Care Quality Commission

Royal Arsenal Medical Centre

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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires improvement**

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 Royal Arsenal Medical Centre on 26 July 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and staff understood their responsibilities to raise concerns and report incidents and near misses. However, records of investigations and correspondence were not always kept and there was no evidence of learning and communication with staff as meetings were not minuted.
- Patients were at risk of harm because systems and processes were not always in place to keep them safe. For example, there was no failsafe process in place to ensure that results for all specimens taken for cervical cytology had been received and there was no formal system in place to monitor the rate of inadequate specimens sent for analysis.
- Health and Safety and Legionella Risk Assessments had not been carried out since moving to the current premises in 2012.
- The registration status of professional staff had not been checked prior to employment and there were no monitoring processes in place to ensure that registration revalidation was maintained.
- Performance data showed that patient outcomes were comparable to local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said urgent appointments were generally available the same day but they found it difficult to make a routine appointment or an appointment with a named GP and there was a lack of continuity of care.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs with the exception of some emergency medicines.
- The practice had a number of policies and procedures to govern activity. However, the practice did not have a Business Continuity Plan in place and did not follow the appropriate procedure for incident reporting.
- 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 was currently only one member of the patient participation group (PPG).

There were areas where the provider must make improvements:

- The provider must ensure that all necessary emergency medicines are available for use if required.
- The provider must investigate all safety incidents and complaints thoroughly, ensuring records are kept of all investigations and correspondence undertaken. Records should also be kept of learning identified and shared with staff.
- The provider must ensure that recruitment and staff management arrangements include the checking of registration status of all professional staff and the monitoring that revalidation is current.
- The provider must ensure that all current Patient Group Directions are signed by both the authoriser and the practitioner.
- The provider must ensure that the content of Patient Specific Directions (PSDs) comply with the required criteria for PSDs.
- The provider must ensure that a Health and Safety Risk Assessment and Legionella Risk Assessment are carried out.
- The provider must ensure that annual appraisals are undertaken for all staff.

There were areas where the provider should make improvements:

- The provider should ensure there is an effective system to record and share key content and learning from meetings.
- The provider should review current staffing arrangements to improve continuity of care and the availability of non-urgent appointments.
- The provider should produce a Business Continuity Plan to include practice arrangements for responding to emergencies and major disruptions to the service such as power failure or building damage.
- The provider should consider proactive strategies to encourage patients to join the patient participation group (PPG).
- The provider should implement a failsafe process to ensure that results for all specimens taken for cervical cytology have been received and to monitor the rate of inadequate specimens sent for analysis.
- The provider should record batch numbers of blank electronic prescriptions placed in individual printers.
- The provider should implement a failsafe process to ensure patients receiving high risk medicines are reviewed as appropriate.
- The provider should review ways to improve patient satisfaction with regards to access to routine appointments.
- The provider should consider ways of reducing the Quality Outcomes Framework exception reporting rate.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, when things went wrong records of investigations and correspondence were not always kept and there was no evidence that lessons learned were communicated widely enough to support improvement.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, contact numbers of the local safeguarding team were not readily accessible to staff.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, there was no failsafe process in place to ensure that results for all specimens taken for cervical cytology had been received and there was no system in place to monitor the rate of inadequate specimens sent for analysis.
- A Health and Safety and Legionella Risk Assessment had not been carried out in the current premises.
- Not all appropriate recruitment checks on staff had been undertaken prior to their employment.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff told us they assessed needs and delivered care in line with current evidence based guidance but there was no process in place to monitor that staff were aware of and adhered to these guidelines.
- Clinical audits had been carried out but no changes had been identified to demonstrate quality improvements as a result.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff did not receive annual appraisals or personal development plans.

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and multidisciplinary working was taking place but was generally inconsistent and record keeping was limited or absent.

