

# Blackheath PMS

## Quality Report

Woodland Surgery, Woodland Walk  
Trafalgar Road, Greenwich  
SE10 9UB

Tel: 020 8858 0689

Website: [www.woodland-charlton-surgeries.nhs.uk](http://www.woodland-charlton-surgeries.nhs.uk)

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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 Blackheath PMS on 16 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review procedures in place for infection control ensuring schedules are up to date and relevant.
- Review the system for monitoring and recording checks of the expiry dates of emergencies medicines.
- Explore the reasons for the low results from the GP Patient Survey.

# Summary of findings

- Review procedures in place for monitoring and managing people with long-term conditions, particularly those with diabetes to produce better outcomes.

- Review systems in place to identify carers.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed.
- Processes were in place to monitor infection control, however the processes were not comprehensive.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice were participating in the year of care, an initiative to improve care for patients with long-term conditions.
- Patients feedback about making appointments was mixed. Feedback from the GP survey indicated access was not good but patients we spoke with on the day and comment cards received were positive about the appointment system. 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 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

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.
- There was a named GP for all patients aged over 75.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Pneumonia, shingles and flu vaccinations were offered to all older people.
- Joint home visits with the district nurse were carried out to all vulnerable older people.
- All housebound older people could request repeat prescriptions via the telephone. There were also arrangements in place for the local pharmacist to collect prescriptions from the surgery and deliver medication to patients.
- The practice carried out planned follow up for patients discharged from hospital.

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.
- The practice ran clinics for patients with long-term conditions including asthma, COPD, diabetes and cardiovascular disease
- The practice carried out regular reviews of elective and urgent admissions of patients with long-term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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. The practice maintained a register of children on the child protection list.
- Immunisation rates were average 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were always given on the day appointments.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Multi-disciplinary team meetings were held monthly.

## **Working age people (including those recently retired and students)**

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered a commuter's clinic from 6.30pm to 7.30pm twice a week.
- The practice was proactive in offering online services such as repeat prescriptions and appointment bookings as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice made referrals to GUM sexual health clinics.
- Telephone consultations were available for patients who found it difficult to attend the practice during normal opening hours.

## **People whose circumstances may make them vulnerable**

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

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87% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan, which was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. All patients with dementia were reviewed annually.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing in line with local and national averages. 378 survey forms were distributed and 100 were returned. This represented 1.7% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 28

comment cards which were all positive about the standard of care received. Patients described the service as excellent and caring and were happy with the treatment they received. We were given examples of how the service was responsive to patients' needs such as fitting patients in for emergency appointments. Many of the comments were from patients who had been with the practice for many years, some from childhood. These patients were particularly complimentary about the continuity of care they had experienced.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS Friends and Family Test (FFT). We reviewed the results of the survey and responses were generally positive. Patients were complimentary about staff and most said they would recommend their friends and family to the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review procedures in place for infection control ensuring schedules are up to date and relevant.
- Review the system for monitoring and recording checks of the expiry dates of emergency medicines.
- Explore the reasons for the low results from the GP Patient Survey.
- Review procedures in place for monitoring and managing people with long-term conditions, particularly those with diabetes to produce better outcomes.
- Review systems in place to identify carers.

# Blackheath PMS

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Blackheath PMS

Blackheath PMS is a medium sized practice based in Greenwich. The practice list size is approximately 5600. Whilst the practice population is diverse, patients are mainly from white British, Asian and Asian British backgrounds. Life expectancy for males in the practice is 77 years and for females 82. Both of these are in line with the CCG and national averages for life expectancy. The practice has a higher than average number of females aged between 20-44 years old and males 25-29 years old.

The practice has two locations. Woodlands Surgery (in Greenwich) has two consulting rooms, one patient waiting room, and administration offices. Charlton Road surgery (in Charlton) also has two consulting rooms, a patient waiting room and reception area. Both premises are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet.

There are two male GP partners, one female GP partner and a salaried GP. One of the male partners works 8 sessions per week and the other works six sessions per week. The female partner works six sessions per week. The salaried GP works two sessions per week. Other staff include a female practice nurse, a female health care assistant, a female practice manager, a female assistant practice manager, five receptionists (all female) and two

administrators (one male and one female). The practice is open between 8.00am and 6.30pm Monday to Friday and offers extended opening on Tuesday and Wednesday from 6.30pm to 7.30pm.

