Holly House Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
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 Holly House Surgery on 8 September 2015. Overall the practice is rated as requires improvement.

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.

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

- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.
- Most risks to patients were assessed and well managed, with the exception of those relating to infection control and responding to emergencies.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed that patient outcomes were average or above for the locality. Some clinical audits had been carried out, with evidence that they were driving improvement in performance to improve patient outcomes.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was equipped to treat patients and meet their needs, although not all areas of the practice were accessible to those with physical disabilities.
- Urgent appointments were available on the day they were requested. However, patients said that they had difficulty accessing an appointment with a named GP.
- Information about services and how to complain was available and easy to understand.
- Policies and procedures were in date and were accessible for staff.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice had an established and active patient participation group (PPG).
- There was evidence of learning and improvement within the practice from incidents, complaints, audits and risk assessments, but these were not always linked together to identify themes. Action points were not always monitored effectively to demonstrate that improvements in the practice had been successful.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that the practice has systems in place to be able to appropriately respond to emergencies, including access to a defibrillator and basic life supporting training for all staff.
- Ensure there are adequate infection control processes in place to include infection control training for staff, adequate cleaning processes and monitoring of the control of substances hazardous to health (COSHH).

In addition the provider should:

- Improve access to pre-bookable appointments and appointments with a named GP for continuity of care; particularly for patients from vulnerable groups and those with long-term conditions.
- Ensure that patients, including those from vulnerable groups, are given sufficient information to be involved in treatment and care planning.
- Ensure compliance of the premises with the Equality Act 2010.
- Ensure that the practice has a clear incident reporting policy for staff to refer to.
- Ensure that health and safety assessments are thoroughly documented.
- Ensure that clinical staffing levels are appropriately planned and monitored.
- Ensure that systems are in place to monitor and improve the quality of medical records.
- Ensure that complaints are responded to in an appropriate manner.
- Ensure that there are systems in place to monitor actions taken as a result of learning and improvements, to demonstrate that changes in the practice have been successful.
- Ensure that induction processes are robust, to include mandatory training for all staff and ensure that systems are in place to maintain up to date employment checks for existing members of staff.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Most staff understood their responsibilities to raise concerns and to report incidents. Significant incidents were discussed in clinical meetings and significant event meetings. Lessons learnt and actions were documented, however it was not always clear how relevant learning was shared with non-clinical staff and whether the practice monitored themes that arose from incident reporting.

There were safety systems and processes in place to address risks to patients, and the practice had arrangements in place to safeguard adults and children from abuse, as well as to monitor and manage risks to patients and staff. However risks related to infection control and systems for dealing with emergencies were not always managed appropriately. The practice had a rota system in place for staff; however there was limited analysis and monitoring of staffing levels.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed that most patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Clinical audits were carried out and there was evidence of some improvement in patient outcomes. Staff had received training appropriate to their roles and any further training needs had been identified. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams and monitored patients through clinical and multidisciplinary team meetings. Effective systems were in place to ensure timely receipt and co-ordination of information between services.

However, medical records we saw did not always contain comprehensive information about patients' treatment and the advice and information provided.

Are services caring?

Good

The practice is rated as good for providing caring services. Most patients we spoke to and comments cards received said they were treated with compassion, dignity and respect. However, some

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patients reported they were not always involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. National survey data was mixed and although patients recommended the practice, some rated the practice lower than others for some aspects of care.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Urgent appointments were available the same day. Patients said they did not find it easy to make a pre-bookable appointment or an appointment with a named GP, however access to the telephone lines and appointments had improved over the last year. The practice was equipped to treat patients and meet their needs, however not all practice areas were suitable for those with disabilities. 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 with the CCG.

Are services well-led?

Good

The practice is rated as good for being well-led. The partners had a vision and had identified areas for improvement, but this was not clearly documented or communicated to staff. There was a clear leadership structure and staff felt well supported by management.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice proactively sought feedback from patients, which it acted on. The Patient Participation Group (PPG) was active and changes had been implemented as a result of patient surveys.

