

Dr V Agarwal's 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

We carried out an announced comprehensive inspection at Dr V Agarwal's Practice on 28 October 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. However, there was no system in place to ensure results were received for all samples sent for the cervical screening programme or to monitor the inadequate sample rate for specimens sent for testing.
- 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.

- The practice had identified only 14 patients as carers (0.85% of the practice list). Written information was available to direct carers to the support available to them.
- 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.

There are areas where the provider should make improvements:

Summary of findings

- The provider should record batch numbers of blank electronic prescriptions placed in individual printers.
- The provider should implement a process to ensure that results were received for all samples sent for the cervical screening programme and to monitor the inadequate sample rate of specimens sent for testing.
- The provider should display notices in the waiting area informing patients that interpreting services were available for patients who do not have English as a first language.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.

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 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 that patient outcomes were comparable to the local and national averages. Exception reporting for most indicators was in line with the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- The partners 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 showed patients rated the practice comparable to others for most 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 confidentiality of patient information.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice had reviewed the needs of its practice population and engaged with the NHS England Area Team and Clinical Commissioning Group to manage the closure of the practice with minimal impact on patient care.
- 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 reasonable facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed that the practice responded quickly to issues raised and learning from complaints was shared with staff.

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 the partners.
- The practice had appropriate policies and procedures to govern activity.
- There was a governance framework in place which supported the delivery of 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 the reporting and investigation of 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 contributed to the development of 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.
- Quality and Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- The GPs worked closely with the practice nurse and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The practice performance rate for the Quality and Outcomes Framework (QOF) diabetes related indicators was comparable to the local and national average.
- Longer appointments and home visits were available when needed.
- 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. These patients were discussed at the quarterly multi-disciplinary team meetings where appropriate.

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 who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.

Good



Summary of findings

- Immunisation rates for all standard childhood immunisations were comparable to local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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.
- Extended hours appointments were available at the surgery one evening a week.
- The practice was proactive in offering online services.
- A full range of health promotion and screening services were provided that reflected the needs for this age group.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national averages. However there was no failsafe system in place to ensure results were received for all samples sent for the cervical screening programme or to monitor the inadequate sample rate for specimens sent for testing.

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 those with a learning disability.
- The practice offered longer appointments and annual reviews 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 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.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local average of 86% and national average of 84%.
- 91% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 83% and national average of 89%.
- 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 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 published in July 2016 showed the practice was performing in line with the local clinical commissioning group (CCG) and national averages. There were 331 survey forms distributed and 99 were returned. This represented a response rate of 30% (6% of the practice patient list).

- 86% of patients said they found it easy to get through to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 77% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 32 comment cards which were all positive about

the standard of care received. Patients described the practice as excellent and commented that staff were friendly and patients were always treated with courtesy and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- October 2016 - (134 patients surveyed – 36 responses) – 92% of patients were likely to recommend the practice.
- September 2016 - (136 patients surveyed – 29 responses) – 93% of patients were likely to recommend the practice.
- August 2016 - (125 patients surveyed – 23 responses) – 100% of patients were likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

There are areas where the provider should make improvements:

- The provider should record batch numbers of blank electronic prescriptions placed in individual printers.
- The provider should implement a process to ensure that results are received for all samples sent for the cervical screening programme and monitor the inadequate sample rate of specimens sent for testing.
- The provider should display notices in the waiting area informing patients that interpreting services are available for patients who did not have English as a first language.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.

Dr V Agarwal's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. A GP Specialist Adviser was also present.

Background to Dr V Agarwal's Practice

Dr V Agarwal's Practice (The Mound Surgery) is based in a single storey premises converted for the sole use as a surgery. The provider has been based in the property since 1990. It is one of a number of commercial units forming part of a residential housing estate owned by the local authority in the Royal Borough of Greenwich. It is located within a predominantly residential area of Eltham. The property includes two consulting rooms, one treatment room, an administration office, a reception area and a large waiting room. Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice is registered with the CQC as a Partnership. Services are delivered under a Personal Medical Services (PMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 1644 registered patients with an age distribution similar to the national average. The surgery is based in an area with a deprivation score of 4 (with 1 being the most deprived and 10 being the least deprived).