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 with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

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 the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Urgent appointments were available the same day but patients reported difficulty in accessing a routine appointment or a named GP and there was poor continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs with the exception of some emergency medicines.
- Information about how to complain was available to patients and easy to understand. The available evidence suggested that the practice responded quickly and appropriately to issues raised. However, records were not kept of responses to all complaints and learning from complaints was shared with staff on an informal basis only.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of this and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- The practice had a number of policies and procedures to govern activity but there was no system in place to monitor that these were fully implemented.
- The provider was aware of and told us they complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for the processing of notifiable safety incidents but did not always adhere to this process. The practice did not have systems in place to formally share learning with staff and to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients which it acted on. The patient participation group was active but had only one member.
- Staff had not received regular appraisals or performance reviews.
- Minutes of meetings were not recorded to ensure learning and changes discussed were shared with all relevant staff.
- The practice did not hold regular governance meetings. Issues were discussed at ad hoc meetings only.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The issues identified as requiring improvement affected all patients overall including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of 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.
- Performance rates for patient outcomes for conditions commonly found in older people were comparable with local and national averages.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requiring improvement affected all patients overall including this population group. There were, however, examples of good practice.

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

- Nursing staff had lead roles in chronic disease management.
- Patients at risk of hospital admission were identified as a priority.
- Performance rates for diabetes related indicators were comparable to CCG and national averages.
- Longer appointments and home visits were available for patients who required them.
- Patients had a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requiring improvement affected all patients overall including this population group. There were, however, examples of good practice.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to support this.
- 79% of women aged 25 to 64 years had a cervical screening test performed in the preceding five years which was comparable to the local and 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 midwives and health visitors. The midwife held a regular weekly clinic in the surgery.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requiring improvement affected all patients overall including this population group. There were, however, examples of good practice.

- The age profile of patients at the practice was mainly those of working age and students. The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, extended hours appointments were available on Saturday.
- The practice was proactive in offering online services for booking appointments and ordering repeat prescriptions.
- A full range of health promotion advice and screening was offered which reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requiring improvement affected all patients overall including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had two homeless patients registered with them.

Summary of findings

- The practice carried out annual health checks for people with a learning disability.
- The practice offered longer appointments for patients with a learning disability and patients who required them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed patients 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 and documentation of safeguarding concerns. However contact details for relevant agencies were not readily available to staff.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requiring improvement affected all patients overall including this population group. There were, however, examples of good practice.

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and national average of 90%.
- 97% of patients diagnosed with a mental health disorder had a comprehensive care plan completed in the last 12 months, which was comparable to the CCG average of 85% and national average of 88%.
- The exception reporting for both indicators was below the CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).)
- The practice carried out advance care planning for patients 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 the practice was performing in line with clinical commissioning group (CCG) and national averages for most indicators. 362 survey forms were distributed and 113 were returned. This represented a response rate of 31% (1.4% of the practice's patient list).

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and national average of 73%.
- 55% 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 70% and national average of 76%.
- 78% of patients described the overall experience of this GP practice as good, compared to the CCG average of 81% and national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection visit. We received 26 comment cards which were all positive about the standard of care received. Patients described the GPs as being kind and attentive and reception staff as efficient and friendly. Negative comments only related to long delays in appointment times and long waits for available appointments. On the day of our inspection the next routine appointment available was in 17 days.

We spoke with 12 patients during the inspection. Patients said staff were approachable, committed and caring. Five patients said they were unable to get a routine appointment when they wanted one. However, 11 of the 12 patients said they would recommend the practice to someone new to the area.

The results of the June 2016 Friends and Family test showed that 82% of respondents stated that they were likely to recommend the practice to others. Monthly results were displayed in the waiting area.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure that all necessary emergency medicines are available for use if required.
- The provider must investigate safety incidents and complaints thoroughly, ensuring records are kept of all investigations and correspondence undertaken. Records should also be kept of learning identified and shared with staff.
- The provider must ensure that recruitment and staff management arrangements include the checking of registration status of all professional staff and the monitoring that revalidation is maintained.
- The provider must ensure that all current Patient Group Directions are signed by both the authoriser and the practitioner.
- The provider must ensure that the content of Patient Specific Directions (PSDs) comply with the required criteria.
- The provider must ensure that a Health and Safety Risk Assessment and Legionella Risk Assessment are carried out.
- The provider must ensure that annual appraisals are undertaken for all staff.

