The Westwood Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

The Westwood Surgery was placed in special measures following a previous inspection. An announced comprehensive inspection was carried out on 28 July 2015 resulting in an overall rating of Inadequate. The ratings from the inspection for the safe, effective and well-led domains were Inadequate and for the responsive domain the rating was Requires Improvement. The provider was rated Good for the caring domain. The report for the inspection was published on 15 October 2015. Practices placed in special measures are inspected again six months after publication of the report to check whether the provider has made sufficient improvements to show they are meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The areas of concern identified from the previous inspection on 28 July 2015 were:

- Systems, processes and practices did not keep people safe: Over 1200 documents consisting of patient related letters from hospitals and other third parties had not been actioned since October 2014 and the practice had failed to identify this as a risk.
- A member of staff had been recruited to assist with the handling of patient related letters. This member of staff was non-clinical but was making clinical decisions. Recruitment checks had not been carried out on this member of staff.
- Governance arrangements were unclear and the practice leadership had failed to identify and manage significant issues that threatened the delivery of safe and effective care.
- There was little evidence that learning from events was shared with all relevant staff in order to improve safety.

We then carried out a follow up announced comprehensive inspection of the practice on 18 May 2016. We saw evidence during this inspection that

Summary of findings

previous concerns had been addressed satisfactorily by the provider and that appropriate systems, processes and practices were now in place. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for the reporting and recording of significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed. Clinical staff told us they received patient safety alerts such as those from Medicines and Healthcare Products Regulatory Agency (MHRA) via email but there was no system in place to monitor and record that all relevant staff had been informed and appropriate action taken where required.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, data showed that outcomes for patients with asthma were significantly lower than the CCG and national average.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive. 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 and improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The practice had a clear vision and leadership structure which had quality and safety as its top priority. The strategy to deliver this vision had been produced and discussed with staff and other stakeholders and was monitored and reviewed.
- Staff felt supported by management and the provider proactively sought feedback from staff and patients which it acted on.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from staff, patients and the patient participation group.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- The provider should take action in response to patient feedback regarding the lack of available non-urgent appointments.
- The provider should monitor the practice procedure to ensure that all staff are aware of MHRA alerts and have taken action where appropriate.
- The provider should complete all outstanding tasks identified in the Legionella assessment action plan (April 2015).

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and learning was shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Clinical staff received patient safety alerts such as those from Medicines and Healthcare Products Regulatory Agency (MHRA) via email but there was no procedure in place for ensuring that all staff had taken action where appropriate.
- Risks to patients were assessed and well managed. The practice were still working towards completion of the actions identified by the Legionella assessment carried out in April 2015.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was an outlier for one QOF indicator which showed that only 54% of patients with asthma had an asthma review carried out in the preceding 12 months compared to the CCG average of 73% and national average of 75%.
- All other data from the Quality and Outcomes Framework (QOF) 2014/15 showed that patient outcomes were at or above average compared to the clinical commissioning group (CCG) and national averages.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Summary of findings

- Clinical audits demonstrated quality improvement.
- There was evidence of annual appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for almost all aspects of care.
- Feedback from patients about their care and treatment was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated, treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England, the local clinical commissioning group and other external stakeholders to secure improvements to services.
- Patients said they sometimes found it difficult to book a routine appointment with a GP but there was continuity of care and urgent appointments were available the same day when required.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and the patient participation group.
- 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?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The provider was aware of and complied with the requirements of the duty of candour. They encouraged a culture of openness and honesty. The practice had systems in place for reporting incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was seen as an important part of the practice. It was fully engaged and influential in decisions regarding the development of the practice.
- There was a strong focus on continuous learning and improvement at all levels.
- Staff told us they received regular performance reviews and had clear objectives.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to CCG and national averages.
- The practice was responsible for providing GP services to a local care home for 50 residents. A named GP handled all queries from the home and would also carry out a weekly visit to the home.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with long-term conditions were comparable to CCG and national averages. However, data showed that outcomes for patients with asthma were below the CCG and national average. The practice had taken action to address the issue and current data showed an improvement.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 89%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with the practice health visitor who was based in the surgery and the midwife who held weekly antenatal clinics at the surgery.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services. Patients could book appointments and order repeat prescriptions online.
- Health promotion and screening advice was available and there was accessible health promotion material available through the practice.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.