GP services are provided by two GP partners (male and female) and a regular locum GP providing a total of nine GP sessions per week. The practice also employs a Practice Nurse providing 11.5 hours per week.

Administrative services are provided by six part-time members of staff including a Medical Secretary, Senior Receptionist and 4 receptionists/data clerks (2.7 wte).

The surgery reception is open from 8am to 7.30pm on Monday and from 8am and 6.30pm Tuesday to Friday. The surgery is closed at weekends.

Pre-booked and urgent appointments are available with a GP from 9.30am to 11.30am and 4.30pm to 7.30pm on Monday; from 9am to 11am and 4pm to 6pm on Tuesday and Wednesday; from 10am to 12.30pm on Thursday and from 9.30am to 11.30am and 4pm to 6pm on Friday.

Pre-booked appointments are available with the Practice Nurse from 11am to 2.30pm on Monday; from 4pm to 6pm on Wednesday and from 9am to 12.30pm on Thursday and Friday.

When the surgery is closed urgent GP services are available via NHS 111.

The provider has informed NHS England of their decision to close the practice on 31 March 2017. Initial plans were to close by November 2016 but the provider was encouraged to continue until the end of the current year. A Practice Manager had been employed by the practice until recently but they had found alternative employment in preparation for the original November closure date of the practice. In January 2017 NHS England will inform patients of the closure plans.

Detailed findings

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.

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 28 October 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, Practice Nurse, Medical Secretary and reception/administrative staff.
- Spoke with representatives of the patient participation group (PPG).
- Spoke with patients who used the service.

- Reviewed an anonymised sample of the 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 (QOF) 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 one of the partners of any incidents and there was an incident recording book available in reception. The incident reporting procedure 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 provider carried out an investigation of significant events and learning was shared with staff at quarterly practice meetings. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

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, the practice had received the discharge summary for a patient who had undergone an emergency cardiac procedure but their practice records showed no history of cardiac problems. On further investigation it was confirmed that it was not the named patient but someone using their identity. The incident was reported to the hospital concerned and to NHS England and shared with practice staff to emphasise the continuing need to follow up any anomalies in patient information.

Overview of safety systems and processes

The practice had processes and practices in place to keep patients safe and safeguarded from abuse.

- 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 required and 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 Nurses were trained to Child Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. 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. One of the partners 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. An infection control audit had been undertaken in the previous 12 months and we saw evidence that action was taken to address improvements identified.
- 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 the use of prescription pads. However, a record was not kept of batch numbers of blank prescriptions placed in printers.
- Patient Group Directions had been adopted by the practice to allow the Practice Nurse to administer specific 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).

Are services safe?

- We reviewed 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.
- The practice had up to date fire risk assessments but had not carried out a fire evacuation drill in the previous 12 months. However, the provider took immediate action to rectify this by carrying out a drill on the first available working day following the inspection. A comprehensive account of the drill was seen.
- 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 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 staffing groups to ensure sufficient staff were on duty. Administrative staff provided annual leave cover for colleagues whenever possible. GP absence

was covered by locum GPs as appropriate. The Practice Manager role was shared by the lead GP and administrative staff as they felt it would not be feasible to recruit to the post in view of the imminent closure of the practice.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm at the reception desk to alert staff to an emergency but there were no panic alarms available in consultation or treatment rooms.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- The practice had oxygen with adult and children's masks and a pulse oximeter but a defibrillator was not available on the premises. The practice Risk Assessment of Emergency Equipment and Drugs stated that in the event of an emergency the practice would call for an ambulance and that the practice had an arrangement with a practice located opposite the surgery to use their defibrillator if necessary. As the practice was soon to close they were not considering purchasing a defibrillator.
- 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.
- A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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 systems in place to keep all clinical staff up to date. Staff had access to NICE guidelines and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed that the practice achieved 97% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 89% and national average of 95%.

The practice exception reporting rate was 7% which was comparable to the CCG and national average of 10%. (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 clinical targets. Data from (2015/16) showed:

- Performance for diabetes related indicators of 100% was above the CCG average of 78% and national average of 90%.
- Performance for mental health related indicators of 100% was above the CCG average of 84% and national average of 93%.

Exception reporting for these clinical domains was comparable to the CCG and national averages.

