

Bexley Medical Group

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?

Good



Are services well-led?

Requires improvement



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 Bexley Medical Group, consisting of three sites, on 30 July 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:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Data showed patient outcomes were above average for the locality
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice had a PPG that met regularly and was involved in recommending service improvements.
- Information about services and how to complain was available and easy to understand.
- The practice had a number of policies and procedures to govern activity, but not all staff were clear that these were available and how to locate them.
- The practice held regular staff meetings but these were not attended by staff across the practice's branch sites.

We saw one area of outstanding practice:

The practice had recently started piloting an outreach programme, to reach isolated patients through a befriending service, the Home Alone project. The project was being implemented with the support of the PPG. So far two members of the PPG had been recruited to support the project

However there were areas of practice where the provider should make improvements:

Importantly the provider must:

The areas where the provider must make improvements are:

Summary of findings

- Ensure risks to patients are assessed and well managed, specifically in relation to staff recruitment, infection control, the management of emergency medicines, and dealing with medical emergencies.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition, the provider should:

- Ensure the outcomes and learning from clinical audits are clearly presented and shared with the practice team

- Ensure clear lines of communication are maintained with the entire staff team, and that their feedback is sought by holding regular staff meetings attended by staff from all its sites.
- Ensure information about how to make complaints to is readily available in the practice
- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure all staff have appropriate access to policies, procedures and guidance to carry out their role.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were carried out and lessons learned were communicated to support improvement.

The practice had some systems, processes and practices in place to keep people safe, but improvements were needed in the management of risks in relation to recruitment, infection control, medicine management, and dealing with medical emergencies.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff 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. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Clinical audits were carried out in the practice. However the audits were not written up and shared in a consistent format that made clear the lessons learnt and improvements to patient outcomes.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with its patient participation group (PPG) to secure improvements to

Good



Summary of findings

services where these were identified. Most patients we spoke with were able to make an appointment at a time that was convenient for them. Urgent, on the day and pre-bookable appointments were available.

The practice had good facilities and was well equipped to treat patients and meet their needs. However some premises improvements identified in disability discrimination act assessment audits had not been implemented at King Harold's Way and Hurst Place surgeries due to premises limitations.

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.

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues. The practice had a number of policies and procedures to govern activity, but not all staff were aware of them and how to access them.

A range of staff meetings were held, but these were not routinely attended by staff across all the practice sites. The practice sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions but not all staff attended staff meetings and events.

Requires improvement



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

Nationally reported data showed that outcomes for patients were good 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 end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice is rated as requires improvement for the care of older people. We found the practice to require improvement for providing safe and well led services and that these findings affect people in this population group.

Requires improvement



People with long term conditions

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The clinical team worked with relevant health and care professionals to deliver a multidisciplinary package of care. In recent months, the practice had appointed lead GPs for specific disease areas.

The practice is rated as requires improvement for the care of people with long term conditions. We found the practice to require improvement for providing safe and well led services and that these findings affect people in this population group.

Requires improvement



Families, children and young people

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

The practice is rated as requires improvement for the care of families, children and young people. We found the practice to require improvement for providing safe and well led services and that these findings affect people in this population group.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). We found the practice to require improvement for providing safe and well led services and that these findings affect people in this population group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement 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, and those with a learning disability. It offered longer appointments for people with a learning disability. It had carried out annual health checks for people with a learning disability as part of an enhanced service. However, of the 42 patients on their LD register, only three had received an annual health check during the year ending 31 March 2015.

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.

The practice had recently started piloting an outreach programme, to reach isolated patients through a befriending service, the Home Alone project.

Requires improvement



People experiencing poor mental health (including people with dementia)

During the year ending 31 March 2014, 98% of their patients diagnosed with dementia 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. It carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

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) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). We found the practice to require improvement for providing safe and well led services and that these findings affect people in this population group.

Summary of findings

What people who use the service say

The national GP patient survey results published on 04 July 2015 showed the practice was mostly performing in line with local and national averages. There were 328 survey forms distributed for Bexley Medical Group and 113 forms were returned. This is a response rate of 34.5%.