Summary of findings

- 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.

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).

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 81% and national average of 84%.
- 89% of patients with a diagnosed mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months, which is comparable to the CCG average of 94% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice informed patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed that the practice was performing in line with local clinical commissioning group (CCG) and national averages. Three hundred and fourteen survey forms were distributed and 123 were returned. This represented a response rate of 39% (over 1% of the practice's patient list).

- 79% of patients found it easy to get through to the practice by phone compared to the CCG average of 61% and 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 CCG average of 67% and the national average of 76%.
- 79% of patients described the overall experience of the practice as good or very good compared to the CCG average of 79% and national average of 85%.
- 71% of patients said they would recommend the practice to someone who has just moved to the local area compared to the CCG average of 70% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 10 comment cards which were all positive about the standard of care received. Patients stated that they were always treated with respect and that GPs were caring and explained risks and procedures prior to treatment. Two negative comments were received which referred to difficulty in obtaining a non-urgent appointment.

We spoke with 13 patients during the inspection at both the Westwood Surgery and Pickford Surgery. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Negative comments related to delays in obtaining routine appointments.

The Friends and Family Test monthly report was reviewed regularly and patient feedback was used to determine ongoing improvements to services. April 2016 results showed that 78% of patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The provider should take action in response to patient feedback regarding the lack of available non-urgent appointments.
- The provider should implement a practice procedure to monitor MHRA alerts to ensure that all staff have been notified and have taken action where appropriate.
- The provider should complete all outstanding tasks identified in the Legionella assessment action plan (April 2015).

The Westwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP Specialist Adviser, a Practice Manager Specialist Adviser and a second CQC Inspector.

Background to The Westwood Surgery

The Westwood Surgery is located in a large semi-detached house converted for the sole use as a surgery. The property is located in a mainly residential area of Welling in the London Borough of Bexley. Bexley Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Services are provided from two locations, Westwood Surgery (main surgery) located at 24 Westwood Lane, Welling, DA16 2HE and Pickford Surgery (branch surgery) located at 55 Pickford Lane, Bexleyheath DA7 4RN (2.5 miles from the main surgery). Both locations were visited during this inspection.

The practice has 8622 registered patients. The practice age distribution is similar to the national average. The surgery is based in an area with a deprivation score of 9 out of 10 (10 being the least deprived).

Services are delivered under a Personal Medical Services (PMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; surgical procedures; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

The provider's contractual arrangements include the provision of the following Directed Enhanced Services (DES): Childhood Vaccination and Immunisation Scheme; Extended Hours Access: Facilitating Timely Diagnosis and support for people with Dementia; Improving patient on-line access; Influenza and Pneumococcal Immunisations; Learning Disabilities; Minor Surgery; Patient Participation; Risk Profiling and Case Management; Rotavirus and Shingles immunisation and Unplanned admissions. (A DES requires an enhanced level of service provision above what is required under the core PMS contract).

The Westwood Surgery is a training practice offering placements for medical students as well as doctors undergoing specialist GP training.

The practice is currently registered with the CQC as a Partnership. However, following the recent resignation of one of the two partners the practice is in the process of reregistering to sole practitioner status.

Clinical services are provided by the full time lead GP (female), two full time salaried GPs (male and female) and two part time (0.9 wte) locum GPs (male and female) providing a total of 31 GP sessions per week. A GP Registrar provides an additional 8 sessions per week. The practice also employs two Practice Nurses (1.65 wte) and two Health Care Assistants (1.56 wte).

Administrative services are provided by a Practice Manager (1.0 wte) and administrative, secretarial and reception staff (10.8 wte).

