complaint. However they were aware of the process and said they would speak with staff and felt confident that their issues would be addressed. Patients told us they were treated appropriately and staff maintained their privacy and dignity. We saw staff spoke politely to patients. Patients said they were involved in decisions about their care and treatment.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure all staff who undertake chaperone activities are suitably trained.
- Ensure availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.

# Dr Alan M Campion

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor and a nurse advisor. They are granted the same authority to enter registered persons' premises as the CQC inspector.

## Background to Dr Alan M Campion

The surgery is located in London Bridge in the London Borough of Southwark, and provides a general practice service to around 5000 patients. NHS Southwark Clinical Commissioning Group (CCG) is made up of 44 GP practices across Southwark. Southwark is a densely populated, geographically small inner London borough, estimated at 285,600 people. Southwark is London's second largest inner borough. Its population has increased by 37,700 over the last 10 years and is estimated to increase by 37,500 between 2010 and 2020. The practice population is relatively young, ethnically diverse, with significant wealth inequality.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; and maternity and midwifery services at one location.

The practice has a PMS contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery.

PMS is a locally-agreed alternative to General Medical Service (GMS) for providers of general practice. This is a local contract agreed between NHS England and the practice, together with its funding arrangements.

The practice is currently open five days a week from 7:30 am to 6:30 pm. In addition, as part of their contract practice offers enhanced opening hours up to 8:00 pm on Mondays and Tuesdays. Consultation times are 08:00am until 13:00pm and 16:00am until 18:30pm. When the practice was closed, the telephone answering service directed patients to contact the out of hours provider.

The practice has opted out of providing out of hours (OOH) services to their patients and directs patients to an out-of-hours provider. The practice was also taking part in a local initiative for the Clinical Commissioning Group (CCG) where extended hours were being offered daily at one practice in the locality and all patient records registered in the CCG were available through the electronic system.

The practice has a full time GP male, two part time nurses, and uses occasional female locum GPs. Both nurses were not working due to leave and sickness at the time of our inspection. The administrative team comprised of reception staff and a patient services manager. No practice manager was in post at the time of our inspection. However the outgoing practice manager was available on the day of our inspection. We were told by the GP and the outgoing practice manager that Southwark CCG had reduced the funding for practice manager posts in 2012. As a result most practices had formed alliances locally to employ a practice manager that worked across different sites. The practice was considering this arrangement for cover.

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

# Detailed findings

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

## 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. This 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.

This provider had not been inspected before and that was why we included them.

## 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 to share what they knew. We received information from Southwark Healthwatch, which represents the patient voice. We carried out an announced visit on 28 April 2015. During our visit we spoke with a range of staff (GP, the administrative and reception staff) and six patients who used the service. We observed interaction between staff and patients in the waiting room. We reviewed eight comment cards where patients shared their views and experiences of the service. We looked at a range of records, documents and policies and observed staff interactions with patients in the waiting area.

# Are services safe?

## Our findings

### Safe Track Record

The practice had a good track record for maintaining patient safety. Staff 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. Alerts were received via a practice generic email to ensure they were accessible to all staff with the GP having overall responsibility on all actions required. The practice had a policy that required the alerts to be printed, circulated and added to the practice meetings to ensure they were shared with all staff.

The practice had a policy and a significant event toolkit to report the incidents. Staff showed us the processes around reporting and discussions of incidents. Significant events were reviewed regularly and staff we spoke with were aware of identifying concerns and issues and reporting them 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, an incident had occurred that resulted in a child being given the wrong vaccinations. We followed this incident through and noted that the practice had taken all appropriate action of reporting the incident to the Clinical Commissioning Group (CCG) and had followed guidance issued by the Department of Health when such an error occurred. The practice had also strengthened their systems of ensuring the appropriate and due schedules for vaccinations were accurate and appropriately followed by matching the child parent held record (Red Book) and the electronic system.

### 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 GP was the designated lead for safeguarding at the practice. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues. The GP had completed Level 3 training and the

nurses had completed level 2 training in child protection. Reception staff had received Level 1 child protection training. Staff had also received training in safeguarding of vulnerable adults. All clinical staff had received criminal records checks through the Disclosure and Barring Service (DBS). 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.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff had been trained to be chaperones. Reception staff told us that they had been asked to chaperone in the absences of nurses. Though they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination, no training had been provided to them, and they had not received DBS checks. However the practice had risk assessed that the reception staff would never be left unsupervised with patients.

### 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. 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 dates. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept on site.

GPs followed national guidelines and accepted protocols for repeat prescribing. All scripts were reviewed and signed by GPs and our GP specialist adviser found these acceptable. Medication reviews were undertaken regularly and the GPs ensured appropriate checks had been made before prescribing medicines with potential for serious side effects, such as Methotrexate.