- 68% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 74.4%.
- 85.9% find the receptionists at this surgery helpful compared with a CCG average of 80.5% and a national average of 86.9%.
- 80.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79.2% and a national average of 85.4%.
- 91.1% say the last appointment they got was convenient compared with a CCG average of 89.4% and a national average of 91.8%.
- 67.3% describe their experience of making an appointment as good compared with a CCG average of 63.6% and a national average of 73.8%.
- 58.7% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57.3% and a national average of 65.2%.
- 50.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 50.6% and a national average of 57.8%.
- However, only 38.8% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54.4% and a national average of 60.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 completed comment cards which were almost completely unanimous in their praise of the practice. People commented that the staff team were kind, patient and listened to them. They also told us they received good information about the treatment and that they received high quality care and treatment. We received a couple of less favourable comments but there were no themes to these.

We spoke with 21 patients, including one member of the patient participation group (PPG), during our inspection. Patient feedback was mostly positive: most people we spoke with said they could get appointments when they needed them, and that appointments generally ran on time. Patients told us that they found the GPs listen to them and involve them in their care, that the staff were helpful and respectful towards them, and that they had information about how to raise concerns and make complaints. There were a few less positive comments relating to difficulties getting appointments, and poor reception staff attitude at one of the practice sites.

The PPG member we spoke with confirmed that the practice was engaged with them, responded to issues and concerns they raised and listened to their feedback and suggestions. For example in response to patient feedback about reception staff, a reception supervisor was employed and staff undertook training at King Harold's Way surgery site. The PPG found that this led to improvement in staff attitudes.

Bexley Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included three other CQC inspectors, two GP specialist advisors, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Bexley Medical Group

Bexley Medical Group is located in the London Borough of Bexley, and provides care and treatment to approximately 16,300 patients from its main site at 171 King Harold's Way, Bexleyheath, Kent, DA7 5RF and its branch locations at Erith Health Centre, 50 Pier Road, Erith, Kent, DA8 1RQ and Hurst Place Surgery, 294A Hurst Road Bexley Kent DA5 3LH. We visited all three sites during this inspection.

The practice clinical staff team consisted of two GP partners, ten salaried GPs (five of whom were male), a nurse practitioner, three practice nurses and two healthcare assistants. The nursing team was all female. They were supported by a practice management team that comprised of a strategic manager, business / IT consultant manager, a finance manager and reception team coordinator. The practice had a team of 13 reception staff and two medical secretaries.

Bexley Medical Group has a personal medical services (PMS) contract for the provision of its general practice services. Services provided in the practice include general medical services, mother and baby clinic, obesity clinic, and cardiology outreach services.

Bexley Medical Practice is registered with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery services; Family planning services; and Surgical procedures to everyone in the population. These regulated activities are provided from the main and branch practice sites.

The practice has opted out of providing out-of-hours services to their own patients.

We first inspected the practice on 12 September 2013. We found they did not meet the regulatory requirements for Requirements relating to workers and Record keeping. On 24 April 2014, we carried out a follow up inspection and found the practice was meeting the requirements of the regulations.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Detailed findings

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?
- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 July 2015. During our visit we spoke with a range of staff (GP partners, salaried GPs, nursing staff, practice management, administrative and reception staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients had shared their views and experiences of the service.

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. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out analyses of significant events.

We reviewed safety records and incident reports, which demonstrated records were kept in relation to incidents. Lessons learnt from significant events were recorded. For example following a complex safeguarding case, additional staff training was arranged for staff on dementia and mental capacity act. However, staff were not able to provide us with any minutes of meetings where significant events were discussed, and many staff we spoke with were not aware of significant events being discussed at meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had some 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 staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, 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 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).

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams and a pharmacist employed by the practice on an irregular basis ,to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

However there were improvements needed in certain aspects of the services:

- Recruitment checks were carried out and the staff files we reviewed showed that most recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks for many staff through the Disclosure and Barring Service (DBS). However we found there were some gaps in references being obtained prior to employment, and some DBS checks were not sought for recently employed GPs and the GP partners. A DBS check had also not been sought for a member of the administrative staff team, who was the designated male chaperone. We raised this with the practice who informed us they would address these gaps in their checks.
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. However infection prevention and control practices could be improved as annual infection

Are services safe?

prevention and control (IPC) audits were not undertaken across the practice sites. The most recent IPC audit had been undertaken at the Bexleyheath site in 2013, by an external contractor.