Improvements were made as a result of incidents, complaints, audits and risks, however these actions were not always monitored and some risks had not been identified. Staff had received inductions, appraisals and attended staff meetings.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice is rated as requires improvement for safe and for responsive for this population group.

Nationally reported data showed that outcomes for patients were above average for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and avoiding unplanned admissions. The practice had actively promoted the flu vaccination for the over 65's to improve the uptake of this.

The practice offered urgent as well as routine home visits and rapid access and longer appointments for those with enhanced needs. The practice held a register of housebound patients. However, patients reported some difficulty accessing pre-bookable appointments and appointments with a preferred GP. The premises had limited arrangements in place to support access for patients with mobility difficulties.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for safe and for responsive for this population group.

Annual reviews for health and medication needs occurred for patients on long-term condition registers, for example 98% of diabetes patients had received an annual review. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and were on the practice's avoiding unplanned admissions register. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Longer appointments and home visits were available when needed. Patients reported some difficulty accessing pre-bookable appointments and appointments with a preferred GP. The premises had limited arrangements in place to support access for patients with mobility difficulties.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for safe and for effective for this population group.

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There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances, although it was not always clear if these were monitored appropriately. Immunisation rates were lower than average for all standard childhood immunisations but there was evidence that some rates had improved over the last year as a result of promotion in the practice. Family planning services were offered in the practice.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours. Patients reported some difficulty accessing pre-bookable appointments and appointments with a preferred GP. The premises were suitable for children and babies.

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. A full range of health promotion and screening services were offered that reflected the needs for this age group.

The practice offered extended hours every weekday morning to improve access to appointments, specifically for commuters, and telephone appointments were available daily. The practice was proactive in offering online services for prescriptions as well as booking and cancelling appointments. Text message reminders were used for appointments to reduce non-attenders. However, patients reported some difficulty accessing pre-bookable appointments and appointments with a preferred GP.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for safe and for responsive for this population group.

The practice held a register of patients living in vulnerable circumstances including vulnerable adults, children and those with a learning disability. It had carried out annual health checks for people with a learning disability and 65% of these patients had received a follow-up. Those patients deemed most at risk of hospital

Summary of findings

admissions were placed on the practice's admission avoidance register and they were prioritised for appointments. The practice recognised the needs of carers and had a record of carers in patients' medical records.

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.

Patients reported some difficulty accessing pre-bookable appointments and appointments with a preferred GP to promote continuity of care. Patients felt that information was not always explained to them and they were not always involved in decisions about care and treatment. The premises had limited arrangements in place to support access for patients with mobility difficulties.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Ninety-four per cent of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those 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 (A&E) and those at risk of hospital admission were placed on the practice's admission avoidance register and they were prioritised for appointments. Patients were provided with longer appointments where required and carers were supported. Patients reported some difficulty accessing pre-bookable appointments and appointments with a preferred GP.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line or below local and national averages. There were 116 responses and a response rate of 40%.

- 71% describe overall experience as good compared with CCG average of 78% and national average of 85%.
- 58% find it easy to get through to this surgery by telephone compared with a CCG average of 61% and a national average of 73%.
- 70% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 83% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 53% describe their experience of making an appointment as good compared with a CCG average of 64% and a national average of 73%.
- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 55% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were mostly positive about the standard of care received. Patients reported that staff were efficient and they felt treated with dignity and respect. Comments cards from 11 patients reported that they had difficulty obtaining a pre-bookable appointment, especially with a named GP. The majority of patients we spoke with on the day of the inspection also reported difficulty obtaining pre-bookable appointments.

Holly House 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 and an Expert by Experience.

Background to Holly House Surgery

Holly House Surgery is located in New Eltham, South London. The practice is one of 28 practices in Bexley Clinical Commissioning Group (CCG). The practice population has a slightly higher percentage of over 65s at 18.5% compared to national average.

The practice has a total patient list size of approximately 13000 patients, which is shared between two sites; which are registered separately with the CQC. We inspected the Holly House Surgery location during this inspection. The intelligence data used throughout the report relates to both practice sites.

