

Dr Atul Arora

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Atul Arora on 22 March 2016. As a result of our findings during that visit the provider was rated as requires improvement for providing safe and well-led care, and it was rated as requires improvement overall. The full comprehensive inspection report from that visit was published on 30 June 2016 and can be read by selecting the 'all reports' link for Dr Atul Arora on our website at www.cqc.org.uk.

The provider submitted an action plan to tell us what they would do to make improvements and meet the legal requirements. We undertook an announced focused follow-up inspection on 20 December 2016 to check that the provider had followed their plan, and to confirm that they had met the legal requirements. As a result of our findings during that visit the provider was rated as inadequate for safe and well-led and rated inadequate overall and placed into special measures. The full follow up report was published on 27 April 2017 and can be found by selecting the 'all reports' link for Dr Atul Arora on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 27 September 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- Risks to patients and other service users were assessed and well managed, specifically in relation to fire safety, Legionella infection, and health and safety.
- The practice was suitably equipped to manage medical emergencies.
- There were systems and processes in place to monitor medicines; all emergency medicines were in date.
- All staff members were up to date with role specific training.
- All practice policies had been reviewed and updated.
- Nursing staff had been given legal authority to administer medicines.

Summary of findings

- The practice was able to demonstrate that they had obtained evidence of immunisation for several key staff.
- Governance arrangements operated effectively.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

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

However, there were areas where provider should make improvements.

The provider should:

- Deliver training to staff so they are aware of which children are considered vulnerable.
- Review how all complaints are recorded.
- Deliver training to non-clinical staff so they are aware of the requirements of the Mental Capacity Act.
- Continue to review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.

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

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice safeguarding policy had been reviewed and updated. It stated who the safeguarding lead was, and all staff members were aware of the policy and who the safeguarding lead was.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The provider had conducted an appropriate Legionella and infection control and fire risk assessment, all assessments had been reviewed.
- The immunity status/immunisation requirements of all clinical members of staff and the cleaner had been obtained/recorded to ensure that they were adequately protected against communicable diseases.
- Training for infection control, information governance, safeguarding children or adults, and fire safety had been completed for all staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was evidence of 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?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. The lead GP and clinical staff 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 looked after five care homes.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, the practice was not always logging verbal complaints.
- 24 hour electrocardiogram (ECG) was offered at the practice (this is a test which measures the electrical activity of your heart to show whether or not the heart's rhythm is normal).
- Chlamydia testing kits were given out to patients aged 16-24 at the surgery.

Summary of findings

Are services well-led?

Good



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

- Governance arrangements were effective to ensure high quality and safe care for patients, the practice had addressed and improved on issues identified at our previous inspection.
- The practice had a number of policies and procedures to govern activity, all of these had been reviewed.
- The practice had addressed the risks to health, safety and welfare of service users identified in the previous inspection. The practice was able to demonstrate that a new staff member had received an induction to ensure that they were familiar with the practice's processes and protocols. A new practice manager had been recruited since the last inspection.
- All staff had received an appraisal within the last 12 months.
- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The lead GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the Patient Participation Group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas and used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice had 21 patients on its palliative register.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.(The practice used a process called co-ordinate my care, which is an NHS clinical service sharing information between healthcare providers, coordinating care, and recording wishes of how patients would like to be cared for)
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice provided care at five care homes.

People with long term conditions

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

Good



- The lead GP had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national average:
- 61% of patients with diabetes on the register had their blood sugar recorded as well controlled (local average 77%, national average of 78%). The exception reporting rate for the service was 7%, local 8% and national 13%.

Summary of findings

- 74% of patients with diabetes on the register had their cholesterol measured as well controlled (local 77%, national average 80%). The exception reporting rate for the service was 7%, local 10% and national 13%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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

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

- From the sample of documented examples we reviewed we found there were systems 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 Accident and Emergency (A&E) attendances. All children were coded on the system; however, there was inconsistency with alerts on patients records.
- Immunisation rates were relatively high for most standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors, district nurse and matrons to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of this population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on a Monday and giving patients access to the three GP alliance hubs in the area.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 12 patients on the learning disability register, 83% (10) had received a health check in the last year.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice carried out advance care planning for patients living with dementia.
- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, (local average 82%, national average 84%).

Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 83%, national average 89%). The exception reporting rate for the practice was 2%, local 7% and national 10%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 83%, national average 89%. (The exception reporting rate for the practice was 5%, local 8% and national 13%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Three hundred and twelve survey forms were distributed and 114 were returned. This represented 2% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 78% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received.

We spoke with 10 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice friends and family test from April 2017 to June 2017 feedback had 22 responses, all 22 patients were likely or extremely likely to recommend the practice.

The practice carried out its own patient participation survey between April 2016 and March 2017, 80 patients participated.

- 92% of patients commented that booking an appointment at the surgery was good to excellent.
- 96% of patients mentioned that they had good to an excellent experience with helpfulness of reception staff.
- 92% of patients stated that their experience of waiting time to be seen by the clinical staff has been good to excellent.
- 95% of patients stated good and excellent regarding facilities at the surgery between.
- 91% of patients scored the surgery as good and excellent at getting through on the surgery phone.

Dr Atul Arora

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience

Background to Dr Atul Arora

The practice operates from a single location in Bromley, London. It is one of 45 GP practices in the Bromley Clinical Commissioning Group area. Dr Atul Arora is also known as Sundridge Medical Practice. There are approximately 5,200 patients registered at the practice. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours access, influenza and pneumococcal immunisations, minor surgery and remote care monitoring.

The practice has a higher than national average patient population of females and males aged zero to nine years and 25 to 49 years. Income deprivation levels affecting children and adults are below the national average.

The clinical team includes a male lead GP and two female salaried GPs. The GPs work a combined total of 15 sessions.

There is a female salaried nurse, a female health care assistant and a male pharmacist practitioner. The clinical team is supported by a practice manager and seven reception/administration staff.

The practice is open between 8am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours with the GPs on Monday from 6.30pm to 8pm and with the nurse from 6.30pm to 7pm on Thursdays. Appointments are available from 9am to 1pm and from 4pm to 6.30pm Monday to Friday. There are three consulting/ treatment rooms, all of which are on the ground floor. There is wheelchair access throughout, and baby changing facilities. The practice directs patients requiring care outside of their normal opening hours to a contracted out of hours service.

Why we carried out this inspection

We carried out an announced comprehensive inspection of this service on 22 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that the provider was not meeting some legal requirements and they were rated as requires improvement overall.

We carried out an announced focused follow-up inspection of this service on 20 December 2016 under Section 60 of the Health and Social Care Act 2008 and subsequent regulations as part of our regulatory functions. We found that the provider was not meeting some legal requirements and they were rated as inadequate overall and placed into special measures for a period of six months.

We issued a warning notice under the following regulations:

Regulation 12: Safe care and treatment

Detailed findings

Regulation 17: Good governance

We issued a requirement notice under the following regulations:

Regulation 13 (Registration): Financial position

We undertook a further announced comprehensive inspection of Dr Atul Arora on 27 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice had now met legal requirements.

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 27 September 2017.

During our visit we:

- Spoke with a range of staff GPs, practice nurse, practice manager, pharmacist practitioner administrative and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations

- Looked at information the practice used to deliver care and treatment plans.

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 data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our comprehensive inspection on 22 March 2016 we rated the practice as requires improvement for providing safe services as safeguarding systems were not fit for purpose; staff immunity status had not been checked; chaperones had not been appropriately vetted and some had not received training; the management of medicines was not effective and there were limited procedures in place for monitoring and managing risks to patient and staff safety – including arrangements to respond to emergencies.

We undertook an announced focused inspection on 20 December 2016 when we rated the practice as inadequate for providing safe services. We found safeguarding systems remained unfit for purpose; the immunity status of some staff had still not been verified; medicine management remained ineffective; there were gaps in staff recruitment documentation and risks to patients were still not being well managed.

