

New Eltham Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to New Eltham Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Eltham Medical Centre on 5 November 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link for New Eltham Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken as an announced comprehensive inspection on 1 August 2017. Overall the practice is now rated as good.

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

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- However, staff annual appraisals had not been completed in line with the practice policy during 2016.

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

The provider must:

- Ensure staff receive annual appraisals in line with the organisational policy

In addition the provider should:

- Update their recruitment policy so that it is clear about their rationale for DBS checking

Summary of findings

- Explore ways to improve childhood immunisation rates
 - Review procedures for identifying a greater proportion of patients with caring responsibilities so they can provide and signpost them to appropriate support
 - Continue to explore ways to improve patient satisfaction with phone access, in response to feedback from the national GP patient survey
- 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 had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were in line with 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- However, staff annual appraisals had not been completed in line with the practice policy during 2016

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 in line with local and national averages for several aspects of care.
- Patient feedback we received indicated that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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. They had carried out an audit of their clinical sessions usage, which led to an increase in GP and nursing sessions, with flexibility for further increases in busy periods
- 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.
- 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 we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Patients we spoke with said they were able to make an appointment when they needed, although two patients mentioned this could sometimes be difficult to get appointments at suitable times, and the results from the GP patient survey suggested patients had difficulties getting through to the practice by phone

Are services well-led?

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

Good



- 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.

Summary of findings

- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners 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.
- GPs who were skilled in specialist areas 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 followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Patient areas in the practice were wheelchair accessible.

People with long term conditions

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

Good



- The practice maintained clinical registers of their patients with long term conditions including diabetes, chronic obstructive pulmonary disease (COPD), asthma, heart problems, thyroid disorders, hypertension, cancer, arthritis and stroke. All patients within these groups were routinely invited to the practice for appropriate consultations, including treatment by intervention or education
- The practice performance against Quality and Outcomes framework(QOF) clinical targets was in line with national averages
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 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

Summary of findings

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 overall for the care of families, children and young people, but requires improvement in providing effective services to people in this population group due its below target rates for childhood immunisations.

- 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.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice worked with midwives and health visitors to support this population group; for example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- However immunisation rates were lower than national targets for three of the four standard childhood immunisations.

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).

- The needs of these populations 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 and Saturday appointments.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability.

Good



Summary of findings

- 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 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).

- The practice carried out advance care planning for patients living with dementia.
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The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the proportion of these patients whose alcohol consumption has been recorded in the preceding 12 months was 83%, which was similar to the local area average of 82%
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.

Good



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 116 were returned. This represented a response rate of 37% (the average response rate nationally was 38%) and was 1.3% of the patient population.

- 83% of patients described the overall experience of this GP practice as good, compared with the CCG average of 81% and the national average of 85%.
- 77% 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 74% and the national average of 80%.

- 62% of patients described their experience of making an appointment as good, compared with the CCG average of 69% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 completed Care Quality Commission comment cards, and the comments made indicated that overall patients had a positive care and treatment experiences. We spoke with three patients including one member of the patient participation group (PPG). Their comments also aligned with the views of patients who completed comments cards.

Areas for improvement

Action the service **MUST** take to improve

- Ensure staff receive annual appraisals in line with the organisational policy

Action the service **SHOULD** take to improve

- Update their recruitment policy so that it is clear about their rationale for DBS checking

- Explore ways to improve childhood immunisation rates
- Review procedures for identifying a greater proportion of patients with caring responsibilities so they can provide and signpost them to appropriate support
- Continue to explore ways to improve patient satisfaction with phone access, in response to feedback from the national GP patient survey

New Eltham Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and an expert by experience.

Background to New Eltham Medical Centre

New Eltham Medical Centre is located in the London Borough of Greenwich, and provides a general practice service to 8617 patients from two purpose built premises. Its main site is located in New Eltham, and it also has a branch site Blackfen Medical Centre in Sidcup, Kent, which is part of the London Borough of Bexley.

Between October 2016 and March 2017, the practice became the formal 'caretakers' of a neighbouring practice's patients, as the practice closed at short notice due to retirement of their lead GPs. This involved the transfer of approximately 1500 patients, who joined the practice during this period.

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

The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has three GP partners, two salaried GPs and two sessional GPs. There is a good mix of female and male

staff. The practice has one full time practice manager, a recently appointed deputy practice manager and the rest of the practice team consists of one full time practice nurse, one part time sessional practice nurse and ten administrative staff consisting of medical secretaries, reception staff, clerks and typist.

New Eltham Medical Practice is open Mondays to Fridays from 8am to 6.30pm; with the exception of Thursdays when they are open 8am to 1.30pm. The branch surgery, Blackfen Medical Centre, is open Mondays to Fridays from 8.30am to 6.30pm. At New Eltham Medical Practice, consultation times are from 8.30am to 11.30am Mondays to Fridays, and from 3pm to 6pm on Mondays and Tuesdays, 3.30pm to 6pm on Wednesdays, and from 4pm to 6pm on Fridays. New Eltham Medical Practice is open on Saturday mornings from 8.30am to 12noon.

