

Abbey Wood Surgery

Quality Report

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Date of inspection visit: 2 December 2014

Website: <https://abbeywoodsurgery.gpsurgery.net/> Date of publication: 19/02/2015

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

Abbey Wood Surgery, located in the London Borough of Greenwich in south-east London, provides a general practice service to around 8,000 patients.

We carried out an announced comprehensive inspection on 2 December 2014. The inspection took place over one day and was undertaken by a lead inspector, along with a GP specialist advisor, a specialist advisor with a background in practice management and an Expert by Experience. We looked at care records, and spoke with patients and staff including the management team.

Overall the practice is rated as Good.

Our key findings were as follows:

- The service is safe. There were systems in place for reporting, recording and monitoring significant events to help provide improved care. Staff were clear of their roles in regards to monitoring and reporting of incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.

- The service is effective. The GPs shared good practice through internal arrangements and meetings and also by sharing knowledge and expertise with others. There was a multidisciplinary input in the service delivery to improve patient outcomes.

- The service is caring. Feedback from patients about their care and treatment via the national and practice-run surveys was positive. Patients were treated with kindness and respect and felt involved in their care decisions. Almost all the comment cards completed by patients who used the service in the two weeks prior to our inspection visit had positive comments about the care and service provided by the surgery.

- The service is responsive to people's needs. The practice worked as far as possible with the patients and the Patient Participation Group (PPG) to improve the service. The practice was responsive to the needs of vulnerable patients and there was a focus on caring and on the provision of patient-centred care. Information on health promotion and prevention, on the services provided by the practice and on the support existing in the community was available for patients.

Summary of findings

- The service is well-led. The practice had a clear strategic direction and was well-led by the GPs. Staff were suitably supported and patient care and safety was a high priority.

All the population groups including older people; people with long term conditions; mothers, babies, children and young people; the working age populations and those recently retired; people in vulnerable circumstances and people experiencing poor mental health received care that was safe, effective, caring, responsive and well-led.

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

The provider should:

- Ensure the governance arrangements and responsibilities are more equitably shared amongst clinical and managerial staff.
- Ensure the practice website and leaflets in the reception area provide better information around mental health issues and emotional support.
- Ensure the automated check-in machine in the reception area provides options in multiple languages to better support the diverse community of the area.
- Ensure the online appointment system works more effectively and efficiently.
- Ensure the current system of recording referrals is standardised across the practice and provides a clear audit trail of actions taken and follow up.

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 good for safe.

We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a culture of reporting, sharing and learning from incidents within the organisation. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection. The equipment and the environment were well maintained, and staff followed suitable infection control practices. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

Good



Are services effective?

The practice is rated good for effective.

The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England. There were suitable systems in place for assessment of patient needs, and care and treatment was delivered in line with current legislation and best practice. Audits of various aspects of the service were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development.

Good



Are services caring?

The practice is rated good for caring.

The patients and carers we spoke with were complimentary about the care and service that staff provided and told us they were treated with dignity and respect. They felt well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy and respect.

Good



Are services responsive to people's needs?

The practice was rated good for responsive.

Patients' needs were suitably assessed and met. There was good access to the service with urgent appointments available the same day. Feedback from patients was obtained proactively and the service acted accordingly. The practice learnt from patients' experiences, concerns and complaints to improve the quality of

Good



Summary of findings

care. The practice was responsive to the needs of the vulnerable patients, those who were homeless and those with disabilities. The treatment and consulting room, the reception area and the patient toilets on the ground floor were wheelchair accessible.

Are services well-led?

The practice is rated as good for well-led.

The practice was well-led and staff we spoke with were aware of their responsibilities to deliver good care and service to patients. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear leadership structure and staff felt supported by management. The management responsibilities were shared amongst GP partners and the manager; though one of the partners seemed to be covering most managerial responsibilities in addition to their clinical duties. Risks to the effective delivery of service were assessed and there were suitable business continuity plans in place. The staff were well supported, worked closely together and felt able to raise concerns. Meetings were undertaken regularly, and staff received suitable training and appraisals.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

The practice was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Support was available in terms of home visits for terminally ill and housebound patients.

Good



People with long term conditions

The practice is rated as good for the care of patients with long term conditions (LTCs).