These arrangements had significantly improved when we undertook a follow up inspection on 27 September 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

During this inspection we found that risks to patients had been addressed and were managed well.

There was a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice provided a copy of some patient notes, there were two pages from another patient included. The practice changed its process for sending documents to outside parties. They now ensure paperwork is checked by two members of staff before posting patient details to external agencies. They also reflected on making sure scanning is done correctly in the first place.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies had been reviewed (May 2017) since the last inspection and 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, all staff were aware of who the safeguarding lead was. At the previous inspection some members of staff were not clear on who this was, also the safeguarding policy did not specify who the lead was. From the three documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. All children were coded on the system; however, there was inconsistency with alerts on patients records.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The practice nurse was trained to child protection or child safeguarding level 2. All non-clinical staff were trained to child protection or child safeguarding level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who

Are services safe?

acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. At the time of the inspection only a cleaning schedule for the toilet was in place. After the inspection the practice provided a detailed schedule which they said they would get the cleaner to sign each week to confirm that procedures were followed.
- The practice nurse and the practice manager were the infection prevention and control (IPC) clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. At the previous inspection not all staff had received infection control training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice used a dashboard from the CCG, which aided in comparing practice performance with the local area practices. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (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) had been adopted by the practice to allow nurses to administer medicines in line

with legislation. In the previous inspection PGDs had not been signed by the nurse and were therefore not fit for purpose. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (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) from a prescriber were produced appropriately.

- At the previous inspection we found that recruitment checks had not been conducted prior to employment for some staff. We reviewed five personnel files (and found
- We saw a certificate demonstrating that all staff had received safeguarding training via a group session conducted by Bromley Clinical Commissioning Group (CCG) as well as on-line training. At the previous inspection not all staff had completed safeguarding training.
- We saw evidence of the immunity status or immunisation requirements for all staff members including the cleaner. At the previous inspection the immunity status/immunisation requirements of some staff had not been obtained or recorded to ensure they were adequately protected against communicable diseases.
- At the previous inspection, the practice told us that there was no indemnity insurance in place for the practice manager, and they were not able to provide evidence to demonstrate that mandatory indemnity insurance was in place for a GP and the nurse. At this inspection the practice showed us evidence of medical indemnity insurance for all clinical staff and the practice manager.
- At the previous inspection medicines were not managed effectively. For example, vaccines were not transported between locations appropriately. The practice now had a cool bag, with a thermometer and a policy for the transporting of vaccines.

Monitoring risks to patients

During this inspection we found that risks to patients had been addressed, and were now well managed.

Are services safe?

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, conducted in June 2017, fire drills were conducted every three months. There was a designated fire marshal within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order, this was conducted in January 2017.
- At the previous inspection the practice had not conducted an appropriate Legionella, (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) or infection control risk assessment, and the results of a fire risk assessment had not been adequately reviewed or addressed. At this inspection we saw a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health, fire, infection control and legionella.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients

Arrangements to deal with emergencies and major incidents

During this inspection we found that the practice had made changes and had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. At the previous inspection emergency medicines had not been checked over a two month period to ensure that they were adequately stocked and fit for use. The practice had now implemented a new system of checking emergency medicines monthly.
- At the previous inspection we found that equipment was not monitored effectively; there was no system in place to check the condition of the defibrillator. At this inspection we saw a process in place to check the defibrillator monthly. Oxygen with adult and children's masks was available this was checked daily. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. There was a system in place to monitor medicines expiry dates.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection on 22 March 2016, we rated the practice as good for providing effective services. At this inspection we looked at effective services of the practice and rated it as good.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 general practice and reward good practice). The most recent published results were 96% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 95% and national average of 95% with 6% (CCG average 8%; national average 10%) clinical exception reporting. We sampled suitable records and found that the exceptions were appropriately reported. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

This practice was an outlier for one QOF (or other national) clinical targets when compared to local Clinical Commissioning Group (CCG) and national averages. This related to diabetes. Data from 2015/2016 showed:

Performance for diabetes related indicators was mostly similar to the CCG and national averages.