# Are services safe?

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of sets of directions that were in use and evidence that nurses had received appropriate training to administer vaccines.

## Cleanliness and Infection Control

Effective systems were in place to reduce the risk and spread of infection. One of the nurses was the designated infection prevention and control (IPC) lead in the practice. Staff had received IPC training in were aware of IPC guidelines. All staff received yearly IPC updates. There was a cleaning schedule in place to ensure each area was cleaned on a regular basis. The area around the reception desk and all communal areas 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 couches and weighing scales were clean and cleaning checks were undertaken regularly.

Clinical waste, including sharps was collected by an external company and consignment notes were available to demonstrate this.

The practice had a policy for the management, testing and investigation of Legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

## Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibration, where applicable. These tests had been undertaken in December 2014.

## Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of the various requirements including obtaining proof of identity, proof of address, references and undertaking criminal records checks through the Disclosure and Barring Service before employing staff though they had not undertaken DBS checks for non-clinical staff. We looked at a sample of staff files and found evidence of some checks having been undertaken as part of the recruitment process.

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

## Monitoring Safety and Responding to Risk

Staff 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 monthly. 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 locked doors to ensure security of patient documents and the computers. The practice had recognised the risk of having staff working part time and of being a small location. Therefore to ensure that all messages were appropriately dealt with they had set up and made use of a generic email account that could be accessed by all.

## Arrangements to Deal with Emergencies and Major Incidents

The practice had some arrangements in place to manage emergencies. We saw records showing all staff had received annual training in basic life support. Emergency equipment was available including access to oxygen. All staff we asked knew the location of this equipment, and records we saw confirmed these were checked regularly. No external defibrillator was on site. The GP explained the process they had used to assess risk. They had concluded that the practice was located near two major hospitals and the emergency response would have been adequate. However this had not been formally documented.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac emergencies, anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place and had been reviewed in April 2015. It dealt with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and

## Are services safe?

access to the building. The document also contained relevant contact details for staff to refer to such as the contact details of a heating company to contact in the event of failure of the heating system. The practice had also partnered with other practices in the local area to support each other in times of such event should there be the need.

A fire risk assessment had been undertaken that included actions required maintaining fire safety. We saw records

that showed staff were up to date with fire training and that regular fire drills were undertaken. The practice had an appointed fire lead who took responsibility in sharing guidance and undertook mock testing to ensure all staff were aware of the policies and procedures.

Risks associated with service and staffing changes (both planned and unplanned) were noted on the practice risk log and possible action identified beforehand.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs reviewed incoming 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. There was evidence of a good working relationship between the professionals to ensure information was cascaded suitably and adapted accordingly. We viewed eight patient records and there was evidence 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.

There was evidence that staff shared best practice via internal arrangements and meetings. The practice was part of an external peer reviewed referral management system Southwark CCG whereby all referrals were reviewed by an experienced doctor to decide the best option for assessment and treatment.

As part of the unplanned admissions Direct Enhanced Service (DES), care plans had been put in place for two percent of the practice patients who met the criteria to avoid unplanned admissions to hospital. [GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. One of the types of enhanced service is Directed Enhanced Service (DES) where it must be ensured that a particular service is provided for the population.]

### Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. The GP and the practice nurses 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.

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

The practice had completed a number of clinical audits. The audits completed included one for diabetes care and another on oral vitamin supplements. The first audit

carried out in December 2014 looked at patients at the practice with diabetes. The purpose was to ensure they were receiving all nine care processes as per NICE recommendations. NICE recommends that all people with diabetes should receive nine key tests at their annual diabetes review. These important markers ensure diabetes is well controlled and are designed to prevent long-term complications. The nine key tests are: weight, blood pressure, smoking status, HbA1c, urinary albumin, serum creatinine, cholesterol, eye examinations and foot examinations. The practice reviewed the records of all their patients registered at the practice and with diabetes. The audit checked if care was being delivered as recommended. The practice noted that 62% for their registered patients had the nine stages completed which was 2% above the CCG required achievement. The practice identified patients who had not had the nine care processes fully completed and invited them for checks. The practice carried out a re-audit in March 2015 and found that all the registered patients who had been invited for checks had the full care process fully completed. The practice had set this up as a rolling audit to ensure care was being delivered as recommended.

### Effective staffing

We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as safeguarding training and information governance. The GP was up to date with their yearly continuing professional development requirements and was due to be revalidated in 2016. (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).

The practice had records showing the practice nurses' registrations with the Nursing and Midwifery Council (NMC) were current. The practice had also verified these records.

All staff undertook annual appraisals which identified learning needs from which action plans were documented. The CCG had introduced a system for all practice nurses to be appraised by a senior clinical lead for the CCG. This was still to be arranged for the nurses at the practice.



