

# The Park Group Practice

## Quality Report

113 Anerley Road

Penge

London

SE20 8AJ

Tel: 020 8778 8027

Website: [www.parkpractice.gpsurgery.net](http://www.parkpractice.gpsurgery.net)

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Park Group Practice on 9 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed; however, we found fire alarms were not being tested and some staff had not undergone training in fire safety, health and safety, infection prevention and control, basic life support or information governance.
- Not all clinical staff had appropriate medical indemnity insurance in place at the time of the inspection.

- Patient Group Directions (PGDs) relating to travel vaccinations were out of date although the practice had put additional measures in place until this could be resolved.
- An induction checklist was in place for newly recruited staff; however, these were not always being completed.
- The partners acknowledged that they struggled to offer a sufficient number of appointments to meet the demands of their patient population, and were trying to address this through the introduction of, for example, the walk in clinic and the services accessible through the Hub. They were also trying to recruit additional GPs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they sometimes found it difficult to get an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had identified 132 patients as carers, but this represented just 1.7% of the practice list.

The areas where the provider must make improvements are:

- Ensure staff undergo training appropriate to their role, including fire safety, basic life support and infection prevention and control.
- Regularly test fire alarms to ensure they are in working order.

- Ensure all clinical staff have appropriate medical indemnity insurance in place, and if they do not they should not be permitted to work until it is in place.

The areas where the provider should make improvements are:

- Complete induction checklists for all new staff.
- Review the risk assessment in relation to chaperones and Disclosure and Barring checks, and explicitly consider and record reasonable risks and scenarios within the risk assessment.
- Continue efforts to obtain up to date PGDs.
- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.
- Continue to seek ways to increase the number of available appointments for patients, including the recruitment of an additional GP.

**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.

**Requires improvement**



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. Fire alarms were not being tested; some staff had not undergone training in fire safety, health and safety, infection prevention and control, basic life support or information governance.
- Not all clinical staff had appropriate medical indemnity insurance in place at the time of the inspection.
- Patient Group Directions relating to travel vaccinations were out of date although the practice had put additional measures in place until this could be resolved.
- An induction checklist was in place for newly recruited staff; however, these were not always being completed.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were comparable to the national average. The practice achieved 95% of available points (2014 – 2015) compared to the Clinical Commissioning Group (CCG) average of 94% and England average of 95%. Several outcomes were below average. For example:
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/

# Summary of findings

03/2015) was 59% compared to the CCG average of 84% and England average of 88%. Data for 2015 – 2016 showed this had risen to 91%, comparable to both the CCG and England average.

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 87% compared to the CCG average of 92% and England average of 94%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less (01/04/2014 to 31/03/2015) was 74% compared to the CCG average of 80% and England average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver care and treatment; however, this was not potentially as effective as it could be as there were gaps in the training provided. There was evidence of appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the July 2016 national GP patient survey showed outcomes were comparable to CCG and England averages. For example:
- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. (01/07/2015 to 31/03/2016) was 91%, the same as the CCG and England average.
- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/07/2015 to 31/03/2016) was 82% compared to the CCG and England average of 85%.
- The percentage of respondents to the GP patient survey who stated that they always or almost always saw or spoke to the GP they preferred was 20% compared to the CCG average of 33% and England average of 35%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

**Good**



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had regular meetings with the CCG and also engaged in cluster meetings with a group of local practices.
- The practice offered evening and weekend appointments through the local GP alliance at alternative locations which benefitted working patients who could not attend during normal opening hours.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a yellow fever vaccination centre.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients' feedback that it was sometimes difficult to get an appointment.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

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- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. We saw the practice had sought patient feedback regarding the introduction of a weekly open access clinic. Feedback was positive, with patients commenting it was helpful and wanting an additional clinic on another day.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Flu vaccinations were offered on home visits.
- The practice participated in the Avoiding Unplanned Admissions Enhanced Service. The practice contacted patients shortly after discharge and after attendance at an emergency department. We reviewed the care plan of a patient in this category and found it was well written. All patients over 75 had a named, accountable GP.
- All eligible patients were offered the shingles vaccination.
- Regular meetings were held with the palliative care nurses, district nurses and community matron.
- The practice organised delivery of medicines to elderly patients with the local pharmacy.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Annual reviews of these patients were carried out by the practice nurses.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the CCG average of 75% and England average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 78% compared to the CCG average of 74% and England average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 83% compared to the CCG average of 87% and England average of 88%.



# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with long term conditions were referred to community services, the COPD (chronic obstructive pulmonary disease) clinic and to the Community Matron.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Breast and bowel cancer screening was below CCG and England averages: females aged 50 – 70 screened for breast cancer in the last 36 months was 61%, compared to the CCG average of 73% and England average of 72%. Persons aged 60 – 69 screened for bowel cancer in the last 30 months was 49% compared to the CCG average of 58% and England average of 58%.
- Cervical screening rates were comparable - 89% compared to the CCG average of 84% and England average of 82%.
- Child immunisation was comparable to the CCG.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Weekly clinics were held at the practice by the health visitors and midwives.
- The practice offered postnatal checks and eight- week baby checks. We saw a copy of the letter sent to new mothers that included a new birth registration form and an invitation to visit the practice for the child health clinic.