Holly House Surgery is located in an adapted residential property with wheelchair access and all patient areas are on the ground floor. Patient areas are accessible for wheelchairs and pushchairs; however the partially adapted toilet facilities are provided, and there is limited space for a wheelchair inside the toilet cubicle.

Practice meetings take place at the main site in Welling. The practice has four partner GPs of which two are male and two are female, three female salaried GPs, two practice nurses and two health care assistants. The practice team also consists of a practice manager, two administrative staff members and seven reception staff. Clinical staff and some of the reception staff work across both practices to serve the patient population.

The practice is open from 7am to 6.30pm Monday to Friday. The practice offers appointments each day between these times, apart from 1pm to 1.30pm. Patients requiring GP services outside of these hours are directed to the out-of-hours service provided by the local out-of-hours provider. Details of how to access this service is displayed on the website, and in the reception area.

The practice has a PMS (Personal Medical Services) contract with NHS England and is also signed up to a number of local and national enhanced services.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

- 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)

We carried out an announced comprehensive inspection on 8 September 2015. During our visit we spoke with a range of staff including three GPs, the practice manager and two administrative and reception staff. We spoke with 11 patients who used the service. We reviewed CQC comment cards completed by 40 patients, sharing their views and experiences of the service. We also looked at medical records.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We received information from Bexley Clinical Commissioning Group (CCG) and NHS England.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and these were categorised as serious or less serious incidents, however the practice did not have an incident reporting policy. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Some 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.

We reviewed safety records, significant incident reports and minutes of meetings where these were discussed and analysed. The practice carried out an analysis of significant incidents that had occurred at a significant event meeting every quarter and during monthly clinical meetings. There had been an incident relating to delayed follow up of patients with an unclear diagnosis of diabetes. The practice put in place plans to discuss this with the virtual diabetes clinic consultant, which we saw was completed, and systems were implemented to monitor borderline diabetes patients via more frequent monitoring.

From the meeting minutes it was evident that some lessons were shared and actions were documented to improve safety in the practice, although it was not clear if actions were always followed up and whether themes of incidents were identified. There was some evidence to demonstrate how learning from incidents was shared with non-clinical staff. For example, there had been an incident where the wrong patient had been booked in for an appointment, as two patients at the practice shared a similar name. The practice reviewed this and put in place additional checks when booking appointments to ensure that this was not repeated.

The practice had a robust system in place for dealing with a range of alerts including patient safety alerts, medicines management alerts and central alerts from NHS England. The practice manager cascaded alerts to all clinicians and saved them in the practice shared drive for staff to access.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children 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. There was a lead member of clinical staff for safeguarding and an administrative lead who monitored child accident and emergency (A&E) attendances. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A chaperone policy was in place. A notice was displayed in consultation rooms, advising 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 service check (DBS). (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.)
- There were procedures in place for monitoring and managing risks to patient and staff safety. Health and safety risk assessments were completed monthly by the practice manager and they had completed health and safety training to assist them in carrying out this role. The monthly risk assessment documentation did not follow a clear checking process to show detail of what was included in the risk assessments. We were told that the practice only documented if any risks had been identified on a risk log. The practice also had a variety of other risk assessments in place to monitor safety of the premises, such as infection control audits and an asbestos and legionella risk assessment. There was a control of substances hazardous to health (COSHH) policy in place but this had not yet been implemented, as there was no record of COSHH products that were used and stored in the practice.
- The practice had an up to date fire risk assessment that they completed monthly as part of the premises health and safety risk assessment. All fire equipment had been checked. Regular fire drills were carried out, although