# Are services effective?

## (for example, treatment is effective)

Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses, such as travel vaccines and customer service training. They held training days together with other practices in the locality.

The practice nurses had defined duties they were expected to perform working alongside the GP. Their training records demonstrated they were trained to fulfil these duties. For example, they had received training in administration of vaccines, and in performing cervical cytology.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, and communications from the out of hours providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in reading, passing on and actioning any issues arising from communications with other care providers on the day they were received. The GP was fully responsible for all the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

The practice held multidisciplinary team meetings every three months to discuss patient's needs. For example, mental health problems, people from vulnerable groups and children on the at risk register. These meetings were attended by district nurses, social workers and decisions about care planning were documented in a shared care record. Staff felt this system worked well. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

### Information Sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals.

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E. The GP showed us how straightforward this task was using the electronic patient record system,

and highlighted the importance of this communication with A&E. The practice had also signed up to the electronic Summary Care Record and planned to have this fully operational by end of 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient records) to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

### Consent to care and treatment

We found that clinical staff were aware of the requirements of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. The GP understood the key parts of the legislation and was able to describe how they implemented it in their practice.

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it and had a section stating the patient's preferences for treatment and decisions. Eight clinical notes we reviewed confirmed this. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. All clinical staff demonstrated a clear understanding of Gillick competencies. (The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.)

### Health Promotion & Prevention

The practice had met with the Public Health team from the local authority and the CCG to discuss the implications and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area.



# Are services effective?

(for example, treatment is effective)

The GP told us that a healthy weight campaign had been identified as a key area. They ensured they offered all eligible patients a weight check and this was followed by a discussion of their BMI and referrals were made according to the agreed pathway.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. We noted a culture amongst the GP to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18-25 and offering smoking cessation advice to smokers. The practice undertook various health checks, such as the NHS health checks for patients between 40 and 74 years old.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and 100% had a completed physical health check in the past year.

The practice's performance for cervical screening uptake was 76% for the year ending 31 March 2014, which was above other practices in the CCG. There was a policy to offer telephone reminders for patients who did not attend for cervical screening and the practice audited patients who do not attend annually. The nurse was responsible for following-up patients who did not attend screening.

The percentage of patient at the practice aged over 6 months to under 65 years in the defined influenza clinical

risk groups that received the seasonal influenza vaccination was low at 37% compared to a national average of 57%. The GP explained that the practice had taken all necessary steps to invite patients for the flu vaccine but they attributed the low response to the low effective rates of flu vaccinations that were being reported. We saw records to confirm that the practice had systems in place to follow up on patients that had failed to attend the vaccinations and the nurses had continually followed these.

National screening for bowel cancer and breast cancer was managed by the local hospitals. The practice worked with the hospitals to send reminder letters to patients who failed to attend screening appointments and non-responders.

The practice offered a full range of immunisations for children, adults and travel, in line with current national guidance. The practice's performance on childhood immunisations during the year ending 31 March 2014, for children aged three months to 12 months were as follows; Dtap/IPV/Hib (Diphtheria, Tetanus, acellular pertussis (whooping cough), poliomyelitis and Hemophilus influenza type b) 97%, Meningitis C and PCV (Pneumococcal conjugate vaccine) 90% and MMR (measles, mumps, and rubella) 92%; all were above the CCG average. The practice had a clear policy for following up non-attenders by the practice nurse and GP. We saw records that confirmed this was being followed. The practice were also aware that a number of their patients with children were highly mobile with others moving from abroad and as such some of their rates were lower due to this.

# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

The 2013/14 GP survey results (latest results published in Jan 2015; 405 surveys were sent out, with 105 returned giving a 27% completion rate.) Ninety one percent of respondents said the last GP they saw or spoke to was good at listening to them compared to the national average of 85%, and 87% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, compared to the national average of 85%. Seventy seven percent of the respondents said the last appointment they got was convenient and 63% found the receptionists at the surgery helpful which was slightly lower than the local and national average.

Patients completed CQC comment cards to tell us what they thought about the practice. We received eight completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the GP. The GP told us she would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

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

The GP patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 81% of practice respondents said the GP involved them in care decisions and 85% felt the GP was good at explaining treatment and results. Both these results were above average compared to CCG area / national.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

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

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 76% of respondents to the Patient Participant Group survey said they had received help to access support services to help them manage their treatment and care when it had been needed. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number

## Are services caring?

of support groups and organisations. During patient registrations the practice sought information relating to carers support to ensure support was offered where necessary. The practice's computer system also alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a

patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

The practice had the services of a counsellor who was employed by the CCG. Sessions were held once a week at the practice and the GP was able to directly refer patients and reduce waiting times.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The GP explained that currently weight management was an identified as a target. Therefore they offered all patients an opportunity to be weighed at the practice with a referral to a keep fit programme when needed.