Appointments are available at Woodlands Surgery in the mornings from 9.00am to 12.00pm Monday to Wednesday and Fridays; 9.00am-11.30am on Thursdays and from 4.00pm to 6.00pm on Monday, Thursday and Fridays and 4.30pm to 7.30pm on Tuesday and Wednesdays.

Appointments are available at the Charlton Road branch site from 9.15am to 12.00pm Monday to Fridays and from 4.00pm to 6.00pm Monday to Wednesday and Fridays. When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hour's provider. This information is also available on the practice website.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder and injury; diagnostic and screening procedure and maternity and midwifery services at these two locations.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 March 2016.

During our visit we:

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

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

- Is it safe?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or one of the GPs of any incidents and there was a recording form available on the practice's computer system. Reception staff we spoke with gave us practical examples of incidents they had reported. Their explanations were in line with the practice reporting policy.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to prevent the same thing happening again. For example, we were told about an incident relating to repeat prescriptions. The lessons learnt from the incident led to change in how patients left their repeat prescriptions and where they were stored.
- The practice carried out a thorough analysis of significant events. There had been 11 in the past 12 months. We reviewed two of the events in depth and saw that thorough analyses have been carried out. Learning points had been documented from both incidents. We also saw that the events were discussed at the weekly clinicians meeting.

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, a recent safety alert received on the 2 March 2016 relating to syringe pumps and extension sets from the Medicines & Healthcare Products Regulatory Agency MHRA has been circulated to relevant staff.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was a lead member of staff for safeguarding. The GPs always attended safeguarding meetings and only provided reports on the rare occasion that they could not attend. We saw minutes of safeguarding meetings which confirmed the GPs attended regularly. Staff demonstrated they understood their responsibilities and were able to give us examples of safeguarding concerns they had raised with the GPs or discussed with the lead. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection level three. Nurses were trained to level two and all other staff had completed level one. All staff had completed vulnerable adults safeguarding training.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was generally clean and tidy. This included the patient waiting areas, clinical areas and staff offices. However we observed the nurses consulting room at the branch site to be dusty in areas such as the couch and the trolley. We brought this to the attention of the senior GP immediately and they confirmed that the areas were not covered in their schedule with the cleaning contractors. Following the inspection, the provider sent us confirmation of new cleaning schedules.
- One of the GPs was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audits had been undertaken in September 2015

## Are services safe?

by an independent contractor who worked for the practice. The audit had identified actions for completion. We saw that the provider was working towards implementing the actions.

- 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). All medicines were stored in a locked cupboard. Fridge temperatures were checked twice a day. We reviewed the records and none of the readings were outside of the required range of 3-8 degrees. There were two fridges and both fridges had an external and internal thermometers.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Information about health and safety was also available to staff on the internal electronic drive. The practice had up to date fire risk assessments (which were completed annually) and carried out regular fire drills. Written records of fire drills were maintained at both locations. All electrical equipment was checked to ensure the equipment was safe to use

and clinical equipment was checked to ensure it was working properly. Calibration of equipment had been carried out in March 2016 and June 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment was completed in November 2015 for both locations. Actions had been identified and we saw that they had been completed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A rota was also in place to ensure sufficient cover between the two locations.
- There was a system in place for patient blood results to be reviewed on the day they were received. The repeat prescribing policy did not allow the re-issue of medication if a patient's care was due for review. This was to ensure prescribing was relevant and safe.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was no system in place to monitor the expiry of medication. However all the medicines we checked were in date and stored securely.

## Are services safe?

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw evidence that the GPs considered guidance when delivering care. For example, we reviewed the weekly clinical meeting minutes and saw that guidance such as from organisations such as NICE was discussed by the GPs.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available. Exception reporting was 5.1% which was comparable to the CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for five QOF (or other national) clinical targets.

The practice had a large variation for the number of ibuprofen and Naproxen items prescribed as a percentage of all Non-Steroid Anti-Inflammatory drugs (NSAID) prescribed. The practice value was 57% compared to the national average of 76%. [Guidance suggests that if patients require NSAID Ibuprofen and Naprxen should be considered]. The practice explained that their prescribing

of these drugs were lower because they prescribed another NSAID more frequently. We discussed this with the GPs and they confirmed that they would review their prescribing in this area.