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD) was based on national guidance, and clinical staff had the knowledge and skills to respond to these patients' needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs.

Good



Families, children and young people

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

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level 3 for GPs and nurses. There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Childhood immunisations were administered in line with national guidelines and the coverage for all standard childhood immunisations was relatively high.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

The needs of the working age population, those recently retired and students had been identified and there were a variety of appointment options available to patients. The practice offered health checks, travel vaccinations and health promotion advice including on smoking cessation.

People whose circumstances may make them vulnerable

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

People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities in identifying and reporting concerns. The practice worked with other health and social care professionals to ensure a multi-disciplinary input in the case management of vulnerable people. The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for people with a learning disability to improve their health outcomes and one of the partners was the lead for reviewing the care of patients with learning disabilities.

Good



People experiencing poor mental health (including people with dementia)

The practice provided a caring and responsive service to people experiencing poor mental health. The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met.

Reviews of care records of patients with dementia and mental health issues showed they were receiving regular reviews of their health, adequate multi-disciplinary input and support from the community mental health teams.

Good



Summary of findings

What people who use the service say

All the seven patients we spoke with on the day of our visit told us that they were treated with kindness and respect both by doctors and nurses and by the practice reception staff. We received 33 comment cards from patients who attended the practice during the two weeks before our inspection and almost all were complimentary about the care they received from the surgery staff.

The 2014 GP survey results (latest results published in July 2014, 109 respondents) showed that 98% of the respondents said the last appointment they got was convenient. Eighty seven per cent of respondents were able to get an appointment to see or speak to someone the last time they tried and 83 % of respondents described their experience of making an appointment as good. These figures were higher than the Greenwich Clinical Commissioning Group (CCG) average. The survey

also found that 46 per cent of respondents usually waited 15 minutes or less after their appointment time to be seen and 48 % of respondents with a preferred GP usually got to see or speak to that GP. Seventy five per cent of respondents described their overall experience of this surgery as good. These figures were lower than the CCG average which was 63%, 56% and 83% respectively. [The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England.]

The results of the 2014 patient survey undertaken by the practice (from 41 questionnaires) found that 97 % of patients said their experience of the GP surgery was good, very good or excellent and 92.1 % of patients would recommend the surgery to someone who had just moved to the area.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the governance arrangements and responsibilities are more equitably shared amongst clinical and managerial staff.
- Ensure practice website and leaflets in the reception area provide better information around mental health issues and emotional support.
- Ensure the automated check-in machine in the reception area provided options in multiple languages to better support the diverse community of the area.
- Ensure the online appointment system worked more effectively and efficiently.
- Ensure the current system of recording referrals is standardised across the practice and provides a clear audit trail of actions taken and follow up.

Abbey Wood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor, a specialist advisor with experience of practice management and an Expert by Experience.

Background to Abbey Wood Surgery

The surgery is located in the London Borough of Greenwich in south-east London and provides a general practice service to around 8,000 patients.

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

The practice has a Personal Medical Services (PMS) contract and provides a range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery. (Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice and offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts).

The practice is currently open five days a week from 8:00 am to 6:30 pm. In addition, the GPs provided four sessions of extended hours- three in the evening from 6:30 pm to 7:30 pm and one in the morning from 7:30 am to 8:30 am.

The practice GPs do not provide an out-of-hours service to their own patients and patients are signposted to out-of-hours services when the surgery is closed.

The surgery is a GP teaching practice, has two partners (one male and one female), and two salaried GPs and a registrar who undertake the clinical sessions Monday to Friday.

There are two practice nurses, two part-time nurse practitioners and one health care assistant. The practice also has a practice manager, and support team including receptionists and secretarial staff.

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

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

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Healthwatch, NHS England and the Greenwich CCG to share what they knew. We carried out an announced visit on 2 December 2014. During our visit we spoke with a range of staff (GP partners, registrar, practice manager, practice nurses and the administrative and reception staff), members of the Patient Participation Group (PPG) and seven patients who used the service. We observed interaction between staff and patients in the waiting room. We reviewed 33 comment cards where patients shared their views and experiences of the service. We looked at a range of records, documents and policies and observed staff interactions with patients in the waiting area.