- The procedures for monitoring and managing risks to patient and staff safety could be improved and standardised across the practice sites. Emergency equipment, in the form of oxygen cylinders and defibrillators, were not routinely made available across all the practice sites; the practice had not responded to the risks identified in their most recent legionella risk assessments, and disability discrimination audits.

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. All staff received annual basic life

support training and there were emergency medicines available in the treatment rooms. The practice had a defibrillator available at the Erith Health Centre. Whilst oxygen with adult and children's masks was available at the King Harold's Way and Hurst Place sites, they did not have defibrillators and the provider had not assessed, and mitigated against, the risks of not having one. Emergency medicines were easily accessible to staff in secure areas of the practice sites and all staff knew of their location. Most of the emergency medicines we checked were in date and fit for use, with the exception of one pack at Erith Health centre.

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 the senior staff in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 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 98.99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year ending 31 March 2015 showed:

- The practice achieved maximum scores for its performance for indicators relating to the care of people with various long term conditions including asthma, heart failure, hypertension, dementia and mental health. These were higher than the local area and national averages.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice provided us with summaries of three clinical audits completed in the last three years. However the outcomes and learning from clinical audits were not clearly presented and shared with the practice team.

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, fire safety, health and safety and confidentiality.
- 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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

Are services effective?

(for example, treatment is effective)

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.

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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 98%, which was better than the local average of 87%. 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.

For the year ending 31 March 2015, childhood immunisation rates for the vaccinations given to children aged two year and younger was 98.9%, and for pre-school boosters given at three years and four months of age or soon after, was 99.1%. For the winter period 01 September 2013 to 31 January 2014, flu vaccination rates for the over 65s were 67.5%, and at risk groups 48.6%. These were slightly below the 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. In the last five years, 49% of their eligible patients had received an NHS health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 attending 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 14 completed comment cards which were almost completely unanimous in their praise of the practice. People commented that the staff team were kind, patient and listened to them. They also told us they received good information about the treatment and that they received high quality care and treatment. We received a couple of less favourable comments but there were no themes to these.

We also spoke with one member of the patient participation group (PPG) 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was slightly below the local area and national averages for its satisfaction scores on questions relating to consultations with doctors and nurses. For example:

- 78.5% said the GP was good at listening to them compared to the CCG average of 85.6% and national average of 88.6%.
- 77.5% said the GP gave them enough time compared to the CCG average of 83.2% and national average of 86.8%.

- 88.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.3% and national average of 95.3%
- 75.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79.9% and national average of 85.1%.
- 84.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87.2% and national average of 90.4%.
- 85.9% said they found the receptionists at the practice helpful compared to the CCG average of 80.5% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 77.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.5% and national average of 86.3%.
- 72.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77.7% and national average of 81.5%

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

Are services caring?

were identified as carers and they were offered additional care and support, such as health checks, seasonal flu vaccinations, and referral for social services support. 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, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with their patient participation group (PPG) in ensuring service improvements. Recent improvements noted by the PPG included the introduction of a tracking system for referrals, and the introduction of virtual participation in the PPG.

The practice had recently started piloting an outreach programme, to reach isolated patients through a befriending service, the Home Alone project. The project was being implemented with the support of the PPG. So far two members of the PPG had been recruited to support the project.

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' on a Monday evening until 9.00pm for working patients who could not attend during normal opening hours.
- The practice offered a weekly Saturday morning clinic between 10am and 12 noon
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were hearing loop and translation services available at all the practice sites.
- People of no fixed abode were able to register with the practice, without being required to provide routine paperwork.

Some improvements were needed in disabled access and toilet facilities at Hurst place and King Harold's Way surgeries respectively. These issues were among those highlighted in the sites' disability discrimination act assessment audits. The practice management told us they had been restricted in the amount of changes they were able to put in place due to the limitations of these premises.

