

The Bellingham Green Surgery

Quality Report

Bellingham Green

Lewisham

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bellingham Green on 2 December 2015. 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure procedures are in place for minute/ note taking at clinical meetings, including the partners meetings and significant event analysis meetings.
- Ensure procedures are in place for recording and monitoring incidents.
- Ensuring incidents are captured, investigated and lessons learnt are shared among all staff members.

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, however there were no effective systems to record incidents.
- When recorded, lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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 showed patient outcomes were at or above average for the locality.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible, although they had a high number of patients with literacy issues and did not provide information in easy read formats.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example there was a system in place to call known vulnerable patients if they failed to attend for booked appointments to ensure they were ok.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It 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 this.
- 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 knowing about notifiable safety incidents.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- It was responsive to the needs of older people, and offered home visits for health and welfare checks and urgent appointments for those with enhanced needs.
- The practice provided the enhanced service of dementia screening, end of life care and hospital admittance avoidance.
- Reception staff maintained a list of older vulnerable patients and have systems in place to contact them if they do not attend for booked appointments.
- They provided an in-house phlebotomy service.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and child carers. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Phlebotomy service was available on-site for children.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



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).

- 87% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the past 12 months.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.
- The practice managed depo medication and care for long-term patients. The nurses monitor these patients closely and there are systems to pick up non-attenders.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and forty eight survey forms were distributed and 111 were returned.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 65% and a national average of 73%.
- 92% found the receptionists at this surgery helpful (CCG average 88%, national average 86%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 96% said the last appointment they got was convenient (CCG average 90%, national average 91%).

- 71% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 76% usually waited 15 minutes or less after their appointment time to be seen (CCG average 59%, national average 64%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Staff were described as friendly, professional and caring. Patients said that things were explained clearly to them and they felt confident in the ability of the staff.

We spoke with 11 patients during the inspection. All 11 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

The Bellingham Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, one additional CQC inspector and a practice nurse specialist advisor.

Background to The Bellingham Green Surgery

The Bellingham Green Surgery is a medium sized practice based in Lewisham. The practice list size is approximately 7000. The practice population is diverse with patients from a range of ethnic and social backgrounds.

The practice is set out over two floors and facilities include 11 consulting rooms (all on the ground floor), patient waiting room, administration offices and a staff room. The premises have wheelchair access and there are facilities for wheelchair users including accessible toilets.

The staff team comprises of four GPs partners (one male and three female) , one salaried GPs (one female), two registrars (one male and one female), on retainer GP (female) three female practice nurses, one female healthcare assistant, a practice manager, seven receptionists, a medical secretary and an administration assistant.

The practice is open between 7.55am and 6.30pm Monday to Friday and offer extended opening on Tuesdays from 6.30pm to 8.15pm. Appointments are available with a GP

from 8.00am-12.00pm every morning and 1.00pm-6.30pm daily (except Tuesdays when they are available from 1.00pm to 8.15pm). When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hours provider or NHS '111' service. This information is also in the practice leaflet and on the website.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; surgical procedures and maternity and midwifery services at one location. The practice is a training practice [a training practice is a practice that had qualified doctors who are in training to become general practitioners (GPs)].

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff (GPs, practice nurses and administration staff) and spoke with patients who used the service.
- Observed how people were being cared for and spoke with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People 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. There had been 17 significant events recorded over the past 12 months.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We saw evidence of analysis of significant events at meetings. For example we saw that a significant event relating to warfarin initiation had been investigated and discussed at the July 2015 clinicians meeting.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However the reporting of general incidents was not appropriate. The practice did not have an incidents log and when we spoke with staff we were given at least two incidents that had occurred that should have been recorded as incidents. For example, there was an incident relating to a disturbance in the reception area. The events were recorded informally and had not been analysed or lessons learnt shared. We discussed this with the practice manager and they confirmed that improvements were required and would be implemented to ensure appropriate identification and recording of incidents.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening. For example, recently the practice had realised that they were not receiving some safety alerts due to an internal breakdown in communication. In total 50 safety alerts had been identified as not being actioned. Once the practice realised they wrote to all patients who were affected by the alerts making them aware of the alert and apologising for the delay in notifying them. We saw that lessons learnt from the event were shared with staff and a new system was in place to mitigate this happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The practice had devised a one page safeguarding prompt sheet which was displayed in all consultation rooms for quick and easy reference for staff. 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 relevant to their role. GPs were trained to Safeguarding level 3 and nurses to level 2. All non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. A joint infection control audit had been carried out by the local team and the practice in March 2015. 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to

Are services safe?

administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We reviewed seven personnel files and found that 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. The practice had up to date fire risk assessments, the last one having been carried out in May 2015. Fire drills were carried out annually and smoke alarms were tested once a month, the last test being completed in November 2015. All electrical equipment was checked on 21 October 2015 to ensure the equipment was safe to use and clinical equipment (calibration testing) was completed in November 2015 to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 that enough staff were on duty. For example, nurses covered for each other during annual leave and sickness and

they were not permitted to take annual leave at the same time to ensure there was sufficient cover. There was a duty doctor system in place to cover GP sessions. There was one GP on duty in the morning and one in the afternoon.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic buttons were also available.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- 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. The practice gave us an example of a recent incident relating to the loss of telephone system. The incident was handled with minimum disruption to the service and the policy was employed and followed appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- From all the medical records we reviewed, the practice was found to be following best practice guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.2% of the total number of points available, with 4.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. Overall they scored 75 out of 85 points (87.2%). This was 1% below the CCG average and 2% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. Overall they scored 25 out of 26 (96.2%) This was 0.2% below the CCG average and 1.6% below the national average.
- Performance for mental health related indicators was better than the CCG and national averages. The practice scored 100% which was 6.7% above the CCG average and 7.2% above the national average.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above the CCG average of 98% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above the CCG average of 99% and national average of 98%.
- The number of patients with dementia who had received annual reviews was 79% which was below the CCG average of 84% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 95% compared with CCG average of 93% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- For example, an audit of amlodipine and simvastatin prescribing was undertaken to ascertain if it is prescribed according to guidance. In the first cycle 86 patients were identified to be on this combination of which 8 patients were identified as being on incorrect dosage of simvastatin, medication dosages were changed with a view to discuss at the next clinical meeting. In the second cycle 45 patients were identified to be on this combination 6 patients were identified as being on incorrect dosage.
- For example, an audit of antibiotic prescribing in under 18 year olds for respiratory tract infections was undertaken to ascertain if they are prescribed according to guidance. Thirty-three patients were identified of which six patients were not prescribed according to guidance. The practice did not make any changes to their prescribing and planned to re-audit in December 2015.
- For example, an audit of oral amoxicillin prescribing dose for children aged 0-18 was undertaken to ascertain if correct dosage was prescribed. Medical records over a month identified 22 children with prescribed oral amoxicillin of which 8 children did not receive the new current age-band recommended dose. The audit was

Are services effective?

(for example, treatment is effective)

repeated in December 2015 and they saw a small improvement in 33% of children receiving the sub therapeutic dose. No changes were made to prescribing. The practice is planning to re-audit in February 2016.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. The appraisals for non-clinical staff are not detailed and include only a summary of discussion.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice had care plans put in place to reduce emergency/unplanned admissions and had achieved best results compared to neighbouring practices in the CCG.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those over 75. Patients were then signposted to the relevant service.
- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for

Are services effective? (for example, treatment is effective)

the cervical screening programme was 81%, which was comparable to the CCG average of 81% and the national average of 79%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.7% to 100% and five year olds from 79.4% to 94.1%. Flu vaccination rates for the over 65s were 72%, and at risk groups 57%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and to date over

500 health checks have been performed. The practice team have contributed to the strategic development of the Lewisham NHS Health Check programme. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice's nursing team performs vascular health checks and to date 537 checks were delivered; the practice's nursing team was nominated for the nursing team of the year award. The practice has also signed up for osteoarthritis intervention pilot which is based on NICE recommendations. The practice supports patients to make sustained lifestyle changes by offering referrals to the Lewisham Lifestyle Hub service which offers one to one support as well as signposting to a number of local programmes.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 31 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with 11 patients, which included one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 84%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice has changed the appointment times to accommodate carers and also arranges blood tests at the same time.

Are services caring?

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 patient

consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice also offers bereavement counselling.

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. Staff told us that the practice was in one of the most highly deprived areas of the CCG and literacy rates were low as a result of the high deprivation. The average reading age of their local area was 7.3 years. As a result they had to ensure services were offered in accessible formats such as writing in clear, plain English and providing additional support to patients who found it difficult to read information or complete forms.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or any vulnerable patients' who had additional needs.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 7.55am and 6.30pm Monday to Friday. Appointments were from 8.00am to 12.00pm every morning and 1.00pm to 6.30pm daily. Extended hours surgeries were offered on Tuesdays from 6.30pm to 8.15pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 74%.
- 76% patients said they could get through easily to the surgery by phone (CCG average 65%, national average 73%).
- 71% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 76% patients said they usually waited 15 minutes or less after their appointment time (CCG average 59%, national average 64%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice. Staff we spoke with were aware of who this was.
- We saw that information was available to help patients understand the complaints system. For example there was a poster in the reception area advising patients how they could make a complaint. Information was also available on the practice website.

We looked at four complaints received in the last 12 months and found that all complaints had received a response and had been investigated appropriately in a timely manner and with transparency. Lessons were learnt from concerns and complaints and action was taken and shared with staff.

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 area and on the website and staff knew and understood the values. Patients we spoke with were aware of the mission statement.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Part of their future plans included working more collaboratively within the neighbourhood and more joint working with other services.

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. Each GP had lead roles for certain areas of the practice such as QOF, mental health, diabetes, PPG, banking and safeguarding.
- Practice specific policies were implemented and were available to all staff, via computer on a shared drive.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example systems were in place for the monitoring of potentially dangerous medicines and one of the registrars had completed a piece of work monitoring blood abnormalities.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. The majority of the workforce including leaders had worked in the practice for a number of years. This continuity provided a sound basis for openness and transparency. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. Staff were clear on the leadership structures and were confident in their ability to lead them.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us that the practice held regular team meetings. Clinical meetings were held weekly, partners meetings held monthly and significant event analysis held monthly. We noted that minutes were not always maintained for these meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- 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. Staff particularly appreciated the informal meetings that took place in the staff room, where they could air any concerns and speak to colleagues in an informal setting.
- Staff valued the support they received to learn and develop. The practice funded all training for staff, although they also received protected learning provided by the CCG.

Are services well-led?

Good 

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

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.