At the branch surgery, Blackfen Medical Centre, morning consultation times are from 8.30am to 11.30am Mondays, Tuesdays and Fridays, from 9am to 12noon on Wednesday and from 8.30am to 11am on Thursdays. Afternoon consultation times are from 4pm to 6pm on Mondays to Fridays, with the exception of Thursdays when they are from 3.30pm to 6pm.

When the practice sites are closed, the telephone answering service directs patients to contact the out of hours provider.

Why we carried out this inspection

We carried out an announced comprehensive inspection at New Eltham Medical Centre on 5 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective and well-led services.

Detailed findings

We set the provider two requirement notices as follows:

Regulation 17 HSCA (RA) Regulations 2014 Good governance because systems were not in place to ensure premises used by the service provider were safe. Premises were not properly assessed. Health and Safety building checks and Fire risk assessments were not carried out routinely. The practice were not carrying out regular fire drills according to their policy.

Regulation 18 HSCA (RA) Regulations 2014 Staffing because non-clinical staff had not received appraisals in the last 12 months.

We undertook this announced comprehensive inspection on 1 August 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 1 August 2017. During our visit we:

- Spoke with a range of staff (GP Partners, practice manager, practice nurse, healthcare assistant, and administrative 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 a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Visited both the 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

Safe track record and learning

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 two 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, an incident was recorded of flooding on the premises caused by a faulty boiler. The utility company was contacted and the fault rectified, without impacting patient access to the service.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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 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.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead 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. 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was taking part in a medicines optimisation scheme to discourage and reduce medicines waste.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice's health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files, which were for new administrative staff recruited since our last inspection. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications and training attended. However for two of the new employees the practice had not requested a new DBS check, but asked the employee to provide the one they had from their previous employer. For the other employees DBS checks had been made as part of the recruitment process. The practice's recruitment policy was not clear about DBS checking, and needs to be updated. None of these new employees were carrying out responsibilities that the practice had identified needed a DBS check, such as chaperoning patients.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals 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.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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

The practice had adequate arrangements 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 nurses' treatment rooms at both sites.
- At both of their sites, the practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan 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 inspection on 5 November 2015, we rated the practice as requires improvement for providing effective services as non-clinical staff had not received appraisals and some training identified mandatory by the provider in the previous 12 months.

These arrangements had improved when we undertook this inspection on 1 August 2017 but staff appraisals had not been completed in 2016, so the practice remains rated as requires improvement for providing effective services.

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 89% and national average of 95%. The practice's exception reporting rate, 4%, was lower than the CCG and national averages which were 5% and 6% respectively. 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.

Current published QOF data showed the practice was performing in line with local and national averages:

- The percentage of patients diagnosed with poor mental health conditions whose care plan has been reviewed in a face-to-face review in the preceding 12 months (practice 90%; CCG 82%; national 89%)
- The percentage of hypertensive patients with well controlled blood pressure (practice 89%; CCG 78%; national 83%)
- Patients with atrial fibrillation who had had a review of their condition and were being treated with recommended therapies (practice 74%; CCG 83%; national 87%)
- The percentage of diabetic patients with well controlled blood pressure (practice 77%; CCG 72%; national 78%)
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review of their condition in the preceding 12 months (practice 89%; CCG 84%; national 90%)

There was evidence of quality improvement including clinical audit:

- The practice provided us with the summaries of two clinical audits that had been completed in the last two years, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, after the practice ceased providing anti-coagulation therapy in 2016, they carried out an audit to check that all patients on anti-coagulation therapy were having appropriate checks and ongoing monitoring. They checked the patient records for correspondence from anti-coagulation clinics. In absence of written records, they contacted patients to ensure there were appropriate follow up arrangements in place for them. Their initial cycle found that 62% of patients had documented follow up arrangements. The remaining patients who did not have documented monitoring arrangements were followed up, and the practice was able to verify and update their records to show that they were being followed up at community anti coagulation clinics, their care was transferred out of the area or they were home monitoring.

Information about patients' outcomes was used to make improvements, such as triggering clinical audits.

Effective staffing

Are services effective?

(for example, treatment is effective)

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 clinical staff reviewing patients with long-term conditions had received update training and the healthcare assistant had attended child weight management training.
- 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. Staff annual appraisals had not been completed in line with the practice policy during 2016. The management told us that this was due to the work pressures they had experienced during the care taking process following the closure of a neighbouring practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation

Childhood immunisation rates for the vaccinations given were comparable to national averages. There are four areas where childhood immunisations are measured; each has a

Are services effective?

