

St Marks PMS

Quality Report

Main site:

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Branch site:

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Date of inspection visit: 4 August 2016
Date of publication: 04/11/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Marks PMS at its main site St Marks Medical Centre on 24 Wrotesley Road Plumstead, and its branch site Nightingale Surgery on 19 Milward Walk Woolwich Common on 4 August 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 and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Data showed that some outcomes for patients with and diabetes and chronic obstructive pulmonary disease were below national averages, in relation to the Quality and Outcomes Framework. The practice's

analysis of their performance showed that there had been an improvement in the management of patients with COPD; this data had not been published or independently verified at the time of our inspection.

- 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, but the practice did not always inform patients that had complained of how to escalate their concerns if they were dissatisfied by the practice's response. 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Improve outcomes for patients with diabetes and chronic obstructive pulmonary disorder, in relation to the Quality and Outcomes Framework.

- Review how patients with caring responsibilities are identified to ensure information, advice and support is made available to them.

- Ensure the complaints procedure includes information about how patients can escalate their complaint.

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.

- There was an effective system in place 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 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average for most health indicators. However, they were below average for administering flu vaccines to patients with diabetes and for reviewing the care of patients with chronic obstructive pulmonary disease.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice in line with others for the majority of aspects of care. However, they were below average for two aspects of satisfaction with consultations with practice nurses.

Good



Summary of findings

- 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. The practice had identified only 0.5% of their population list as carers.

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 (CCG) to secure improvements to services where these were identified. For example, the practice had made improvements to outcomes for patients with diabetes as part of their participation in Greenwich CCG's Year Of Care scheme between 2015 and 2016.
- 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 offered daily telephone appointments, and extended hours appointments were available from 6.30pm to 8.30pm on Mondays for working patients who were unable to attend the practice during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of online services such as appointment booking and repeat prescription ordering to facilitate access to the service for patients.
- Information about how to complain was available and was easy to understand but . Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Staff had received training in customer service and dealing with difficult patients.

Are services well-led?

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

Good



Summary of findings

- 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.
- 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.

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



- 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 created monthly reports of housebound patients and followed up on their care needs.
- The practice provided care on a twice weekly basis for 466 patients aged over 75 that resided in local care homes, three of which had specialised dementia units.
- Nationally reported data for 2014/2015 showed that outcomes for conditions commonly found in older people were in line with local clinical commissioning group (CCG) and national averages. For example, 87% of patients with hypertension had well-controlled blood pressure (CCG average 81%, national average 84%).
- The practice held palliative care meetings attended by multidisciplinary healthcare professionals and representatives from the local care homes every three months to discuss the care of patients that were terminally ill.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice also attended quarterly meetings with an elderly care psychiatrist, where individual patient cases were discussed.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with diabetes were mostly in line with national averages, but below average for administering flu vaccines to patients with diabetes.

Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and the majority had received a structured annual review to check their health and medicines needs were being met.
- In 2014/2015, 86% of patients with asthma had an asthma review. This was in line with the national average of 75%.
- In 2014/2015, 78% of patients with chronic obstructive pulmonary disease had a review of their condition. This was below the national average of 90%. The practice's analysis showed that performance had improved to 79% in 2015/2016; this data had not been published or independently verified at the time of our inspection.
- The practice offered spirometry testing (a test to assess how well the lungs work) and ambulatory blood pressure monitoring in-house.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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 Accident and Emergency attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a dedicated baby clinic every Monday and we saw positive examples of joint working with midwives, health visitors.
- In 2014/2015, 81% of women aged between 25 to 64 years had a cervical screening test. This was in line with the national average of 82%.
- The practice offered family planning services and opportunistic screening for sexually transmitted infections.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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.
- 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.
- The practice offered daily telephone consultations, and extended hours appointments were available from 6.30pm to 8.30pm on Mondays for working patients who were unable to attend the practice during normal opening hours.

People whose circumstances may make them vulnerable

Good



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, and 53% of 40 patients who had a learning disability had received a health check in the previous three months.
- 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.
- A GP at the practice held a level 2 qualification in drug and alcohol management.