There were four areas outlined as outliers for diabetes care. We discussed the practices' performance for diabetes. The practice were aware of the low scores in some areas and told us that the scores were mainly related to poor response rates. For example, of the 76 patients invited for a foot check 27 failed to respond despite being invited three or more times.

Data from 2014/15 QOF showed:

- Performance for diabetes related indicators was worse compared to the national average. For example, the number of patients with diabetes on the register, whose last measured total cholesterol (measured within the preceding 12 months) that was 5mmol/l or less was 67%, compared to the national average of 80%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c that was 64 mmol/mol or less was 56%, compared to the national average of 77%.
- The percentage of patients with diabetes, on the register, who had had an influenza immunisation in the past 12 months was 81%, compared to the national average of 94%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in their record, in the past 12 months was 87%, compared to the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 82% compared to the national average of 89%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 82%, compared to the national average of 84%.



# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. The audits we reviewed were well documented and outlined learning and improvements. For example, the practice had completed an audit of domperidone (a medicine for nausea and vomiting). The audit was carried out because of guidance that domperidone should be used at the lowest effective dose for the shortest possible time. The audit looked for patients who received domperidone on repeat prescription with the aim of reducing it. The audit was repeated three months later and the practice had reduced repeat prescribing for this medicine by 100%.

### 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 areas as confirmation of documents, emergency contacts, introduction to the practice, 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 nurse was responsible for reviewing patients with long-term conditions and received role specific training for long-term conditions, cervical cytology and smoking. Staff had also completed the “year of care” programme” for monitoring conditions such as COPD, diabetes, heart failure and hypertension.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical

supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. We reviewed appraisals for three staff and saw that they had reviewed the previous year’s performance, outlined areas for improvement and goals for the future.

- The practice had protected learning from the CCG which they fully utilised. [Protected learning is when a CCG provides cover for a practice to close so staff can attend learning and development opportunities]. Staff received training that included: safeguarding, fire safety awareness, health and safety, carers, patient registration, medical terminology, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice’s patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients’ needs and to assess and plan ongoing care and treatment. For example, they worked with the local pharmacists who collected prescriptions for patients and delivered medication to them at their homes; they held regular meetings with the health visiting team; patients had access to drug and alcohol services that worked closely with the practice.

Meetings took place with other health care professionals monthly when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

# Are services effective?

(for example, treatment is effective)

gave us good examples of when the Act would apply and how it was relevant to their role. Some of the other clinical staff demonstrated a basic awareness of the Act but told us they would discuss any concerns with one of the GPs if they felt the need.

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. We saw that consent for minor procedures was also recorded appropriately in patients' medical records.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and travellers. Patients were signposted to the relevant service.

- There were 39 patients on the carers' register and they were all offered an annual health check.
- Patients were referred to a community dietician, however a dietician also attended the practice once a month. One to one smoking cessation advice was available on-site from staff.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given ranged from 75% to 87% for children under two years old and 76% to 83% for children five years old..

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients commented on the GPs being approachable and friendly and good listeners.

We spoke with four members of the patient participation group (PPG). 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 patients 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We discussed the results with the practice and they could not identify why the results were out of line with the national and CCG averages. Staff gave "and we saw" examples of staff being caring and showing empathy and compassion towards people. GPs told us they often attend the homes of patients who were at end of life or those who had recently passed away. Patients we spoke with confirmed this. GPs gave examples of when patients attended for an appointment and they identified that they needed a longer consultation because they were distressed or emotional. In such instances the GP's arranged to call the patient or visit them at home (outside of session time), so they could give the time needed; provide the emotional support required; and sign post them to relevant support services.

### Care planning and involvement in decisions about care and treatment

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

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 below local and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

## Are services caring?

- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Our review of patient records indicated that people were involved in decisions about their care.

Some of the results from the GP patient survey data indicated areas where patients thought areas of the service was poor and these responses were higher than the CCG and national average. For example,

- 14% of patients said that the last GP they saw or spoke with was poor at listening to them compared to the CCG average of 5% and national average of 3%. Feedback received from patients on the day of the inspection and the comment cards did not indicate any issues with this.
- 9% of patients said that the last GP they saw or spoke to was poor at explaining test results compared to the CCG average of 5% and national average of 3%. However the patients we spoke with as part of the inspection and comment cards did not highlight this as a problem. Staff and patients gave us positive examples of where GPs had been caring in giving test results and explaining them. For example, visiting a person at home or calling a patient personally to ask them to come in to discuss results.