only one staff member had completed fire training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Appropriate standards of cleanliness and hygiene were followed including hand washing, sharps management and waste management and we were shown that thorough cleaning schedules were in place for non-clinical areas. Monthly cleaning audits were completed in conjunction with the cleaning contractor. We observed that the majority of the premises were clean and tidy, however there were limited assurances that the couches in two consultation rooms were adequately cleaned at regular intervals to prevent the risk of infection. Additionally, there were limited assurances that the fabric-covered seating in the patient waiting area was cleaned to an adequate standard. One of the GPs acted as the infection control lead, and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and supporting procedures in place. Annual infection control audits were undertaken, the last being in February 2015, although there was no evidence that action was taken to address any improvements identified and not all areas of infection risk had been identified. Not all staff had received up to date training on infection control, however the lead GP and lead nurse for infection control had been booked onto training which was scheduled to take place shortly after the inspection.
- There were arrangements for managing medicines, including emergency medicines and vaccines. There was a policy for ensuring that medicines were kept at the required temperatures and monitored daily, and we saw the temperatures had been checked on a daily basis and were within the acceptable range. Medicines kept in the refrigerators were in date and were audited monthly. Regular medicines audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing safely in line with best practice guidelines. The repeat prescribing process in the practice was robust. Prescription pads were securely stored, and the practice had recently implemented a system to monitor their use within the practice.
- Most recruitment checks had been carried out for all new staff, and we reviewed four files of staff members recruited in the previous two years. For one clinical staff member recruited in 2014, there were no references obtained and evidence of criminal records checks was from a previous employer, dated 2012. For three members of staff recruited since this time, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had been carried out prior to employment. The practice policy was that they were in the process of updating DBS checks for all staff employed.
- There was a rota system in place for staffing groups to ensure that a range of staff were on duty at any time. However, there was no system in place to ensure that there was sufficient GP staffing to meet demand for appointments and staffing levels were not being monitored effectively. From reviewing the number of GP sessions, we saw that doctors were scheduled for a higher than expected number of appointments per day and they reported that there had been difficulty recruiting doctors to cope with demand.

Arrangements to deal with 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. Most staff had received annual basic life support training, although two non-clinical staff members who had been recruited in October 2014 had not yet received it, as we were told they were waiting to attend face to face training. The practice told us that they ensured these staff were always working with experienced staff when the rota was planned. There were procedures in place for staff to follow in the reception area, in the case of a medical emergency. There were emergency medicines available in the treatment rooms. These emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Oxygen was available for emergencies in both the main building and the annex, with adult and children's masks. All the medicines and oxygen we checked were in date and fit for use. The practice checked emergency medicines monthly. The practice did not have a defibrillator available on the premises, and there was no risk assessment to document why a defibrillator was not required.

Requires improvement

Are services safe?

The practice had a business continuity plan in place for major incidents including a power failure or building damage. However, this plan did not include emergency contact numbers for staff or for essential local services but the practice were aware that this needed updating.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, for example for diabetes, dementia and minor surgery. The practice had systems in place to ensure that all clinical staff were kept up to date and we were shown how guidelines were accessible on the practice's shared drive for clinical staff and guidance was discussed at local GP network meetings. The practice used this information to develop how care and treatment was delivered to meet patient needs. The practice monitored the use of these guidelines through clinical audits.

We reviewed medical records for a range of long term conditions and learning disabilities and we could see that best practice guidance was being followed and patients were receiving annual reviews. The practice took part in virtual clinics for complex diabetes patients, where patients were assessed and monitored in conjunction with a specialist in diabetes care. We saw care plans were being used to ensure holistic needs were identified, for example for patients at risk of admission to hospital. However, some medical records contained limited details about what was discussed during the consultation and what advice and information was provided to ensure needs were effectively assessed in all cases.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice.) The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.4% of the total number of points available for 2014/15 and the practice also achieved this for 2013/14. The exception reporting rate was 7.9%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for diabetes related indicators was better than the national average. For example, 86% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the national average of 78%. The number of patients who had received an annual review for diabetes in 2013/14 was 88% which was similar to the national average, however for 2014/15 the practice had worked to improve monitoring of diabetes patients and 98% of patients had received an annual review, which was above national average.
- Performance for management of patients with mental health conditions were above or in line with national averages. For example, 92% of patients had received a care plan and annual review compared with national average of 86%.
- The dementia annual review performance was 98% which was above national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was better than national average, achieving 89% compared with the national average of 83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been three clinical audits completed in the last two years and two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included improving awareness amongst clinicians about appropriate prescribing of medications for diabetes patients, which showed improvements had been made when prescribing was re-audited. The practice had also completed an osteoporosis audit to ensure patients were on the most appropriate treatment and had shared the results with a local hospital specialist to improve the pathway for patients.