The practice engaged regularly with the NHS England Area Team and Clinical Commissioning Group (CCG) and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings and communications where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population such as developing a new healthy weight service for patients who struggled with losing and keeping a healthy weight.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). The practice had continued to carry out surveys together with the PPG to determine how the appointments suited patients. We saw that the practice had continued to improve the appointments system based on the patient survey results.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice offered patient registrations and opportunistic appointments to homeless patients. They also had a system in place for flagging these patients. Staff told us that they prioritised appointments for vulnerable patients to reduce the likelihood of a missed opportunity in providing them access to healthcare. Staff we spoke with was aware of the need to ensure the GP was aware of such patients and it was practice policy for them to be prioritised.

The practice had access to online and telephone translation services for patients who required this service.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at team events.

The premises and services had been adapted to meet the needs of patient with disabilities. The practice was on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs or prams, and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

Appointments were available from 7:30 am to 6:30 pm. Consultation times were 07:30:00am until 13:00pm and 16:00am until 18:30pm as part of their contract the practice offered enhanced opening hours up to 8:00 pm on Mondays and Tuesdays. These appointments were available to book via telephone and online access and patients could walk into the practice to book appointments as well.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them. This included appointments with the GP or nurse. Home visits were made to those patients who were too ill to attend the practice or those with mobility difficulties. The GP told us that they carried out one to two home visits per week or as needed. For those patients who were too ill to attend the practice for flu vaccinations the GP ensured they were referred to the district nurses who offered this at home.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another locum doctor if there was a wait to see the doctor

# Are services responsive to people's needs?

(for example, to feedback?)

of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice who was the practice nurse.

We saw that information was available to help patients understand the complaints system. This was included in the practice information leaflet and displayed in the reception area and on the practice website. Patients we

spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaints.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on. Minutes of team meetings demonstrated that complaints were discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

# 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 did not have a strategy or business plan in place to detail its vision, but the practice vision was detailed in their statement of purpose. The practice vision was to deliver high quality care and promote good outcomes for patients. We did not see the vision displayed in staff rooms but all four members of staff we spoke with understood the vision and values and knew what their responsibilities were in relation to these.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at eight of these policies and procedures and most staff had completed a cover sheet to confirm that they had read the policy and when. All eight policies and procedures we looked at had been reviewed annually and were up to date.

The GP was the overall lead for the practice, including governance, but they delegated certain responsibilities. For example, the practice nurses were responsible for infection control and complaints. All staff we spoke with knew who the lead people were. However we found that it had not been made clear at the practice that the practice manager had left the practice. Some staff we spoke with still reported that they had a practice manager in post, though they would speak to the GP for any support during the practice manager's absence.

On the day of our inspection the former practice manager attended the inspection. They told us that they had left the practice but were still assisting with other administrative roles such as payroll. We were told by both the GP and practice manager that due to changes with the CCG funding in Southwark, most practices had not been able to employ practice managers working on a more full time basis. Instead a group of practices had teamed up and shared a practice manager working across sites. The GP told us they were in discussions with another local practice to work out the possibilities of sharing a manager.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for the practice showed it was performing in line with national standards. For the period 2013/2014 the practice had achieved 832 points out of 900; score of 92%.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. We saw an example of completed clinical audit in relation to diabetes management.

The practice had arrangements for identifying, recording and managing risks. The staff showed us the risk log, which addressed a wide range of potential issues such as staff illness and risks of the building. We saw that the risk log was regularly discussed within the practice and updated in a timely way. Some risk assessments had been carried out where risks were identified and action plans had been produced and implemented. However we found that the practice had not formally documented a risk assessment to mitigate the lack of AED on-site.

The practice held regular governance meetings. We looked at minutes from the last two meetings and found that performance, quality and risks had been discussed.

### Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least quarterly. 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.

The practice nurse and GP were responsible for human resource policies and procedures. We reviewed a number of policies such as disciplinary procedures, induction policy, management of sickness, which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

### Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received.

# Are services well-led?

Good 

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

We looked at the results of the annual patient survey and 30% of patients agreed telephone consultations would be useful. We saw as a result of this the practice had introduced telephone consultation appointments.

The practice had an active patient participation group (PPG) which had steadily increased in size. The PPG included representatives from various population groups including the elderly and working age. The PPG had carried out quarterly surveys and met every quarter. Staff 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 were available on the practice website.

The practice had gathered feedback from staff through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## **Management lead through learning and improvement.**

We looked at four staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice had an effective system to incident reporting that encouraged reporting and the review of all incidents. Team meetings were held to discuss significant incidents that had occurred. The practice had completed reviews of significant events and other incidents and shared these with staff and the CCG as required.