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

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

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (0.6% of the practice list). Staff told us that people were asked if they were a carer when they joined the practice and this was coded on their record. The practice also had a sign up in the patient waiting area with advice for carers and information about support they gave carers. Patients who were carers were encouraged to let the practice know. They used the register to improve care for carers by ensuring they were offered an annual health check and signposting them to support services. Written information told carers about support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them (visit or by phone) or sent them a sympathy card. Staff were also made aware via a communication board in the staff area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had signed up to a local enhanced service (LES): "Year of Care". The year of care is an initiative aimed at providing personalised care planning for patients with long-term conditions. Health professionals work in partnership with patients to provide personalised care. This involved running special clinics for patients with long-term conditions. We reviewed records and a care plan of a patient and saw good examples of how the practice had responded well to their individual needs.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours or any patients who found evening appointments more convenient.
- There were longer appointments available for patients with a learning disability, vulnerable patients and patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs made it difficult for them to visit the practice.
- Same day appointments were available for children.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The staff team were multi-lingual and spoke languages relevant to their patient population.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and offered extended opening on Tuesday and Wednesday from 6.30pm to 7.30pm.

Appointments were available at Woodlands Surgery in the mornings from 9.00am to 12.00pm Monday to Wednesday and Fridays; 9.00am-11.30am on Thursdays and from 4.00pm to 6.00pm on Monday, Thursday and Fridays and 4.30pm to 7.30pm on Tuesday and Wednesdays.

Appointments were available at the Charlton Road branch site from 9.15am to 12.00pm Monday to Fridays and from 4.00pm to 6.00pm Monday to Wednesday and Fridays.

When the practice was closed patients were directed (through a recorded message on the practice answerphone) to contact the local out of hour's provider. This information was also available on their website.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them such as children under five years old, patients aged over 75 and people with chest pains.

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.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Comment cards completed by patients did not indicate any issue with getting through to the practice or any dissatisfaction with the opening times.

### 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.

- One of the GPs was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a notice in the reception area at both locations advising patients of how they could make a complaint.

We looked at five complaints received in the last 12 months. All the complaints had been acknowledged and responded to in line with the practice policy. Where

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

relevant, patients were given a written apology and explanation. Lessons learnt were discussed with relevant staff and the practice handled complaints with honesty and transparency.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were GP leads for areas such as diabetes, family planning, obstetrics and gynaecology, clinical governance, information governance, prescribing, QOF, mental capacity and complaints.
- Practice specific policies were implemented and were available to all staff. Practice policies were reviewed periodically to ensure they were up to date.
- A comprehensive understanding of the performance of the practice was maintained. The GPs were aware of the areas in which improvements were required. This included being aware of the gaps in the service relating to the nursing staff and having plans in place to employ another practice nurse and plans to begin NHS health checks.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had completed five clinical audits in recent years. The audits demonstrated that they were monitoring the quality of the service to make improvements.
- 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 all members of staff. We were given examples by the leaders and staff of how the leaders were very open and transparent. Staff said they were always available and talked to them openly.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The provider displayed notices in waiting rooms at both locations outlining the duty. The GPs said it was important to them that staff and patients were aware of the requirement. (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 training for all staff on communicating with patients about safety incidents. The partners encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held team meetings every two months. We reviewed the minutes of meetings and saw that topics such as staff updates, appointments and test results, clinical incidents and patient feedback were discussed. Staff told us that they found the meetings very useful and always received copies of minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

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.

## **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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had suggested a change to improve the telephone system. The practice only had one telephone line and increased this to five lines at each location. This improved patients ability to get through to the practice, especially to make

appointments. The group were also instrumental in the installation of a door bell at the main entrance door so patients in wheelchairs could ring if they needed assistance to get in.

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

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice.

All staff were entitled to the half day protected learning days from the CCG and they were utilised. and encouraged to by the partners.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they were taking part in the year of care, which is a programme designed to achieve better outcomes for patients with long-term conditions.