

The Clapham Family Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 29 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety.
- There was a system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed but the practice was not effectively managing its patient group directions.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Review and monitor the management of patient group directions to ensure they cover all relevant medicines and they are all signed and up to date.
- Ensure health and safety risks in the premises are assessed, and mitigating action is taken in respect of these risks.

Summary of findings

- Keep adequate records of safeguarding meetings with health visitors and social workers.

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



- Patient group directions were not being effectively managed by the practice.
- There was a system in place for reporting and recording significant events.
- Some health and safety risks were identified during the inspection. The practice had taken action to mitigate against some of these risks.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was a member of the Lambeth GP Food Co-operative, at which patients and staff would grow fruit and vegetables in a small garden at the practice to promote healthier lifestyles.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice similarly to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included a singing group hosted by the practice for patients with chronic obstructive pulmonary disease.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Some patients found it difficult to book a routine appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and were involved in decision making within the practice.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept a list of requests for home visits throughout the morning which was continuously monitored by a clinician.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. These patients received holistic health assessments and their health needs were reviewed at multidisciplinary meetings.
- Quality indicators relating to the management of diabetic patients were comparable to the national average.
- Longer appointments and home visits were available when needed.
- The practice employed a specialist diabetic nurse who runs a weekly diabetic clinic.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to local averages for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available outside of working hours and at weekends.
- 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, travellers and those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice did not retain minutes of safeguarding meetings with health visitors and social workers.

Good



Summary of findings

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).

- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months, which was higher than the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Four hundred and fourteen survey forms were distributed and 82 were returned. This represented less than 1% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Positive comments were made about both clinical and reception staff, although five comment cards said it was difficult to get a same day appointment.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Four patients told us that they had difficulties booking a routine appointment.

The Clapham Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Clapham Family Practice

The Clapham Family Practice is a large practice based in Lambeth. The practice list size is approximately 16800. The practice population is very diverse. The practice is in an area in London of medium deprivation. There is a higher than average percentage of people aged between 20 and 40. The practice has a Personal Medical Services (PMS) contract.

The practice is located in a purpose built community and health centre and includes 21 consulting rooms, one treatment room, one patient waiting room and four administrative offices. The premises are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet.

The staff team comprises three male partners, one female partner and four salaried GPs providing a total of 56 GP sessions per week. There are two female practice nurses, two female healthcare assistants, a business manager, an operations manager and a patient services manager. Other practice staff include seven receptionists (four female and three male) and five administrators.

The practice is open for appointments between 8.00am and 7.50pm on Monday, Wednesday and Friday, and between 8.00am and 8.30pm on Tuesday and Thursday. The practice is open for booked appointments only between 9.00am and 11.30am on Saturday.

When the practice is closed patients are directed (through a recorded message on the practice answer phone) to call the local out-of-hours provider Seldoc or NHS Direct. This information is also available on the practice website.

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

The practice was previously inspected on 31 January 2014 and found to be meeting the CQC regulations in place 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 to share what they knew. We carried out an announced visit on 29 June 2016. During our visit we:

- Spoke with a range of staff including the practice partners, salaried GPs, practice nurse and healthcare assistants, administrative and reception staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised 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.

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

We looked at the practice's system for reporting and recording significant events.

- Staff told us they would inform the management team of any incidents, there was a policy in place for reporting significant events and a template used to record any adverse events.
- Evidence was seen that some significant events were identified, investigated and discussed at team meetings, and this information was shared with practice staff. Other incidents, including medication errors had arisen in the practice, and we saw evidence that appropriate action was taken at the time, but these had not been identified as significant events.
- The practice had identified three significant events in the last 12 months. For example, a significant event had been identified involving a medication dosage error which had been made by a local dispensing pharmacist. Records showed immediate action was taken to confirm that no harm had come to the patient. The event was investigated and discussed at a clinical meeting, and following the investigation the patients relative was contacted as well as the senior prescribing adviser at the local Clinical Commissioning Group (CCG). Following this event one of the GP partners delivered training to the clinical team in the use of the CCG electronic alert system.
- Notifiable incidents were reported and shared with patients under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment and the practice followed it's formal process for significant events, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example the practice identified a significant event concerning the failure of the practice text messaging system, which resulted in some patients

not receiving information about test results. All patients affected were contacted by the practice with an explanation and apology, and following the incident the text messaging system was regularly monitored.