Telephone lines are open on Monday and Tuesday from 8am to 8.30pm and on Wednesday to Friday from 8am to 6.30pm. Westwood Surgery reception is open on Monday

and Tuesday from 8.30am to 8.30pm and Wednesday to Friday from 8.30am to 6.30pm. Pickford Surgery reception is open on Monday, Tuesday, Wednesday and Friday from 8.30am to 6.30pm and on Thursday from 8.30am to 1pm.

Appointments were available with the GP from 8.30am to 8.30pm Monday and Tuesday and from 8.30am to 6pm Wednesday to Friday.

Extended hours were provided on Monday and Tuesday evening at Westwood Surgery until 8.30pm.

Appointments were available with the practice nurse between 8.30am and 5.30pm Monday to Friday with extended hours available at Westwood Surgery until 7.30pm on Tuesday.

In addition to pre-bookable appointments, that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them at the 'Walk-in' GP surgery held daily between 11.00 and midday.

When the surgery is closed the out of hours GP services are available via NHS 111.

A practice leaflet was available and the practice website included details of services provided by the surgery and within the local area.

The practice was previously inspected as part of the new comprehensive inspection programme. An announced comprehensive inspection was carried out on 28 July 2015 at The Westwood Surgery resulting in an overall rating of Inadequate. Following this inspection the practice was placed in special measures.

The ratings from the previous inspection for the safe, effective and well-led domains were Inadequate and for the responsive domain the rating was Requires Improvement. The provider was rated Good for the caring domain.

The areas of concern identified from the previous inspection on 28 July 2015 were:

- Systems, processes and practices did not keep people safe: Over 1200 documents consisting of patient related letters from hospitals and other third parties had not been actioned since October 2014 and the practice had failed to identify this as a risk.
- A member of staff had been recruited to assist with the handling of patient related letters. This member of staff was non-clinical but was making clinical decisions. Recruitment checks had not been carried out on this member of staff.
- Governance arrangements were unclear and the practice leadership had failed to identify and manage significant issues that threatened the delivery of safe and effective care.
- There was little evidence that learning from events was shared with all relevant staff in order to improve safety.

We saw evidence during this inspection that these concerns had been addressed satisfactorily by the provider and that appropriate systems, processes and practices had been implemented.

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 to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This practice was placed in special measures following a previous inspection on 28 July 2015, the report for which was published on 15 October 2015. Practices placed in special measures are inspected again within six months of publication of the report to check whether the provider had made sufficient improvements to show they are meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 18 May 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, Practice Nurse, Health Care Assistant, the Practice Manager and reception and administrative staff.
- Spoke with patients who used the service.
- Spoke to a representative of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Good

Are services safe?

Our findings

The previous inspection carried out in July 2015 had identified that the practice should ensure that:

- learning identified from incidents and complaints was shared with all relevant staff and implemented effectively
- systems for handling patient feedback and complaints were improved
- recruitment arrangements include all necessary employment checks
- effective systems were in place for the safe management of prescription pads.

We saw evidence that the practice had implemented the following changes as a result:

- A central log of significant events, incidents and complaints was created and reporting templates were reviewed and updated.
- A standing agenda item was placed on internal meetings to discuss and review learning identified and actions required are now documented.
- All staff record files were reviewed and updated.
- A new procedure was implemented for the safe management of prescription pads.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment the practice carried out a thorough analysis, patients were informed of the incident and received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Staff told us that learning from incidents was discussed at practice meetings and minutes circulated to ensure learning was shared with all staff members.

We reviewed 13 incident reports 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, in one incident incorrect information was given by a receptionist to an external health professional enquiring about a patient's prescribed medicines. As a result, all calls from external health professionals are now passed to clinicians directly.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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. Clinical staff were trained to Child Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Clinical staff told us they received patient safety alerts such as those from Medicines and Healthcare Products Regulatory Agency (MHRA) via email. However, there was no system in place in the practice to monitor and record that all relevant staff had been informed and that appropriate action had been taken where required.
- 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 who liaised with the local infection prevention teams to keep up to date with best practice. 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.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber. (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 has assessed the patient on an individual basis.)
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken. 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 health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice was still working towards the completion of outstanding tasks identified in the Legionella assessment action plan carried out in April 2015.
- 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 the different staffing groups to ensure sufficient staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computer in all the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- In both premises a defibrillator was available in reception and oxygen with adult and children's masks was available. A first aid kit and accident book were also 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 or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

The previous inspection carried out in July 2015 had identified that the practice should ensure that:

- only clinical staff are involved in clinical decision making and triaging patient letters
- reliable and effective systems are in place for the safe management of patient related letters from hospitals and other providers.