People experiencing poor mental health (including people with dementia)

Good



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

Summary of findings

- In 2014/2015, 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan in their record. This was in line with the national average of 88%.
- In 2014/2015, 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting, which was above the national average of 84%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages for most aspects of patient satisfaction. Three hundred and seventy-eight survey forms were distributed and a hundred were returned. This represented approximately 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone (CCG average 73%, national average 73%).
- 77% of patients were able to get an appointment to see or speak to a GP or a nurse the last time they tried (CCG average 70%, national average 76%).

- 83% of patients described the overall experience of this GP practice as good (CCG average 81%, national average 85%).
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 74%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Patients commented that staff had been caring and respectful.

We spoke with six patients including a member of the practice's patient participation group, during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

St Marks PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to St Marks PMS

The practice operates in South-East London's Royal Borough of Greenwich from its main site St Marks Medical Centre on 24 Wrotesley Road Plumstead, and a branch site Nightingale Surgery at 19 Milward Walk Woolwich Common. It is one of 42 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 7,939 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include:

- Dementia diagnosis and support
- Flu and pneumococcal immunisations
- Learning disabilities, minor surgery
- Patient participation, rotavirus and shingles immunisation
- Unplanned admissions.

Compared to the national average, practice has an above average population of patients aged from birth to 49 years, and a below average population of patients aged 55 to 84. Income deprivation levels affecting children and adults registered at the practice are above the national average.

The clinical team includes two male GP partners, a male salaried GP, a male and a female locum GP. The GPs provide a combined total of 32 fixed sessions per week. There are three female salaried practice nurses, one of whom recently trained to become a nurse manager. The clinical team is supported by a practice manager, an assistant practice manager, an information technology manager, and 10 receptionists.

The main site is open from 8.00am to 6.30pm Monday to Friday, and is closed on bank holidays and weekends. Appointments with GPs and nurses are available from 8.10am to 1.30pm and from 2.00pm to 6.30pm. Extended hours are available from 6.30pm to 8.30pm on Mondays.

The premises at the main site operates over two floors of a purpose built building. On the ground floor there are six consulting rooms and a treatment room. There is a waiting area and a reception area. On the first floor there is a room use by district nurses and various staff and administrative rooms. There is wheelchair access throughout the ground floor, a lift, disabled parking, two toilets (one of which is wheelchair accessible) and baby changing facilities available.

The branch site is open from 9.30am to 2.30pm Monday to Friday, and is closed on bank holidays and weekends. Appointments with GPs and nurses are available between 9.30am and 2.00pm.

Detailed findings

The premises at the branch site operates on one floor of a purpose building. On the ground floor there are three consulting rooms, a disabled patient toilet, a reception area and a waiting area. There is wheelchair access throughout and baby changing facilities.

The practice advises patients needing urgent care out of normal hours to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on the urgency of their medical concern.

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.

The practice had not previously been inspected by the Care Quality Commission.

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 4 August 2016.

During our visit we:

- Spoke with a range of staff including the management team, GPs, nurses, and reception/administration staff.

- Spoke with six patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 46 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

There was an effective system in place 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).
- We saw evidence that when things went wrong with care and treatment, 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event involving the relapse of a patient due to non-compliance with medicine that had been prescribed to them, the practice investigated the event and conducted an audit which identified 19 further patients who had not ordered their medicine in the previous three months. The practice contacted patients in relation to this, discussed the event with staff and continues to run this audit on a three monthly basis to prevent a similar occurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and a nurse were trained to child protection or child safeguarding level 3, two other nurses were in the process of completing level 3 training, and non-clinical staff were trained to level 1.

- 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. The practice's nurse manager 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 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 provide a legal framework

Are services safe?

that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).

- Recruitment checks undertaken prior to employment included proof of identification references, qualifications, registration with the appropriate body and DBS checks. We reviewed four personnel files and found appropriate recruitment checks had been undertaken in most cases prior to employment.