- There was a system in place to monitor actions and learning from significant events, and to review significant events over time to identify patterns. Following the inspection the practice told us they had discussed the significant event reporting system with the senior management team, and amended the significant event template to include a follow up and review date.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that alerts were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- An example was given of a health visitor raising a concern about a patient suspected to be a victim of female genital mutilation (FGM) and this was reported to the practice safeguarding lead who took appropriate action. This was followed up with training for clinical staff in the mandatory reporting of FGM as a safeguarding issue.
- The practice nurse told us they would discuss with the practice safeguarding lead any children who repeatedly did not attend for immunisations.
- The GPs told us they attended safeguarding meetings when possible and always provided reports where necessary for other agencies, but did not keep minutes of these meetings.
- Staff demonstrated they understood their responsibilities and all had received training on

Are services safe?

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the nurses to level 2 and the reception staff to level one. Learning from safeguarding training was shared with the wider practice team. Patient alerts were generated for people who were living in vulnerable circumstances.

- Notices on the doors of consulting rooms 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had installed unsecured swing bins in the reception area for the storage of clinical samples awaiting collection. This presented a risk to people in the reception area. Following the inspection the practice told us they had purchased new, secure sample bins for the reception area that could not be accessed by children or members of the public.
- Two of the female toilets were out of order on the day of the inspection, and a shelf in one of the male toilets was loose, with exposed screws representing a potential hazard. These problems had been reported to the building maintenance team, and there were seven additional toilets on the premises for patients to use.
- The practice used a secure, locked room for the storage of clinical waste prior to collection, which it shared with other providers on the premises. On the day of the inspection the room was being used as a storage room, several trip hazards prevented clinical waste from being safely removed, and several full bags of clinical waste had been left next to clinical waste bins which were full. A lockable metal cage was in use to control access to the clinical waste, but the door to this cage was open. The

practice told us that the reason for the large amount of uncollected clinical waste was due to their contracted provider failing to collect it the last time it was due. Following the inspection the practice confirmed that all clinical waste had been removed.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We reviewed these and found some appeared to be missing, and several had been signed in the week prior to the inspection, having been in place for up to a year. Following the inspection the practice told us that while preparing for the inspection they had been unable to find the paper file containing their PGDs, and so a new file was prepared. The practice told us after the inspection that all necessary PGDs were in place and appropriately signed and authorized.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills but there

Are services safe?

was no fire evacuation information in the reception area. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had begun a review of their adherence to NICE guidelines for cancer recognition and referral.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had completed an audit using NICE guidelines for blood monitoring of patients who were prescribed methotrexate (used to treat some cancers and skin conditions).
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 95% of the total number of points available, with 6% clinical exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were comparable to the local and national averages. The practice had scored 89% overall compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%. Performance was also in line with local and national averages in respect of specific indicators. For example, 72% of patients had well-controlled blood glucose levels indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78 %.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average with a total QOF achievement of 80% compared to the CCG average of 82% and the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national average with a total QOF achievement of 91% compared to the CCG average of 91% and the national average of 93%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 94%, compared to the CCG average of 85% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% compared to the CCG average of 88% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- One completed audit was carried out of blood monitoring in patients who were prescribed methotrexate (used to treat some cancers and skin conditions). A practice protocol was introduced following the first cycle and the second cycle of the audit found that a higher proportion of patients had up to date blood monitoring information recorded by the practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. This included a monthly "practice performance pack" from the CCG covering a range of performance indicators that were acted on by the practice and discussed at team meetings. The practice had also involved an external anticoagulation pharmacist to review an audit of patients with abnormal heart rhythm.
- Findings were used by the practice to improve services. For example the practice had identified a high level of

Are services effective?

(for example, treatment is effective)

attendance at A&E compared to the CCG average, this prompted the introduction of an emergency clinic at the practice which resulted in a reduction in the number of patients attending A&E.

- The practice monitored its QOF performance through ongoing checks of individual indicators, sending email reminders to clinicians and adding prompts to patient notes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff had received training in spirometry, smoking cessation, ear care, travel health, infection control and immunisations. Training in intrauterine device implants was undertaken by nursing staff.
- Reception and administrative staff had been trained to carry out both roles and were able to provide cover and respond to daily pressures. The practice had a buddy system in place for staff to support one another.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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. The practice ensured test results were followed up in a GPs absence, and the practice would contact patients by text message, telephone and letter to discuss abnormal test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. A referral checklist was in place for contact with the out of hours provider, and one of the practice partners was a board member of the local out of hours provider. Test results for patients living in a local nursing home were taken to the home by hand to ensure prompt receipt.
- The practice used the NHS "coordinate my care" service to prepare urgent care plans for palliative care patients, which were electronically stored and shared with other providers involved with end of life care.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had introduced consultant led group consultations for patients with diabetes, asthma, chronic obstructive pulmonary disease and coronary heart disease. Individual patients were identified and invited to attend these discussions.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice hosted a weekly singing group for patients with chronic obstructive pulmonary disease.
- The practice was a member of the Lambeth GP Food Co-operative. This nurse led initiative provided an opportunity for both staff and patients to grow fruit and