The practice had implemented the following changes to address these issues:

- A clearly defined definition of an acceptable level of documents awaiting action was agreed with administration and clinical staff.
- Weekly monitoring and logging of workflow backlog was implemented; reasons for any backlog identified and clinicians allocated dedicated time to clear any backlog that occurred.
- Only registered clinicians read and action documents. Non-clinicians are no longer involved in the process.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of care received by patients and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available which was comparable with the local clinical commissioning group (CCG) and national averages.

The practice exception reporting rate was 5.9% which was below the CCG average of 10.1% and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patient is unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for one of the QOF clinical targets. Data from 2014/15 showed performance for asthma related indicators was 71% which was below the CCG average of 95% and the national average of 97%. The practice had taken action to address this issue and current unpublished QOF data showed an improvement in performance targets achieved for 2015/16.

This practice was not an outlier for any other QOF clinical targets. Data from 2014/15 showed that the practice was comparable to the CCG and national averages in all other indicators. For example,

- Performance for diabetes related indicators of 97% was similar to the CCG average of 94% and the national average of 89%.
- Performance for mental health related indicators of 99% was similar to the CCG average of 97% and the national average of 93%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators of 94% were similar to the CCG average of 98% and the national average of 96%.

Clinical audits demonstrated quality improvement.

Clinical audits had been carried out in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example,

- A two-cycle audit was undertaken to ensure patients prescribed the most commonly used DMARDs (Disease-modifying anti-rheumatic drugs) were receiving the appropriate blood test monitoring. The initial audit showed that the practice fell well below their 100% target. Changes to the practice procedure for monitoring these patients were implemented and a

further audit was carried out six months later to review the effect of the changes. This showed some improvement but not to the level aspired to. Further changes were therefore implemented and a re-audit was planned for six months later.

- A second completed audit carried out as a two cycle audit was aimed at reviewing and, if appropriate, revising the prescribing of ezetimibe and omega-3 fatty acid compounds (used for the treatment of high cholesterol levels) to ensure treatment was in line with NICE guidelines. The new NICE guidelines were circulated to all clinical staff and appropriate patients were identified. All identified patients received a review of their treatment and prescribed medicines were revised as appropriate. The audit was repeated six months later to ensure that prescribing remained in line with current guidelines.

Information about patients' outcomes was used to make improvements. The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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, clinical staff reviewing patients with long-term conditions had received additional training appropriate to their role.
- 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 and peer group meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. A comprehensive electronic training matrix was available to record training undertaken and alert staff when training updates were required.

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 and intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. All patient related letters from hospitals and other third parties were entered onto the patient record system within seven days of receipt and forwarded to clinical staff to action where appropriate.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients were referred to other services or after discharge 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment in the patient's records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support or required signposting to external services. 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.

The practice's uptake for the cervical screening programme was 89%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available.

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.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 76% to 87%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40 to 74 years and annual health checks for patients with a learning disability. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 and 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 10 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 a representative of the patient participation group (PPG) who told us they were satisfied with the care provided by the practice and said the dignity and privacy of patients was always respected.

Comment cards highlighted that staff responded compassionately when patients 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. The practice was similar to local clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 96% 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 national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language and we saw notices in the reception areas informing patients this service was available.
- Information leaflets were available on health related subjects.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. A monthly themed notice board was displayed in the waiting area and information about support groups was also available.

A dedicated by-pass telephone number was available for other health professionals and patients who required it.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 284 patients as carers (3.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them and the PPG had compiled a comprehensive database of local organisations providing health and social care related assistance which was available to staff and patients electronically and a hard copy was available in the waiting room. Two receptionists held lead roles as carers support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday and Tuesday evening until 8.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them.
- The practice generic email account was checked regularly throughout the day to ensure a prompt response was always provided.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and interpreting services available.