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.
- The practice had up to date fire risk assessments and carried out regular fire drills. 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, infection control, asbestos 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, and panic buttons, which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. 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 but some improvements were needed.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guideline updates from NICE and used this information to deliver care and treatment that met patients' needs. However, there was no robust system in place to monitor which updates needed to be actioned, and what actions had been taken; however, the practice implemented a system to ensure alerts would be actioned shortly after our inspection.
- 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). In 2014/2015, the practice achieved 91.5% (in line with the national average of 94.8%) of the total number of points available, with 2.2% exception reporting (below the national average of 9.2%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was an outlier for some QOF clinical targets relating to chronic obstructive pulmonary disease (COPD) and diabetes. Data from 2014/2015 showed that in the previous 12 months:

- Performance for asthma related indicators was in line with local and national averages. For example, 86% of patients with asthma had a review of their condition compared to the clinical commissioning group (CCG) average of 74% and the national average of 75%.

- Performance for dementia related indicators was in line with local and national averages. For example, 96% of patients with dementia had a face-to-face review of their care (CCG average 84%, national average 84%).
- Performance for diabetes related indicators was in line with local and national averages in most areas but below the national average in one area; 82% of patients with diabetes had received the annual flu vaccine (CCG average 90%, national average 94%).
- Performance for an indicator related to COPD was in line with the local average but below the national average. For example, 78% of patients with COPD had a review of their condition (CCG average 87%, national average 90%). The practice had carried out its own analysis that showed performance in this area had improved to 79% in 2015/2016 although this information had not been independently verified or published at the time of our inspection.

When we raised the results for diabetes and COPD with the practice, they informed us that many patients had declined to attend their recall appointments.

- Performance for mental health related indicators was average. For example, 80% of patients with schizophrenia, bipolar affective disorder, and other psychoses had a comprehensive, agreed care plan in their record (national average 88%).

There was evidence of quality improvement including clinical audit.

- We reviewed four clinical audits completed in the previous two years, two of which were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice identified from the first cycle of an audit conducted on the use of corticosteroid inhalers used by 40 adult patients to control their asthma that 25% of those patients needed to reduce the amount of corticosteroids taken. A second cycle of the audit showed that 25% of patients had their corticosteroids successfully reduced.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements. For example, the practice informed us that it has a relatively large number of newly registered non-UK asylum seeking patients from ethnic minority backgrounds. According to the Migration Observatory, studies have shown higher rates of tuberculosis (TB) rates are above average in non-UK ethnic minorities compared with UK born individuals. The practice routinely screened such patients for latent TB as part of their new registration process and had diagnosed two cases of latent TB through this process.

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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- 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. 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 shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice told us they did not keep minutes of multi-disciplinary meetings but they showed us documented evidence of outcomes of individual patient cases they had discussed.

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.
- 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:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring support with their diet, weight management, alcohol cessation and substance dependency. These patients were signposted to the relevant local services.
- Practice nurses provided smoking cessation advice for patients who required it.

Are services effective?

(for example, treatment is effective)

In 2014/2015, the practice's uptake for the cervical screening programme was 81%, which was comparable to the local Clinical Commissioning Group (CCG) average of 82% 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.
- 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 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 screening.

In 2015/2016, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 69% to 99% and for five year olds from 50% to 94%.

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 helpful to patients and treated them with dignity and respect.

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

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including a member of the practice's 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.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local clinical commissioning group (CCG) averages for the majority of satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them (CCG average 85%, national average 89%).
- 83% of patients said the GP gave them enough time (CCG average 81%, national average 87%).
- 92% of patients said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 80% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).

- 88% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average of 87%).

However, the practice was rated below the national average in the following area:

- 78% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).

We raised this result with the practice; they informed us that they discussed the survey results with staff and identified a need for additional nursing support. In response to this, one of their practice managers gained re-registration as a nurse and subsequently took on the role of nurse manager. They also informed us that they had identified poor patient care in some areas of their practice nursing service; this was reviewed and resulted in a change of nursing staff.

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.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local Clinical Commissioning Group (CCG) and national averages for the majority of satisfaction scores. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 81%, national average 86%).
- 74% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).

However, the practice was rated below the national average in the following area:

Are services caring?

- 72% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, national average 85%).