vegetables in a small garden at the practice. Patients, especially people with long-term health conditions had the opportunity to learn how to grow food in a safe and secure environment.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 94% compared to the CCG average of 81% to 95%, and five year olds from 72% to 92% compared to the CCG average of 83% to 96%.

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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Reception staff sent alerts to clinicians if a patient with reduced mobility might need help moving from the waiting room to their consultation room.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 97%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 23.8% of patients said the receptionists at the practice to be unhelpful, compared to the CCG average of 12% and the national average of 11%.

The practice had responded to patients' relatively low satisfaction with reception staff by employing additional receptionists and an additional reception manager. Additional training had also been carried out in customer care.

Care planning and involvement in decisions about care and treatment

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

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:

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

Are services caring?

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Alerts were set up for patients who required a translator but there was no visible information in the reception area informing patients this service was available.
- Information leaflets were available in easy read format.
- Deaf patients had access to a British Sign Language (BSL) interpreter and longer appointments were available for these patients.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 334 patients as carers (2% of the practice list). The practice routinely asked patients attending for a flu vaccination if they were a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, an alert was sent to the families GP, who contacted them. This 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Tuesday and Thursday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and the practice kept a register of these patients, which they used to monitor annual health checks.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice had employed a specialist diabetic nurse in response to a high prevalence of this condition in the patient population.
- Patients at risk of hospital admission were identified as a priority. These patients received holistic health assessments and their health needs were discussed at multidisciplinary meetings.
- Deaf patients had access to a British Sign Language (BSL) interpreter and longer appointments were available for these patients.
- Visually impaired patients were identified by the practice as requiring longer appointments.

Access to the service

The practice was open for appointments between 8.00am and 7.50pm on Monday, Wednesday and Friday, and between 8.00am and 8.30pm on Tuesday and Thursday. The practice was open for booked appointments between

9.00am and 11.30am on Saturday. Pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 79% and the national average of 78%.
- 66% of patients said they could get through easily to the practice by phone compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 73%.

The practice had responded to the low patient survey scores relating to telephone access by appointing additional reception staff and a reception manager, as well as introducing online appointment booking. Results and actions were discussed with the practice patient participation group (PPG).

The practice had carried out a review of patient demand for appointments throughout the day and adjusted the number of morning and afternoon GP sessions accordingly.

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

The practice had a system in place to assess:

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

The practice kept a daily electronic record of requested home visits and dedicated GP staff would continuously review this list. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

- 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 including a leaflet and poster in the reception area and information on the practice website.

We looked at 14 complaints received in the last 12 months and found these were generally satisfactorily handled, dealt with in a timely way, and demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints but there was no analysis of overall trends. Action was taken to as a result to improve the quality of care. For example a complaint was made when a patient consultation was interrupted several times by other practice staff, as a result staff were required to use the practice electronic messaging system where possible rather than interrupt a consultation.

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

- The practice had a charter of its aims and values which was included in the practice leaflet and on the practice website. Staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.

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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings including weekly all practice meetings and regular clinical meetings, minutes of which were shared electronically.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, 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. An example of this was the introduction of a spirometry clinic further to discussion with the nursing team.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Changes made within the practice as a result of practice patient surveys included the introduction of a daily walk in emergency surgery, recruitment of female GPs and changes to the appointment system including telephone consultation and online booking.
- The PPG had 23 members ranging from 28 to 80 years of age and met on a bimonthly basis, carried out patient surveys and submitted proposals for improvements to

Are services well-led?

Good 

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

the practice management team. For example, the GP patient survey was discussed with the PPG and the practice subsequently agreed to employ additional reception staff and a reception manager.

- The practice had gathered feedback from staff through regular, training sessions and away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- Further to patient feedback the practice made improvements to confidentiality in the reception and waiting area by moving the chairs further away from the reception desk.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, such as the Lambeth GP Food Co-operative, at which patients and staff would grow fruit and vegetables in a small garden at the practice to promote healthier lifestyles.