(for example, treatment is effective)

target of 90%. The practice achieved the target in one of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.3 (compared to the national average of 9.1).

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 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 the cervical screening programme was 81%, which was the same as the CCG and national average.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.

We received 22 completed Care Quality Commission comment cards, and the comments made indicated that overall patients had a positive care and treatment experiences. We spoke with three patients including one member of the patient participation group (PPG). Their comments also aligned with the views of patients who completed comments cards.

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

- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and to the national average of 86%.

- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% 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 86% and to the national average of 91%.

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 also aligned with these comments. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 83% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% 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 85% and the national average of 90%.

Are services caring?

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 80% 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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 51 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to 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

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 was in an area of low deprivation. Life expectancy was slightly higher than the national averages for men and women, and there was a lower rate of unemployment than the local area and national averages. People with a long standing health condition made up 50% of the practice population, which was similar to local area and national averages.

- The practice offered extended hours on Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who had that need.
- 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.
- There were accessible facilities, which included translation and interpretation services available.

Access to the service

New Eltham Medical Practice is open Mondays to Fridays from 8am to 6.30pm; with the exception of Thursdays when they are open 8am to 1.30pm. The branch surgery, Blackfen Medical Centre, is open Mondays to Fridays from 8.30am to 6.30pm. At New Eltham Medical Practice, consultation times are from 8.30am to 11.30am Mondays to Fridays, and from 3pm to 6pm on Mondays and Tuesdays, 3.30pm to 6pm on Wednesdays, and from 4pm to 6pm on Fridays. New Eltham Medical Practice is open on Saturday mornings from 8.30am to noon.

At the branch surgery, Blackfen Medical Centre, morning consultation times are from 8.30am to 11.30am Mondays, Tuesdays and Fridays, from 9am to noon on Wednesday and from 8.30am to 11am on Thursdays. Afternoon consultation times are from 4pm to 6pm on Mondays to Fridays, with the exception of Thursdays when they are from 3.30pm to 6pm.

When the practice sites are closed, the telephone answering service directs patients to contact the out of hours provider.

The practice offered a range of appointments including book on the day, book in advance, and telephone consultations.

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

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 78% were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 81% and the national average of 84%.
- 71% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%.
- 53% of patients said they could get through easily to the practice by phone compared with the CCG average of 70% and the national average of 71%.

Most patients we spoke with on the day of the inspection, or who completed comments cards for us, told us on that

Are services responsive to people's needs?

(for example, to feedback?)

they were able to get appointments when they needed them. However two patients mentioned they sometimes had difficulties getting appointments at a convenient time for them.

The practice had a system to assess:

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

This was done, for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included posters displayed and a summary leaflet that was available.

We looked at the summaries of the six complaints, and two complaints in detail, received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action were taken to improve the quality of care. For example, following a complaint about the attitude of reception staff, staff were encouraged to ensure they obtained accurate patient information to enable them to support them properly.

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 previous inspection on 5 November 2015, we rated the practice as requires improvement for providing well-led services as systems were not in place to ensure premises used by the service provider were safe. Premises were not properly assessed. Health and safety building checks and fire risk assessments were not carried out routinely. The practice was not carrying out regular fire drills according to their policy.

These arrangements had significantly improved when we undertook this inspection. 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.

Since our last inspection, the practice has agreed formal caretaking arrangements for the patients of a neighbouring practice that had closed. This led to a 20% increase in their practice list size. In addition, another local GP practice had also closed, which had also led to additional increases in their patient list size. The practice had responded with a resource planning exercise and had increased their GP and nursing sessions provision, with flexibility built in for further increases to be made during busier periods.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- 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 the GP partners were the leads for safeguarding children and vulnerable adults, the practice nurse was the lead for infection prevention and control, and the practice manager was the lead for information governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice.
- 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. For example there were checks completed to ensure the safety of premises and equipment, and there was planning and monitoring of staffing levels.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 sample of 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.
- The practice kept written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Good 

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

- 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.
- 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. Staff meeting 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.
- Complaints and compliments received
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the practice leadership had listened to and responded to staff requests for additional training in specific topics. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

To address challenges due to staff changes, the practice had made a number of staffing changes: a new practice nurse has been appointed since our last inspection, one of the GP partners has returned from long term absence and now works reduced sessions providing minor surgeries only, and an administrative staff member has been promoted into a deputy practice manager role.

The practice commissioned an external auditor to review their clinical staffing arrangements. They used the findings from this resource needs audit to make decisions about their staffing arrangements going forward: this led to an increase by five sessions per week for GP sessions, and an increase by one session for nurse sessions per week.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG member we spoke with told us they had attended one meeting and so were unable to tell us if changes suggested had been implemented

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	Non clinical staff had not received appraisals in the last 12 months.
Maternity and midwifery services	This is in breach of regulation 18 (2)(a).
Treatment of disease, disorder or injury	