We raised this result with the practice; they informed us that they discussed the survey results with staff and identified a need for additional nursing support. In response to this, one of their practice managers gained re-registration as a nurse and subsequently took on the role of nurse manager. They also informed us that they had identified poor patient care in some areas of their practice nursing service; this was reviewed and resulted in a change of nursing staff.

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 speak or understand English. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers (0.5% of the practice list). Written information was available at the main site to direct carers to the various avenues of support available to them, but there was no such information at the branch site.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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. For example, the practice participated in Greenwich CCG's Year of Care scheme with an aim to improving the management of patients with chronic obstructive pulmonary disease, diabetes and heart failure. The practice had assessed the outcome of the impact of this scheme on outcomes for patients and identified 14 patients with diabetes who they subsequently initiated on insulin or exenatides (exenatides are injectable diabetes medicines that helps control blood sugar levels). This led to an improvement in the control of blood sugar levels in eight of these patients. For example, the blood sugar level of three patients had reduced from between 80 to 120mmol/mol to between 44 to 48 mmol/mol after initiation on injectable exenatides which was in line with guidelines from the National Institute for Health and Care Excellence. Blood sugar levels of five other patients had reduced by between 48% and 76%.

- The practice offered a 'Commuter's Clinic' until 8.30pm on Monday evenings, and daily telephone consultations for working patients who could not attend during normal opening hours.
- There were online facilities available such as appointment booking and repeat prescription ordering.
- There were longer appointments available for patients with a learning disability, and any other patient who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice created monthly reports of housebound patients and followed up on their care needs.
- The practice's GPs provided care via twice weekly visits to 466 patients at local care homes, three of which had specialised dementia units. The practice also attended quarterly meetings with an elderly care psychiatrist, where individual patient cases were discussed.

- 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; they were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access to the first floor for staff and external health professionals, and it had been calibrated to ensure that it was safe to use.
- Staff had received training in customer service, including dealing with difficult patients, in order to improve their patients' experiences of the service.

Access to the service

The practice was open between am and pm Monday to Friday, and was closed on weekends and Bank holidays. Appointments were available from 8.10am to 1.30pm and from 2.00pm to 6.30pm. Extended hours appointments were offered from 6.30pm to 8.30pm on Mondays. Appointments could be pre-booked up to four weeks in advance, and daily urgent appointments were available.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local clinical commissioning group (CCG) and national averages.

- 75% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 78%).
- 63% of patients said they could get through easily to the practice by phone (CCG average 73%, national average 73%).
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 70%, national average 76%).
- 46% of patients felt they normally have to wait too long to be seen after arriving for their appointment (CCG average 41%, national average 35%).

Are services responsive to people's needs?

(for example, to feedback?)

We spoke with six patients and reviewed 46 Care Quality Commission patient comment cards during our inspection; people told us that they were able to get appointments when they needed them.

Clinical staff contacted patients (or their carers) that had requested a home visit, to assess the urgency of their need for medical attention, and to assess whether a home visit was clinically necessary. 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.

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in

England; however, the complaints procedure needed to be improved by advising patients on how to escalate their complaint if they were dissatisfied by the practice's response.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in the previous 12 months and found they were handled in a timely manner and with transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint regarding dissatisfaction with the attitude of a member of staff was investigated and discussed with staff. The patient received an apology and staff involved were sent on a customer service course to enable them to better manage communication with patients, including those who may be perceived as difficult.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy, but there were no supporting documented business plans to ensure that the vision and values and were regularly monitored.

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 clinical and internal audit was used to monitor quality and to make improvements; however clinical performance for indicators related to administering annual flu vaccines to diabetic patients and performing care reviews for patients with chronic obstructive pulmonary disease was below the national average and there was no robust plan in place to address this.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP partners in the practice 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. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and these were documented. They also held regular clinical meetings which were documented.
- 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.

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

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 practice's patient participation group (PPG) of six active members and several virtual members, and through surveys, feedback and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in direct response to feedback from the PPG, the practice removed an old coffee table and replaced it with one which was safer for young children.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through informal discussions, meetings and appraisals. Staff told us they felt involved and engaged to improve how the practice was run, and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.