The practice also provided minor surgery and participated in a number of audits related to minor surgery to ensure procedures were effective. Local prescribing audits were carried out and the practice attended benchmarking meetings once a month with other practices in the locality.

The practice monitored frequent child attendees in accident and emergency. From a record we reviewed, we saw that the practice used an alert system to flag up frequent attenders. However, consultation records for this patient did not contain detail indicating that the reason for frequent attendances had been explored and whether the patient was being monitored.

Good

Are services effective?

(for example, treatment is effective)

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, health and safety and confidentiality and one weeks' induction training at the main practice site in Welling. Basic life support was not always included in the induction programme and two non-clinical staff that had been recruited in October 2014 were yet to complete this.
- Clinical staff received training that included: safeguarding, basic life support and information governance awareness, however induction packs for locums were not in place.
- Specific training for clinicians included minor surgery, diabetes, mental capacity awareness, dementia, sexual health and family planning.
- Staff had access to and made use of e-learning training modules and in-house training. 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, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. The duty GP was available daily during lunch times to provide support for the newer salaried GPs where complex patients could be discussed. Practice nurses attended the local practice nurse forum to seek peer support. All staff had received an appraisal within the last 12 months.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. The practice had robust systems in place for checking that urgent and routine referrals had been received.

Blood test and scan results were reviewed and actioned daily by clinicians. Communications from other services, such as discharge letters and outpatient letters were all uploaded to one system and reviewed daily by the duty clinician.

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 on-going 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 two-monthly basis with the palliative care team and district nursing, and that care plans were routinely reviewed and updated. Clinicians including doctors and practice nurses met monthly at the main practice in Welling to discuss patients with complex needs. Children particularly at risk were discussed during locality safeguarding meetings and minutes were shared where staff who were unable to attend.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The practice had written consent templates in place for patients undergoing minor surgical procedures.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, learning disability patients and those requiring advice on their diet and smoking cessation. Patients were then signposted to the relevant service. The practice was able to refer to an exercise scheme for patients with depression to promote emotional wellbeing. A smoking cessation practitioner

Good

Are services effective?

(for example, treatment is effective)

visited the Welling practice site weekly, which Holly House patients were able to access. The practice had achieved 54% of their locally agreed target of 70 for smoking cessation for 2014/15.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82% which was in line with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were below national and CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 70% and five year olds from 58% to 71%. For 2014/15 the practice had recognised that vaccination rates were low and had worked to improve vaccination rates by contacting parents and there was some evidence that vaccination rates had improved. Flu vaccination rates for the over 65s were 68% for 2014/15. For at risk groups, 49% had received the flu vaccination which had improved from 40% in 2013/14. These were above or in line with 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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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. However, there was no private area available for patients where they could discuss sensitive issues with reception staff.

The majority of the 40 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and both clinical and non-clinical staff were helpful, caring and treated them with dignity and respect. We also spoke with 11 patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. CQC comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Results from the NHS Friends and Family Test (FFT) showed that on average 91% of patients would recommend the practice.

Results from the national GP patient survey were mixed, however overall patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 86% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 75% of respondents said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 90% of respondents said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

The majority of comments cards were positive about care planning and patients felt they were involved in decisions about their care. However, not all patients we spoke with felt that health issues were discussed with them. Five patients, including those from vulnerable groups, felt that information was not always explained in a way that they could understand and they were not always involved in decision making about the care and treatment they received.

Results from the national GP patient survey we reviewed showed that not all patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below or in line with local and national averages. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 90%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Staff told us that face to face translation services were available for patients who did not have English as a first language. There were no notices in the reception to inform patients that 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 groups and organisations for counselling and emotional support.

The practice's computer system alerted GPs if patients had a carer. They had a register of all patients who were carers,

Good

Are services caring?

which was 1% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a flag was put on the computer system to contact them.