The practice participated in local audits, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

There had been two clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored and findings were used by the practice to improve services. For example, following the receipt of the practice prescribing data for 2015-16 it was identified that prescribing for sip feeds was higher than other practices in the local CCG area. An audit was therefore undertaken to ensure prescribing and management of patients receiving sip feeds was in line with current guidelines. (Sip feeds are oral liquid nutritional supplements available under prescription which are generally used to provide the complete nutritional requirements for an individual). The initial audit identified that of the 13 patients receiving sip feeds, 8 required a review to align prescribing with current guidelines. A further audit confirmed that all patients had been reviewed and were receiving prescribed sip feeds in line with current guidelines.

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, the practice nurse who reviewed patients with long-term conditions had received appropriate training and updates for the disease areas reviewed.
- The practice nurse who was responsible for administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. She demonstrated how she stayed up to date with changes to the immunisation programmes, for example by access to on line resources and through discussion and support from colleagues.
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

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

- Verbal consent was obtained and recorded in patient records but written consent was not obtained for administration of joint injections carried out under the minor surgery directed enhanced service. A written consent form was available for use if required.

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 advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice uptake for the 2015/16 cervical screening programme was 79%, which was comparable to the CCG average of 80% and the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice followed up women who were referred as a result of abnormal results but there was no failsafe system in place to ensure results were received for all samples sent for the cervical screening programme and there was no process in place to monitor the inadequate sample rate for specimens sent for testing.

Immunisation rates for the vaccinations given to children were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 100% and five year olds from 88% to 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. 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 and that 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 32 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided appropriate support when required.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they felt valued and listened to by the partners.

Results from the most recently published national GP patient survey (published in July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the local clinical commissioning group (CCG) and national average 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 CCG average of 86% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 86% of patients said the last GP 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%.
- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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.

Results from the national GP patient survey showed that the practice was comparable to the local clinical commissioning group (CCG) and national averages for the satisfaction scores to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. However there were no notices in the reception area informing patients this service was available.
- Information leaflets were available in the waiting room on a variety of health related subjects.

Are services caring?

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.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as carers (0.85% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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 Greenwich Clinical Commissioning Group (CCG) to secure improvements to services.

- The practice offered extended hours on a Monday evening between 6.30pm and 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- 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 require a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients were given details of a local surgery for travel vaccines only available privately.
- The premises were accessible to wheelchair users and disabled toilets were available.
- Interpreting services were available for patients who required it.

Access to the service

The practice reception and telephone lines were open between 8am and 6.30pm Monday to Friday with extended hours for reception provided from 6.30pm to 7.30pm on Monday. The practice was closed at weekends.

Pre-booked and urgent appointments were available with a GP from 9.30am to 11.30am and 4.30pm to 7.30pm on Monday; from 9am to 11am and 4pm to 6pm on Tuesday and Wednesday; from 10am to 12.30pm on Thursday and from 9.30am to 11.30am and 4pm to 6pm on Friday.

In addition to GP appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day for people who needed them.

Telephone consultations with the GP were available daily.

Appointments were available with the Practice Nurse from 11am to 2.30pm on Monday; from 4pm to 6pm on Wednesday and from 9am to 12.30pm on Thursday and Friday.

Results from the national GP patient survey 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 compared to the CCG average of 76% and national average of 79%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

People told us on the day of the inspection that they were usually able to get an appointment when they needed one.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and 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 visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- The practice 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.

We looked at one complaint received in the previous 12 months and found that this was satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from the complaint and the subsequent response by the practice and action was taken by the provider as a result to improve the management of the practice response for future complaints.

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.

Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff.
- A clear understanding of the performance of the practice was maintained.
- There were robust 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 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 for 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 records of all correspondence.

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

- Staff told us the practice held regular practice meetings and we saw evidence to support this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and were encouraged to identify opportunities to improve the service delivered by the practice.

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. The PPG had been introduced three years ago and currently had a membership of five patients. They met quarterly and submitted proposals for improvements to the partners. They told us that they felt the practice were keen to improve the services it provided and acted on the suggestions of the PPG. Examples of changes that had been implemented by the practice following feedback from the PPG included the provision of a weekly phlebotomist session which avoided the need for patients to attend the local hospital for blood tests.

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