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

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

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

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

Are services safe?

Our findings

Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts such as the drug alerts from NHS England or child protection alerts from other social care services or the Clinical Commissioning Group (CCG). The practice had a procedure to report the incidents and the practice manager showed us the processes around reporting and discussions of incidents. Significant events were reviewed in all staff meetings held quarterly and staff we spoke with were aware of identifying concerns and issues and reporting them appropriately.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. We reviewed the four incidents that had been reported since March 2014. Records showed evidence of discussion and learning, and staff we spoke with were aware of the significant event reporting protocols and knew how to escalate any incidents.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. One of the partners was the designated lead for safeguarding. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues. Clinical staff including the GPs, nurses and health-care assistant had completed Level 3 child protection training and the reception staff had received Level 2 training. Staff had also received training in safeguarding vulnerable adults and all staff were required to have a criminal records (now the Disqualification and Barring Scheme) check. The contact details of the local area's child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk. The practice had an up to date chaperone policy in place which provided staff with information about the role of a chaperone and staff were aware of their role and responsibilities.

Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept on site.

GPs followed national guidelines and accepted protocols for repeat prescribing. All scripts were reviewed and signed by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicines like Methotrexate.

Cleanliness & Infection Control

Effective systems were in place to reduce the risk and spread of infection. One of the GP partners and the practice nurse were the designated infection prevention and control leads. Staff had received training in infection prevention and control and were aware of infection control guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons. There was a cleaning schedule in place to ensure each area was cleaned on a regular basis. The area around the reception desk and all communal areas were clean. The treatment room and the consulting rooms were clean and in good repair though some walls in the corridor near the reception area had evidence of damage due to water seepage. Waste including sharps were disposed of appropriately. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean. Cleaning checks were undertaken regularly and an infection control audit had been undertaken in November 2014. Clinical waste was collected by an external company and Legionella testing had been undertaken in 2011. Another test was planned for the coming month.

Equipment

Are services safe?

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

Staffing & Recruitment

A staff recruitment policy was available and the practice was aware of the various requirements including obtaining proof of identity, references and undertaking criminal records (now the Disqualification and Barring Scheme (DBS) checks before employing staff. All staff were required to have a DBS check. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process.

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

Monitoring Safety & Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested monthly. Regular maintenance of equipment was undertaken and records showing annual

testing of equipment and calibration were available. The reception area could only be accessed via lockable doors to ensure security of patient documents and the computers.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to deal with on-site medical emergencies. All staff had received training in basic life support. Emergency medicines and equipment such as oxygen, masks and pulse oximeter were available and these were checked regularly. The practice had undertaken and documented a risk assessment and made a decision to currently not have an AED- automated external defibrillator. [AED is a portable electronic device that analyzes the heart's rhythm and if necessary, delivers an electrical shock, known as defibrillation, which helps the heart re-establish an effective rhythm].

A business continuity plan was available and the practice manager told us of the contingency steps they could undertake if there would be any disruption to the premises' computer system, central heating, and telephone lines. They told us of the arrangements they had with a neighbouring practice and a local health care centre to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs reviewed incoming guidelines such as those from the National Institute for Health and Care Excellence (NICE) and if considered relevant they were discussed in practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship between the professionals to ensure information was cascaded suitably and adapted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings. We discussed with the three GPs the system for referring patients and found that overall the processes were effective. Each GP had a slightly different way of recording and following up on referrals and actions taken and the system could be improved and made safer with more streamlined processes and a clear audit trail of the actions taken. The practice had internal as well as an external referral management system to ensure patient referrals were made appropriately.

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

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. GPs and the practice manager were involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably. Clinical audits such as audit of prescribing of inhalers, and self-monitoring of blood glucose in patients

with diabetes had been undertaken by the practice to monitor their compliance with current guidance. There was evidence of learning and sharing of information amongst clinical staff.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information. There was evidence from review of care records that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan. Medicines and repeat prescriptions were issued based on nationally accepted guidelines.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training including infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

There were appraisal processes for GPs and there was evidence of appraisals and performance reviews of staff being undertaken. Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for people. The practice had regular multi-disciplinary team meetings with other professionals including palliative nurses, community matrons, social workers, CCG pharmacist and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. We saw that blood test results, hospital discharge letters, communications from other providers including out of hours provider were acted on promptly.