Action the service SHOULD take to improve

- The provider should ensure there is an effective system to record and share key content and learning from staff meetings.
- The provider should review current staffing arrangements to improve continuity of care and the availability of non-urgent appointments.

Summary of findings

- The provider should produce a Business Continuity Plan detailing the practice arrangements for responding to emergencies and major disruptions to the service such as power failure or building damage.
- The provider should consider proactive strategies to encourage patients to join the patient participation group (PPG).
- The provider should implement a failsafe process to ensure that results for all specimens taken for cervical cytology have been received and to monitor the rate of inadequate specimens sent for analysis.
- The provider should record batch numbers of blank electronic prescriptions placed in individual printers.
- The provider should ensure a failsafe process is implemented to ensure patients receiving high risk medicines are reviewed as appropriate.
- The provider should review ways to improve patient satisfaction with regards to access to routine appointments.
- The provider should consider ways to reduce their Quality Outcomes Framework exception reporting rate.

Care Quality Commission

Royal Arsenal Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP Specialist Adviser, a Practice Nurse Specialist Adviser and an Expert by Experience.

Background to Royal Arsenal Medical Centre

Royal Arsenal Medical Centre is situated in the Royal Borough of Greenwich in an area recently developed to include a large amount of residential accommodation. Services are provided from one location at 21 Arsenal Way London SE18 6TE, which is a large purpose-built medical centre part of a new residential and leisure complex. Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

The practice relocated to the current purpose-built leased premises in 2012 from an old premises very close to the current site. The practice accommodation comprises seven consulting/treatment rooms; two waiting areas; a record storage room and administrative offices. Part of the premises is sub-let to other services for which the provider also provides reception services. These services include Lifeline Basis (Alcohol and Drugs advisory/counselling service), Physioworld (ATOS screening), Time to Talk counselling services, Greenwich Mind counselling services, Community dietician service, community dermatology service, Guys & St Thomas CHANT Team and AAA Screening,Lewisham & Greenwich Trust Rehabilitation service, Anti-Coagulation service and an independent Podiatry service. The practice also hosts a twice-weekly phlebotomy clinics and a weekly community midwifery service. The practice is adjacent to a pharmacy.

The practice has 8087 registered patients (an increase of approximately 2,000 patients over the past three years). Compared to the national average the practice has a much higher number of patients in the 25 to 45 year age group. The practice is based in an area with a deprivation score of 5 out of 10 (1 being the most deprived and 10 the least deprived).

The practice is required to provide a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

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; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures. The practice is in the process of registering for the Regulated Activity of Maternity and Midwifery.

The practice is currently registered with the CQC as a Partnership. However, the partnership status of the practice is currently under review as there is only one active partner in the practice at present.

Medical services are provided by six GPs and a Nurse Practitioner (NP) providing a total of 40 sessions a week. The GP partner provides 8 sessions per week: one female salaried GP (8 sessions): three (male and female) long term locum GPs (14 sessions); one male short term locum GP (2 sessions) and one Nurse Practitioner (8 sessions). Patients are given the choice of a GP or NP when booking their appointments. Only GP appointments are available to book online.

Detailed findings

Clinical services are provided by four Practice Nurses (2 wte) and one Health Care Assistant (5 wte).

Administrative services are provided by a Practice Manager (1.0 wte); eight administration staff (6 wte) and five reception staff (4 wte).

The practice reception and telephone lines are open between 8am and 6.30pm Monday to Friday with extended opening for reception on Tuesday between 7am and 8am and Saturday between 9.30am and 1pm.

In addition to pre-bookable appointments, urgent appointments were available the same day for people who needed them.

Urgent and routine appointments are available with the GP or Nurse Practitioner from 8am to 11.40am and 2pm to 5.40pm on Monday; from 7am to 11.40am and 1pm to 5.40pm on Tuesday; from 8.30am to 11.40am and from 1.30pm to 4.40pm on Wednesday; from 8.30am to 11.40am and 3pm to 5.40pm on Thursday; from 8.10am to 11.40am and from 3pm to 5.50pm on Friday and from 9.30am to 1pm on Saturday.