Their usual GP contacted them and this call was either followed by a patient consultation or by giving them advice on how to find a support service. Bereavement support information leaflets were available in the reception area.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice had a safeguarding children administrative lead to monitor children under 18 presenting to accident and emergency (A&E) and they also monitored patients who attended A&E who were on the admission avoidance register.

The patient participation group (PPG) had facilitated change to the appointment system; the morning walk-in surgery at the main practice site was implemented four days per week, following feedback from a patient survey in 2014 and from complaints. The practice had also changed the phone line to a non-premium number and added in three more lines to improve telephone accessibility following this survey.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' from Monday to Friday from 7am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and those with long-term conditions.
- Home visits were available for older patients and housebound patients.
- Urgent access appointments were available for children, elderly patients and those with serious medical conditions.
- The practice had a register of patients most at risk of admission to hospital and provided a dedicated phone line so patients could access urgent advice and appointments.
- The practice was signed up to the violent patient enhanced service and had arrangements to see any patients in the local urgent care centre.
- The practice had access to a visiting interpreting service for patients with language barriers and the website could be viewed in a range of languages, however this was not displayed in the practice.
- We were told there was a hearing loop installed; however it was not clear if this was working and it was not advertised in the reception area.
- Homeless patients could be registered if required, however the need to register migrants and homeless patients was infrequent.
- Patient areas were accessible for wheelchairs and pushchairs; however the doors into the surgery were not easily accessible for all patients. Although partially adapted toilet facilities were provided; there was not enough room for a wheelchair inside the toilet cubicle and the hand washing facility had not been adapted to ensure all patients were able to use them. Two of the three consultation rooms had reduced access to treatment couches for those with mobility difficulties, as they were not height adjustable.

Access to the service

The practice reception and telephone lines were open from 7am to 6.30pm Monday to Friday and the practice also offered appointments each day between 7am to 6.30pm. Urgent appointments were available by calling the practice the same day and appointments were also available at the walk in morning surgery at Welling Medical Practice if required. Pre-bookable appointments were offered daily that could be booked two weeks ahead. The phone lines between 9am and 11am were dedicated to pre-bookable appointments so patients requiring urgent appointments could call at 8am. Emergency appointment slots were also available daily. Telephone consultations were available daily for pre-bookable or urgent patients, for housebound patients or those of working age who were unable to get to the surgery. Patients were able to book and cancel appointments online, which suited the working population.

The patient survey information we reviewed showed patients responded in general, lower than local and national averages to questions about access to appointments. For example:

- 55% were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 53% described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 58% said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 40% with a preferred GP said they usually get to see or speak to that GP compared to the CCG average of 53% and national average of 61%.

However patients felt that they were not kept waiting for appointments once at the surgery;

- 68% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

From comments cards we reviewed, the majority were satisfied with the appointments system. However, nine patients we spoke with during the inspection and 11 comments cards reviewed reported difficulty accessing pre-bookable appointments and some patients reported difficulty seeing their preferred GP, including patients from vulnerable groups. Patients felt that getting through on the telephone had improved since the system had been altered, however some patients still reported problems. We saw that the practice had noted all these issues from their patient participation group (PPG) survey and had identified an action plan to improve the service further, which they were in the process of implementing.

Listening and learning from concerns and complaints

The practice had a 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.

We saw that information was available to help patients understand the complaints system in the reception area and in the practice leaflet, but details about how to complain were not available on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 20 complaints received in the last 12 months and found these were acknowledged and responded to in a timely way and most responses we saw were satisfactorily handled with openness and transparency. However, one complaint response letter we saw, to a patient from a GP, had not been handled in a sensitive manner.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice reviewed complaints every six months with clinical staff and senior non-clinical staff to detect themes or trends. We looked at the minutes for the last two meetings and themes had been identified relating to individual clinicians, appointments, reception and prescriptions. We were told that the walk-in system was revised and re-introduced in response to the number of complaints regarding appointments, however it was not clear if complaints had reduced following this action. Verbal complaints were not recorded to assist in identifying or monitoring areas of improvement.