Information Sharing

Regular meetings were held in the practice to ensure information about key issues was shared with relevant staff. The practice was actively involved in work with peers, other healthcare providers and the local CCG.

Are services effective?

(for example, treatment is effective)

The practice website provided information for patients including the services available at the practice and health alerts. Information leaflets and posters about local services were available in the waiting area.

Consent to care and treatment

All GPs we spoke with were aware of the requirements of the Mental Capacity Act (2005), Gillick competency and their responsibilities with regards to obtaining and recording consent. Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that standard guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients.

Health Promotion & Prevention

There was a range of information available to patients on the practice website and in the waiting areas which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. The GPs told us they could refer patients with obesity and eating disorders to support from specialist community teams. Data available to us showed that the practice was achieving 96.1% coverage for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, acellular pertussis (whooping cough), poliomyelitis and Hemophilus influenzae type b), 94.29% for Meningitis C and 80% coverage for MMR vaccination for children. All new patients registering with the practice were offered a health check which was undertaken by the practice nurses.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We spoke with seven patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect. Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received 33 completed cards. Almost all the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the medical care and treatment at the practice.

A notice setting out chaperoning arrangements was displayed in the waiting area. Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity. The reception desk was away from the main waiting area which minimised the risk of being overheard. The reception staff were particularly diligent at ensuring patients could speak without being overheard by ensuring that queueing patients kept a considerable space between themselves and the patients at the desk.

A perspex panel between staff and patients reduced noise leakage from the reception area. The panel was clean and not obstructed by notes or posters and did not create the impression of a barrier.

The practice phones were located and managed at the reception desk. The practice staff told us that they could take calls at the back of the reception area to ensure privacy.

All consultations and treatments were carried out in the privacy of a consulting room and we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The 2014 GP survey results (latest results published in July 2014, 109 respondents) showed that 80% respondents said that the last nurse they saw or spoke to was good at giving them enough time and was good at listening to them. Seventy-three per cent respondents said the last nurse they saw or spoke to was good at explaining tests and treatments and was good at treating them with care and

concern. Sixty-one per cent said the last nurse they saw or spoke to was good at involving them in decisions about their care. These figures were above the Greenwich CCG average. Around 79% respondents said that the last GP they saw or spoke to was good at giving them enough time and was good at listening to them. 89% said they had confidence and trust in the last GP they saw or spoke to and 74% said the last GP they saw or spoke to was good at explaining tests and treatments. These figures were below the CCG average.

Care planning and involvement in decisions about care and treatment

The results of the 2014 patient survey undertaken by the practice (from 41 questionnaires) found that 97% of patients said their experience of the GP surgery was good, very good or excellent and 92.1% of patients would recommend the surgery to someone who had just moved to the area.

All patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions relating to their care and treatment.

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website provided information ranging from the various services, clinic times and the patient participation group (PPG) meeting minutes. Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information as to what to do in time of bereavement. The practice manager and one of the partners also told us that where relevant they could signpost people to support and counselling facilities in the community following a death. The patient record software could highlight and alert staff if a patient was a carer as well to ensure staff were aware of their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of care records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also an annual review of their care.

The practice was involved with their Patient Participation Group (PPG) and feedback from patients was obtained proactively and the service acted accordingly to improve care delivery. Patient surveys to obtain feedback on different aspects of care delivery were undertaken annually. A PPG member we spoke with said that the PPG suggestions like putting posters in the reception area had been actioned. They felt that the practice was doing everything it could to encourage patients to engage with the group.

The practice had multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Directed Enhanced Services (DES) was undertaken suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as at high risk of unplanned hospital admission.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and also could use online resources to help with language interpretation. We were told that longer appointments could be scheduled for

patients with learning disabilities. One of the partners was the lead for reviewing the care of patients with learning disabilities. Review of care of people with learning disabilities showed that they were receiving suitable care. The GP partner told us that the patients were usually invited by a telephone call which most of the patients preferred. The majority of the annual health checks were undertaken around February and they were confident they would be able to complete the reviews by the financial year end.