Practice Nurse appointments are available from 9.30am to 12.20pm and from 2pm to 5pm Monday to Friday and 9.30am to 1pm on Saturday.

HCA appointments are available from 3pm to 6.30pm on Monday, Wednesday and Friday and from 9.30am to 1pm on Saturday.

A practice leaflet is available and the practice website includes details of services provided by the surgery.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 26 July 2016. During our visit we:

- Spoke with a range of staff including the lead GP, the salaried GP, the Practice Manager, a Practice Nurse and administrative staff.
- Spoke with patients who used the service and the member of the patient participation group.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of patients' treatment records.
- 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

Detailed findings

- People experiencing poor mental health (including people with dementia).

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an informal system in place for reporting and recording significant events and staff understood their responsibilities to raise concerns and report incidents and near misses. Staff told us they would inform the practice manager of any incidents that occurred but there was no recording form available.

We saw some evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and a written apology. However, the process was inconsistent and records of correspondence, investigations and action taken were not always kept.

Staff were told informally of changes to be made as a result of investigations. Minutes of meetings where these were discussed with staff were not kept. We were therefore unable to obtain evidence that lessons were shared and action was taken to improve safety in the practice and prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included arrangements to safeguard children and vulnerable adults. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and contained guidance for staff if they had concerns about a patient's welfare but did not contain details of who to contact if referrals or further guidance were required. 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 in safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and nurses to level 2.

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).

There was no failsafe process in place to ensure that results for all specimens taken for cervical cytology had been received and there was no system in place to monitor the rate of inadequate specimens sent for analysis.

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. An infection control audit had been undertaken in February 2016 and we saw evidence that action was taken to address any improvements identified.

Procedures were in place for managing medicines, including vaccines and obtaining, prescribing, recording, handling, storing, security and disposal of medicines. Not all recommended emergency medicines were available. However, the practice took immediate action to rectify this.

Procedures were in place for handling repeat prescriptions but these did not include failsafe processes to ensure patients receiving high risk medicines were reviewed as appropriate.

The practice carried out regular 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 pads were securely stored and there were systems in place to monitor their use. Supplies of blank prescription sheets for printers were stored in a locked cupboard but records of batch numbers of prescriptions put in individual printers were not maintained.

The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Current PGDs had not all been signed by the relevant authorising personnel. However, the provider

Are services safe?

took immediate action to rectify this. (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.)

The Health Care Assistant had been trained to administer vaccines and medicines against a Patient Specific Direction (PSD) or from a prescriber. However, some PSDs used by the practice did not always state the names of individual patients. (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 eight personnel files and found that not all appropriate recruitment checks had not been undertaken prior to employment for recently recruited staff. For example, registration checks with the appropriate professional body had not been carried out (although the provider took immediate action to rectify this) and there was no system in place to check that professional revalidation was kept up to date for clinical staff.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified health and safety representatives. However, a health and safety assessment had not been carried since moving to the current premises in 2012 and a Legionella risk assessment had not been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

The practice had up to date fire risk assessments and carried out regular fire evacuation drills.

All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There were panic alarms and an instant messaging system on the computers in consultation rooms, treatment rooms and reception which alerted staff to any emergency.

All staff received annual basic life support training.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Some recommended emergency medicines were not available on the day of the inspection but the provider took immediate action to rectify this. All the medicines we checked were in date and stored securely.

The practice did not have a Business Continuity Plan in place to confirm practice arrangements for responding to emergencies and major disruptions to the service such as power failure or building damage.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, the practice did not have systems in place to ensure all clinical staff were kept up to date or to monitor that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achived 95% of the total number of points available. This was comparable with the Clinical Commissioning Group (CCG) average of 92% and national average of 95%.

The overall exception reporting rate for all clinical domains was 17% which was higher than the CCG average of 7% and national average of 9%.