- 61% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (CCG average 77%, national average 78%). The exception reporting rate for the practice was 7%, CCG 8% and national 13%. The practice accounted for this figure due to having a low exception rates. Most of their diabetic patients were elderly.
- 84% of patients with diabetes had well-controlled blood pressure in the previous 12 months (CCG average 75%, national average 78%). The exception reporting rate for the practice was 2%, CCG 7% and national 9%.
- 74% of patients with diabetes on the register had their cholesterol measured as well controlled (CCG average 77%, national average 80%). The exception reporting rate for the practice was 7%, CCG 10% and national 13%.

Performance for mental health related indicators was similar to the CCG and national averages.

- 97% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (CCG average 82%, national average 84%). The exception reporting rate for the practice service was 2%, local 5% and national 7%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 83%, national average 89%. The exception reporting rate for the practice was 5%, CCG 8% and national 13%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months (local average 83%, national 89%). The exception reporting rate for the practice was 2%, CCG 7% and national 10%.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the practice looked at patients being prescribed antibiotics in the first cycle 26 patients had been prescribed Co-amoxiclav, the results were presented and discussed at a clinical meeting, this helped to increase clinical awareness and increased

Are services effective?

(for example, treatment is effective)

adherence to guidelines. In the second cycle six patients were prescribed Co-amoxiclav, the practice had significantly reduced the amount of antibiotics being prescribed.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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. We reviewed five training records and found three non-clinical staff had not had mental capacity act training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

Are services effective?

(for example, treatment is effective)

- 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 81%, which was comparable with the CCG average of 82% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend the national screening programmes for bowel and breast cancer. There were failsafe systems 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's uptake for females, 50-70, screened for breast cancer in last 36 months was 71%, which was comparable with the CCG average of 75% and the national average of 73%.

The practice's uptake for persons, 60-69, screened for bowel cancer in last 30 months was 53%, which was comparable with the CCG average of 57% and the national average of 59%.

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

Childhood immunisation rates for the vaccinations given were slightly lower than the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in one out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.2 (compared to the national average of 9.1).

- 89% of children aged 1 year had received the full course of recommended vaccines (expected standard 90%).
- 93% of children aged two years had received the pneumococcal conjugate booster vaccine (expected standard 90%).
- 93% of children aged two years had received the haemophilus influenzae type b and meningitis C booster vaccine (expected standard 90%).
- 92% of children aged two years had received the measles, mumps and rubella (MMR) vaccine (expected standard 90%).

Are services caring?

Our findings

At our previous comprehensive inspection on 22 March 2016, we rated the practice as good for providing caring services. At this inspection we looked at caring and found that it continued to perform well.

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 26 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 10 patients including one member of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 80% and the national average of 82%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the managers of the five local care homes where some of the practice's patients lived all praised the care provided by the practice. Each care home had a nominated GP who visited patients each week.

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. We also saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.

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. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (0.5% of the practice list). This had increased since the first inspection of 0.2% then the second inspection where 0.4% were identified. Written information was available to direct carers to the various avenues of support available to them. All carers were offered timely and appropriate support, such as flu vaccine, longer appointments. They could also be referred to carer support group in Bromley and assessments and funding were available for them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous comprehensive inspection on 22 March 2016, we rated the practice as good for providing responsive services. At this inspection we looked at responsive and found that it continued to perform well.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday until 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- 24 hour electrocardiogram (ECG) was offered at the practice (this is a test which measures the electrical activity of your heart to show whether the heart's rhythm is normal).
- Chlamydia testing kits were given out to patients aged 16-24 at the surgery.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offered extended hours with the GPs on Monday from 6.30pm to 8pm and with the nurse from 6.30pm to 7pm on

Thursdays. Appointments were available from 9am to 1pm and from 4pm to 6.30pm Monday to Friday. The practice also had access to Bromley GP Alliance hubs which operated from 8am to 8pm seven days in a week.