There was an open policy for treating everyone as equals and there were no restrictions on registering patients. Homeless travellers were registered and seen without any discrimination.

Access to the service

The 2014 GP survey results showed that 98% of the respondents said the last appointment they got was convenient. Eighty seven per cent of respondents were able to get an appointment to see or speak to someone the last time they tried and 83% of respondents described their experience of making an appointment as good. These figures were higher than the Greenwich Clinical Commissioning Group (CCG) average. The survey also found that 46% of respondents usually waited 15 minutes or less after their appointment time to be seen and 48% of respondents with a preferred GP usually got to see or speak to that GP. Seventy five per cent of respondents described their overall experience of this surgery as good. These figures were lower than the CCG average which was 63%, 56% and 83% respectively.

The surgery had clear, obstacle free access. The main entrance door had been changed to a non-automated one in response to request by PPG members who had voiced opinion that the constant flow of people to reception area created gusts of winds while the automated doors remained open. Doorways and hallways were wide enough to accommodate wheelchairs of all sizes. The waiting area had suitable seating though no seats with arm-rests were available for ease of use for frail and elderly patients. A check-in facility was available for patients, though it was only available in two languages-English and Polish.

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

Are services responsive to people's needs?

(for example, to feedback?)

The practice was currently open five days a week from 8:00 am to 6:30 pm. In addition, the GPs provided four sessions of extended hours- three in the evening from 6:30 pm to 7:30 pm and one in the morning from 7:30 am to 8:30 am.

The practice maintained a user-friendly website with information available for patients including the services provided, home visits, health promotion, obtaining test results, joining the PPG, PPG minutes, meeting agendas, booking appointments and ordering repeat prescriptions. There were in excess of 30 information leaflets providing meaningful and relevant information on various conditions, symptoms and diagnosis, alternative care options, health promotion and support organisations. There seemed to be, however a comparative lack of information around mental health and emotional support.

Appointments could be booked by phone, online and in person. The practice had responded to people's concerns and had introduced changes in the telephone booking systems to improve accessibility.

We got mixed views regarding the appointment booking system. Some patients said appointments were easy to get and were available at a time that suited them. Some patients though told us the online booking system wasn't user friendly and didn't work for patients. We brought this to the attention of the GP partner who told us that they were aware of the issues which were due to the outdated IT software being used in the region. They said they had brought it up in local area meetings to ensure the issues could be improved.

Staff told us that for urgent needs patients could be seen by a doctor on the same day. They told us that young children were given priority and an alert would be set up for the duty doctor who would phone the parent in the first instance and would call them in to be seen by the doctor or the nurse.

Information was available via the answer phone and the practice's website, providing the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received and discussions were undertaken in the quarterly practice meetings. The practice reviewed complaints on an annual basis to detect any emerging themes though we noted that an annual review for the year 2013/14 had not been undertaken. We were told a review for the complaints for the period 2014/15 was being planned. We reviewed a sample of four complaints in the period December 2013 to October 2014 and found that actions were taken and learning implemented following the complaints. This helped ensure improvements in the delivery of care.

Are services well-led?

Good 

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

Our findings

Vision and Strategy

The surgery had a statement of purpose which outlined the practice's aims and objectives and laid out patients' responsibilities as well as their rights. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns to ensure those could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance Arrangements

The practice had governance arrangements in place and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff.

The practice had regular meetings involving GPs, practice manager and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

There was a culture of learning and auditing and a number of clinical audits had been completed for example on antibiotic prescribing.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

Leadership, openness and transparency

The practice was led by the partners and a practice manager. Discussions with staff and meeting minutes showed team working and effective, inclusive leadership. There was a clear leadership structure which had named members of staff in lead roles. For example one of the partners and the nurse were leads for infection control and one of the partners was the lead for safeguarding. The management responsibilities were shared amongst GP partners and the manager; though one of the partners seemed to be covering most managerial responsibilities in addition to their clinical duties. We spoke with ten members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Practice seeks and acts on feedback from users, public and staff

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings and PPG members' involvement in undertaking patient surveys. The practice was engaged with the Greenwich CCG, the local network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.

We found evidence that the practice responded to feedback from patients as was evidenced in our discussions with the PPG members. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.