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 82%. This was comparable with the CCG average of 81% and national average of 89%.
- Performance for mental health related indicators was 94%. This was comparable with the CCG average of 90% and national average of 93%.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that clinical audit was carried out to direct quality improvement. There had been two completed cycle clinical audits carried out in the last two years:

- One of these was carried out to check that patients were on appropriate anticoagulant therapy. Results of the initial audit, and second-cycle audit (undertaken six months later) confirmed that all patients were receiving the correct anticoagulation therapy. No changes were therefore required to current practice.
- The second two-cycle audit carried out was aimed at ensuring optimal treatment was prescribed for patients with severe chronic obstructive pulmonary disease (COPD). Results of the initial audit identified one patient out of the 15 patients identified who required a change in treatment. The follow up audit confirmed that all patients were receiving the correct treatment. No changes were therefore required to current practice.

Effective staffing

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

- The practice did not have a formal induction programme for newly appointed staff to cover such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions evidence was kept of relevant training and updates.
- 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.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work which included ongoing support and mentoring. Staff had regular informal discussions with the practice manager but had not received a formal annual appraisal. However, the practice was aware of the value of this and had recently developed an implementation plan to introduce annual appraisals for all staff.
- 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.

Coordinating patient care and information sharing

Requires improvement

Are services effective?

(for example, treatment is effective)

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were 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.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were provided with support from the practice and signposted to relevant external support services.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. However, there were no failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the inadequate sample rate was not monitored.

The practice 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 80% to 94%.

Patients had access to appropriate health assessments and checks. For example, annual health checks for patients with a learning disability; annual reviews for patients with long-term conditions and annual medicines reviews for patients on more than four medicines. These included appropriate follow-ups where abnormalities or risk factors were identified. NHS health checks for patients aged 40 to 75 years were provided by the clinical commissioning group (CCG).

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient Care Quality Commission comment cards we received were positive about the standard of care received. Patients described the GPs as being kind and attentive and reception staff as efficient and friendly. Negative comments related to long delays in appointment times and long waits for available appointments. Patients said they felt the practice offered an excellent service and staff were helpful and friendly and treated them with care and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with the member of the patient participation group (PPG). They told us that the PPG had commenced in 2012 with eight members but now had only one member. They told us they were satisfied with the care provided by the practice and said the practice staff were caring and respectful. There were posters on display in the patient waiting areas encouraging patients to join the PPG.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the 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%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the 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 clinical commissioning group (CCG) and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 85%.

The practice provided resouces to facilitate patient involvement in decisions about their care. Staff told us that

Are services caring?

interpreting services were available for patients who did not have English as a first language. Patient information leaflets were available on a variety of health related subjects.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The provider let rooms and provided reception services for a number of local support services including Lifeline Basis (Alcohol and Drugs advisory/counselling service), Time to Talk counselling services and Greenwich Mind counselling services. Patient self-referral was available for some of these services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers (1% of the practice list). The practice also identified those patients who had a carer. Carers were identified at registration and opportunistically during consultations and by reception staff. There was a poster in the waiting area encouraging patients to inform the practice if they were a carer. Written information was available to direct carers to the various avenues of support available to them.

The practice did not have a procedure in place for contacting families who had suffered bereavement.

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. For example, the practice hosted a twice weekly phlebotomy service to prevent people in the locality having to travel to the local hospital for blood tests.

- The practice offered extended opening on Tuesday between 7am and 8am and on Saturday between 9.30am and 1pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who had 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 or were referred to other clinics for vaccines not available through the practice.
- There were disabled facilities and interpreting services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with extended opening on Tuesday between 7am and 8am and Saturday between 9.30am and 1pm.

Urgent and routine appointments were available with the GP or Nurse Practitioner from 8am to 11.40am and 2pm to 5.40pm on Monday; from 7am to 11.40am and 1pm to 5.40pm on Tuesday; from 8.30am to 11.40am and from 1.30pm to 4.40pm on Wednesday; from 8.30am to 11.40am and 3pm to 5.40pm on Thursday; from 8.10am to 11.40am and from 3pm to 5.50pm on Friday and from 9.30am to 1pm on Saturday.