Access to the service

The practice telephone lines were open between 8am and 8.30pm Monday and Tuesday and between 8am and 6.30pm Wednesday to Friday.

Appointments were available with the GP between 8.30am and 8.30pm Monday and Tuesday and between 8.30am and 6pm Wednesday to Friday.

Extended hours were provided on Monday and Tuesday evening at Westwood Lane surgery until 8.30pm.

Appointments were available with the practice nurse between 8.30am and 5.30pm Monday to Friday with extended hours available at Westwood Lane surgery until 7.30pm on Tuesday.

In addition to pre-bookable appointments, that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them at the 'Walk-in' GP surgery held daily between 11.00 and midday.

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

- 73% of patients were satisfied with the practice's opening hours compared with the CCG average of 73% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% the national average of 73%.

Patients told us on the day of the inspection that it was difficult to book routine appointments. These usually had to be booked up to two weeks in advance.

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters were displayed in the waiting area and complaints forms were available from reception.

We looked at 27 complaints received in the last 12 months and found that these were satisfactorily handled in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and from the analysis of trends. Action was taken as a result to improve the quality of care. Learning was shared with all staff. For example, a patient complained that one of the items on their repeat prescription had been changed without informing them. As a result, the clinicians were all reminded that when prescriptions were changed to another product in line with the local Medicines Management or NICE guidelines that the patient should be informed prior to the change being made to the repeat prescription.

Are services well-led?

Good

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

Our findings

The previous inspection carried out in July 2015 had identified that:

- Governance arrangements were unclear and the practice leadership had failed to identify and manage significant issues that threatened the delivery of safe and effective care.
- There was little evidence that learning from events was shared with all relevant staff in order to improve safety.

We saw evidence during this inspection that these concerns had been addressed satisfactorily by the provider and that appropriate systems, processes and practices were now in place.

Vision and strategy

The practice had a clear vision and robust strategy to deliver high quality care and promote good outcomes for patients. Staff understood and shared the vision and values of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of their 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 maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated that they prioritised safe, high quality and compassionate care.

- Staff told us they 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 for all staff when communicating with patients about safety incidents.
- The provider 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 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 and we saw evidence to support this.
- 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.
- Practice Development meetings were held quarterly and were attended by all staff. Operational meetings were held weekly and were attended by department leads. Minutes of these meetings were cascaded to all staff members.
- Staff said they felt respected, valued and supported and that all staff were involved in decisions about how to develop the practice.

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

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

The practice had gathered feedback from the patient participation group (PPG) and had made several changes within the practice following the results from PPG patient surveys. For example:

- An electronic information board had been installed in the waiting room.

Are services well-led?

Good

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

- Clinical staff came into the waiting area to call in patients as the PA (public address) system was unclear.
- All telephone calls into the practice were now received by staff based in an upstairs office in order to improve patient confidentiality in the reception area.

The PPG met regularly every two months and had been meeting on a monthly basis in the six months preceding the inspection in order to support the practice in addressing the issues identified in the previous inspection. One of the PPG members also attended the Bexley PPG Network meetings and fedback local issues to the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in decisions about how to make improvements in the practice.

The practice had also sought support and feedback from external agencies following the outcome of the previous inspection undertaken in July 2015:

- The Royal College of General Practitioners (RCGP) Special Measures Programme had compiled an action plan of 13 action points which had all been completed.
- A Local Education and Training Board (LETB) Conversation of Concern visit was undertaken in October 2015 which concluded that the practice provided an appropriate environment for trainees.
- A Medical Protection Society (MPS) Clinical Risk Assessment was undertaken in March 2016 which identified several areas of good practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, patients could be referred to the Beat Project which is managed by the London Borough of Bexley. This project is aimed at using physical activity and sport to prevent the increase of Type 2 Diabetes. The practice has also submitted an application to participate in the Bexley Community Education Provider Network (CEPN) 2 year pilot programme aimed at encouraging newly qualified GPs to remain in the borough.