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 did not have a business plan or strategy in place and the vision had not been formally cascaded to staff, however all staff we spoke with were all able to articulate the aims of the practice which were to deliver high quality care and promote good outcomes for patients. Strategic direction to include improving GP recruitment and improved integration of clinical and non-clinical staff was discussed at partners meetings between the partners and practice manager, but this was not formally documented.

Governance arrangements

The practice had an overarching governance framework which supported day to day delivery of the service and good quality care, however mechanisms for monitoring actions and evaluating change were not always in place.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice utilised an external company to oversee human resources policies and procedures and these were adequately shared with staff.
- Recruitment processes were adequate and there was evidence that this had improved over the last year.
- Systems were in place to identify when staff were due to attend update mandatory training, however induction processes did not ensure training was completed in a timely manner.
- Practice specific policies were implemented and were available to all staff on the practice's shared drive.
- There was a comprehensive understanding of the performance of the practice, with monthly QOF meetings including clinical and administrative staff and regular attendance at clinical commissioning group (CCG) benchmarking meetings.
- Clinical audits were carried out with evidence of improved outcomes, but there was not a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but it was not always clear whether actions were followed up and re-evaluated. Some risk assessments were not thoroughly detailed and recorded, such as the health and safety risk assessment. Some risks were not picked up by current risk assessment systems, including those relating to infection control and the Equality Act 2010.
- There were robust information management systems in the practice. All staff completed information governance training and had signed confidentiality agreements in their files.
- Complaints were reviewed six-monthly, where the practice had identified complaint themes; however there was no governance system in place to ensure that complaints were being handled appropriately.

Leadership, openness and transparency

The partners in the practice had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Although the partners reported there was difficulty recruiting doctors and they had had to increase the number of appointments per GP as a result of this, non-clinical staff felt very supported by the partners and the practice manager. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Appraisals were carried out annually for all staff and staff received inductions. The partners encouraged a culture of openness and honesty. Staff told us that there was an open culture within the practice and they felt they could raise any issues where needed at staff meetings or with their line manager. The practice also had appointed a GP partner as a staff lead, so staff could directly feedback any concerns to them.

The practice held partners meetings and clinical meetings and the administrative and reception staff also had meetings every few months with some evidence that information was shared and staff were involved in discussions about how to improve the practice. However, it was not clear these were meetings were held routinely. The practice did not hold whole team meetings for both clinical and non-clinical staff, but recognised that they wanted to commence these meetings within the practice. The practice manager was not based at Holly House Surgery, but visited the practice every one to two weeks or as required. Information was shared with staff via email communications and via a daily communication book. We saw evidence that this was being utilised thoroughly to ensure sharing of information with all staff.

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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met monthly and was attended by the lead GP partner. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, from the patient survey in 2014, the PPG identified that the appointment system required updating, so the practice implemented a morning walk-in surgery for patients at the main practice site. The practice also changed the practice phone number, increased the number of telephone lines and changed the time that patients could call for routine and urgent appointments. The practice had also gathered NHS Friends and Family Test (FFT) data, however had not yet utilised this within the practice.

The practice had not gathered formal feedback from staff, but gathered staff comments opportunistically, through staff meetings and through annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Innovation

There was some evidence of learning and improvement within the practice from incidents, complaints, audits and risk assessments, but these were not always analysed to identify themes. The practice had a thorough process for ensuring appraisal action points were acted on as collated all actions into themes in a spreadsheet. This ensured that the appraisal action points were identified and carried out where possible, so that there was an opportunity for staff to develop.

There was evidence that the practice had engaged with other practices in order to identify areas to improve. For example, a GP and the practice manager had visited two different practices within the last six months to seek out potential improvements that could be implemented in their appointment system via from learning from other services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found that the registered person did not do all that was reasonably practicable to mitigate risks to health and safety of service users as they did not have adequate systems in place to be able to appropriately respond to emergencies, including basic life support training for all staff and access to a defibrillator; and infection control systems were not fully established. This was in breach of regulation 12(1)(2)(b)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.