Practice Nurse appointments were available from 9.30am to 12.20pm and from 2pm to 5pm Monday to Friday and 9.30am to 1pm on Saturday.

Health Care Assistant appointments were available from 3pm to 6.30pm on Monday, Wednesday and Friday and from 9.30am to 1pm on Saturday.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.

Patients told us that they were able to get urgent appointments when they needed them but would often have to wait more than two weeks for a routine appointment. However, the practice were aware of this issue and had been actively trying to recruit permanent GP staff to provide a more consistent and stable GP service. The practice had a system in place for a clinician to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Listening and learning from concerns and complaints

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

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. However, the procedure was not always followed.
- There was a designated responsible person who handled all complaints in the practice.
- Written information was available to help patients understand the complaints system if requested.

We looked at 14 complaints received in the last 12 months and where records of correspondence had been kept we found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Records had not been kept of investigations and correspondence for all complaints. Learning from individual concerns and complaints was shared with staff informally only. There was no formal procedure in place to record complaints and action taken as a result to improve the quality of care or to share learning with staff and analyse trends.

Are services well-led?

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, monitoring systems to ensure they continued to work in line with this vision were informal and unstructured.

Governance arrangements

- The practice had a governance procedure in place which supported the delivery of good quality care but this was informal and unstructured.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of their colleagues.
- Practice specific policies were in place and available to all staff. However, these were not always fully implemented.
- Clinical audit had been carried out but there was no planned audit programme to monitor quality and to identify required improvements.
- There were arrangements for identifying and managing risks, issues and implementing mitigating actions but these were often informal with few written records maintained.

Leadership and culture

On the day of inspection the provider told us they prioritised safe, high quality and compassionate care. However, due to the absence of formal processes and procedures they were unable to demonstrate that services were well run or that risks to patients were adequately assessed and well managed. There was also no formal procedures in place to identify necessary changes and improvements required or for staff to be kept updated. There was also a lack of monitoring and regular assessment to ensure the consistent delivery of high quality care.

The provider encouraged a culture of openness and honesty and staff told us that the provider was approachable and took the time to listen to all members of staff.

The practice informed us that they took action when things went wrong with care and treatment and they gave affected people reasonable support, truthful information and a verbal and written apology. However, the practice were unable to provide evidence of this as they did not keep written records of all investigations, verbal interactions and 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. However, these were informal and minutes of meetings were not recorded.
- 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.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to develop services and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Friends and Family Test, comments box and patient participation group (PPG). However, the PPG now consisted of only one member and meetings had therefore been discontinued.
- When active the PPG submitted proposals for improvements to the practice management team. For example, a new parking system had been introduced for patient use, Saturday appointments had been introduced and the PPG had provided input into the layout and content of the new practice website.
- The practice had gathered feedback from staff through informal discussion and staff meetings which took place every few weeks. However, minutes of these meetings were not recorded and could not therefore be shared with absent staff members.

Are services well-led?

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found that the registered person did not do all that was reasonably practicable to mitigate risks to health and safety of service users as they had not carried out a Health and Safety risk assessment or a legionella risk assessment. Patient Group Directions (PGDs) were not appropriately signed and the content of Patient Specific Directions (PSDs) did not comply with current requirements. Not all recommended emergency medicines where available for use when required. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: We found that the registered person did not do all that was reasonably practicable to assess, monitor and improve the quality of services as they did not have adequate systems in place to investigate safety incidents and complaints thoroughly. They did not ensure that records were kept of all investigations and correspondence undertaken or that records were kept of learning identified and how this was shared with all staff.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** We found that the registered person did not carry out annual appraisals for all staff employed in the practice. This was in breach of regulation 18 (2) (a) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** We found that the registered person had not ensured they had carried out the necessary checks to confirm the registration status of all professional staff employed by the practice and did not have a process in place for monitoring that revalidation of registration remained current. This was in breach of regulation 19 (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.