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

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared with the CCG average of 72% and the national average of 71%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 71% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice. Although the practice kept records of written complaints, they were not recording all verbal complaints, therefore the practice had no way of analysing trends.
- We saw that information was available to help patients understand the complaints system. For example we saw posters displayed in reception, summary leaflets were available.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint regarding a concern about a GP not visiting a patient's partner in a nursing home, the practice had a detailed discussion with the patient and nursing home matron. Learning from the complaint was shared with staff in a meeting.

Are services well-led?

Good 

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

Our findings

At our comprehensive inspection on 22 March 2016 we rated the practice as requires improvement for providing well led services as governance arrangements were ineffective; the practice leader did not demonstrate the capability to run the practice effectively; there was minimal focus on continuous learning and improvement within the practice.

We undertook an announced focused inspection on 20 December 2016 when we rated the practice as inadequate for providing well-led services. We found that there was a general lack of oversight of procedures, and governance arrangements did not support the delivery of safe or well-led care. The provider did not demonstrate a comprehensive understanding of their performance and failed to recognise the impact on the safety of service users of the issues identified. The provider had made some changes but arrangements for identifying, recording and managing risks and implementing mitigating actions were still not suitable.

These arrangements had significantly improved when we undertook a follow up comprehensive inspection on 27 September 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At the previous inspection we found the practice lacked an overarching governance to support the delivery of the strategy and good quality care. We found that the following issues required improvement:

- The practice did not provide, when requested, evidence of medical indemnity insurance for clinical staff members.

- Risk assessment actions had not been followed up.
- Safeguarding systems were not fit for purpose, some members of staff were not clear on who the safeguarding lead was, also the safeguarding policy did not specify who the lead was.
- Staff immunity status had not been checked.
- Systems for managing medicines and vaccines were not effective, for example emergency medicines had not been checked over a two month period to ensure that they were adequately stocked and fit for use. Vaccines were not transported between locations appropriately.
- Patient Group Directions (PGDs) had not been signed by the nurse.
- Chaperones had not been appropriately vetted and some had not received training.
- There were gaps in staff recruitment documentation.
- Not all staff were up to date with training.

At this inspection we found that the practice now had an overarching governance framework in place which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example one GP was the safeguarding lead, another GP was the lead of the quality of care, dealing with complaints. The nurse and practice manager were leads in infection control.
- Practice specific policies were implemented and were available to all staff. These were updated in May 2017.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings of a structure that allowed for lessons to be learned and shared following significant events and complaints.

Are services well-led?

Good 

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

- Clinical meetings were held monthly and staff meetings were held quarterly, which provided an opportunity for staff to learn about the performance of the practice.
- Safeguarding systems were now fit for purpose, all staff knew who the lead was and the policy had been reviewed.
- The practice provided us with evidence of medical indemnity insurance for all clinical staff including the practice manager.
- The practice had addressed all concerns raised in previous inspections.
- Patient Group Directions (PGDs) had been signed by the nurse
- All risk assessments concerns had been addressed and actions followed up.
- There were clear system and processes in place to manage emergency equipment, and emergency medicines.
- All staff were up to date with training and all had a recent appraisal.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns. There had not been any palliative care meetings for six months due to circumstances outside the practice control, however shortly after the inspection the practice provided us with evidence to show that these had resumed.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Leadership and culture

During this inspection we found that in the six months since the last inspection, the provider's leadership had improved. The practice had addressed all concerns. They ensured high quality care, with new processes and systems implemented.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure and staff felt supported by management.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested the practice put up notice board in reception detailing what each staff member did.
- The NHS Friends and Family test, complaints and compliments received
- Staff suggested they would like to have a suggestion noticeboard, the notice board at the back of reception was revamped and cleared to allow staff to post notices. Staff requested cupboards in their room where they could store course and training documentation, this suggestion was approved.

Continuous improvement

The practice had recruited a new practice nurse who would join in October. All staff had undergone domestic abuse

Are services well-led?

Good 

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

training. The practice had reviewed all policies, and implemented new processes and system to ensure a high

quality of care was provided for its patients. The practice was considering becoming a domestic violence hub. The lead GP was the mental health lead for the Bromley Clinical Commissioning Group.