Access to the service

The practice sites at King Harold's Way and Erith Health Centre were open between 08.30am and 6.30pm on Monday to Wednesday, and on Friday. Hurst Place Surgery was open 08.00am and 6.30pm on Monday to Friday. On Thursdays, Erith Health Centre and Hurst Place Surgery closed at 1.00pm. Extended hours surgeries were offered on Mondays at King Harold's Way surgery between 6.30pm and 9.00pm. On Monday, Wednesday and Friday mornings at Hurst Place Surgery, there were book on the day surgeries. Patients needed to call at 08.30 am to book an appointment, and they were allocated on a first come first served basis. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than the local averages but slightly below the national averages. For example:

- 70.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.2% and national average of 75.7%.
- 68% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 74.4%.
- 67.3% patients described their experience of making an appointment as good compared to the CCG average of 63.6% and national average of 73.8%.
- 58.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.3% and national average of 65.2%.
- However, only 38.8% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54.4% and a national average of 60.5%.

People we spoke with on the day told us they were able to get appointments when they needed them.

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. Posters were displayed at King Harold's way, but not at the other practice sites.

Are services responsive to people's needs?

(for example, to feedback?)

Summary leaflets about complaints were not readily available to patients, but staff could print this information for patients on request. There was information about how to make a complaint 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 the practice's annual review of complaints for the year ending 31st March 2015. The practice detected themes in the patterns of complaints, in that they mainly related to admin and clinical issues, and that the most complaints were made about King Harold's Way surgery. Action plans put in place included the employment of a

Reception Supervisor and specialist outside trainers in customer services, investigation and resolution of individual complaints and escalating any complaints categorised accordingly as a significant event.

We tracked through three individual complaints and found they were satisfactorily handled, dealt with in a timely way, and that there was openness and transparency with dealing with the complaint.

We found that overall lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

(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. This was understood and articulated by staff we spoke with during our inspection.

The practice had a Statement of Purpose which reflected its vision and values.

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 was a comprehensive understanding of the performance of the practice

However we found that particular aspects of the governance arrangements were in need of improvement:

- Practice specific policies were implemented, but these were not made available to all staff, and not all staff were aware of their location for reference.
- Clinical audits were implemented to monitor quality. However the outcomes and learning from clinical audits were not clearly presented and shared with the practice team.
- There were improvements needed in the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; particularly in relation to recruitment, infection control, medicine management, and dealing with medical emergencies.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care.

Staff told us that regular team meetings were held at the King Harold's way surgery site. Staff based at the other two practice sites did not attend the meetings as often as the main practice site staff. Minutes from these meetings were also not made available to all staff.

Staff said they felt respected, valued and supported, by their colleagues, but there was limited communication across all three of the practice sites.

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 on a quarterly basis, and submitted proposals for improvements to the practice management team. For example, in response to patient feedback about reception staff, a reception supervisor was employed and staff undertook training at King Harold's Way surgery site. The PPG found that this led to improvement in staff attitudes.

The practice also gathered feedback from staff through staff meetings, appraisals and discussion. However due to the lack of staff meeting attendance by staff across all sites, the feedback was not representative of the staff team.

Innovation

The practice took part in local pilot schemes to improve outcomes for patients in the area. One of the practice's partners set up a cardiology diagnostics facility for Bexley patients, which allowed them to receive care 'closer to home'. The surgery also hosts cardiology clinics, heart failure nurse led clinics and patients can have echocardiograms (a procedure that can be used to look at the structure of your heart in detail), electrocardiogram, or ecgs (diagnostic tool that is routinely used to assess the electrical and muscular functions of the heart), ambulatory ECG monitoring (24 hour tape) and 24 hour blood pressure monitoring at the surgery.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure care and treatment was provided in a safe way by ensuring sufficient equipment and medicines was available to ensure the safety of service users, and that risks of the spread of infections, including those that are health care associated were assessed. Regulation 12 (2) (f) (h).</p> <p>This was because the provider did not ensure risks to patients were managed in relation to infection control, the management of emergency medicines, and dealing with medical emergencies.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure recruitment procedures were operated effectively to ensure suitable persons were employed. Regulation 19 (2).</p> <p>This was because the provider did not ensure recruitment arrangements included all necessary pre-employment checks for all staff.</p>