Good



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

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

Good



# Summary of findings

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 including appointments, prescriptions and summary care records.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice registered students as temporary patients.
- The practice offered appointments at weekends and in the evenings through the HUB (The Hubs are run by the Bromley GP Alliance. This service allows Bromley patients access to a general practitioner 7 days per week, where the clinician has, with the patients' consent, full access to their GP records).

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 36 patients on the learning disability register of whom 22 had had an annual review so far this year. We reviewed a care plan for one of these patients and found it was well written.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a child protection register and a register for children in need and vulnerable families. It held a meeting every other month with the health visitor to discuss these patients and their care.
- Staff had received training in identifying domestic abuse and how to refer patients to appropriate support services.

Good



# Summary of findings

## 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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 76% compared to the CCG average of 84% and England average of 88%. Data for 2015 – 16 showed this had risen to 92.5%, above the CCG average and comparable to the England average.
- However, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 59% compared to the CCG average of 84% and England average of 88%. Data for 2015 – 2016 showed this had risen to 91%, comparable to both the CCG and England average.
- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (01/04/2014 to 31/03/2015), which was comparable to the CCG average of 83% and the national average of 84%. However, data for 2015 – 16 showed this had dropped to 71%, below the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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. Information leaflets were available in the waiting area.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifteen survey forms were distributed and 108 were returned. This represented less than 2% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 75% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards, one of which was wholly positive about the standard of care received. The second card was largely positive but did comment on the length of time it took to get an appointment and occasional poor communication. Positive comments included being treated with dignity and respect; being listened to and having their needs met.

We spoke with ten patients during the inspection, including one member of the Patient Participation Group. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but some raised concerns regarding the appointment system and late running of appointments. The practice had sought to improve its response rate to the Family and Friends Test by sending text messages to patients. The response rate had more than doubled since this began.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure staff undergo training appropriate to their role, including fire safety, basic life support and infection prevention and control.
- Regularly test fire alarms to ensure they are in working order.
- Ensure all clinical staff have appropriate medical indemnity insurance in place, and if they do not they should not be permitted to work until it is in place.

### Action the service **SHOULD** take to improve

- Complete induction checklists for all new staff.

- Review the risk assessment in relation to chaperones and Disclosure and Barring checks, and explicitly consider and record reasonable risks and scenarios within the risk assessment.
- Continue efforts to obtain up to date PGDs.
- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.
- Continue to seek ways to increase the number of available appointments for patients, including the recruitment of an additional GP.

# The Park Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

## Background to The Park Group Practice

The Park Group practice provides services to approximately 7800 patients in the Penge area of south east London under a Personal Medical Services contract (a locally agreed contract between NHS England and a GP practice. The contract offers variation in the range of services which may be provided by the practice). It sits within the Bromley clinical commissioning group (CCG) which has 45 member practices serving a registered patient population of more than 340,000. The Park Group practice provides a number of enhanced services including Meningitis Provision; Childhood Vaccination and Immunisation Scheme; Facilitating Timely Diagnosis and Support for People with Dementia; Influenza and Pneumococcal Immunisations and Learning Disabilities.

The staff team at the practice consists of three GP partners, two female and one male; and three female salaried GPs. There is also a practice manager, an assistant practice manager, two practice nurses and administrators/receptionists. The practice provides 27 GP sessions per week, eight fewer than they would like. The service is provided from this location only.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.50am to 12.30pm every morning and 3.20pm to 5.40pm every afternoon except for Wednesday afternoons when appointments are available

between 2.30pm and 5.30pm. Every Wednesday the practice offers an open access clinic based on a first come first served basis, although patients do have to book in before 9.15am. The practice is a member of the Bromley GP Alliance and can utilise its HUB services to provide patients with additional appointments in the evenings up to 8pm and between 9am and 1pm at weekends. Outside of these hours, patients are advised to contact the NHS 111 service. The practice provides an online appointment booking system and an electronic repeat prescription service. Patients were sent text messages to remind them of appointments. The premises are not purpose built; however, the practice provides a removable ramp to facilitate wheelchair access and had a ground floor consulting room for patients who cannot climb the steps to the regular consulting rooms. The practice is due to move to a purpose built centre, currently under construction, in the summer of 2017. There is a hearing loop, and accessible toilet facilities which include a baby changing facility. We noted the accessible toilet did not have an emergency cord; however, staff felt that as it is situated next to reception this is unnecessary.

The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, surgical procedures, and diagnostic and screening procedures.

The practice has a slightly lower percentage than the national average of people with a long standing health condition (52% compared to a national average of 54%). The average male life expectancy for the practice is 78 years, and for females 82 years. These compare to the CCG averages of 81 years and 84 years; and the national averages of 79 years and 83 years.

The population in this CCG area is predominantly white British. The second highest ethnic group is black or black

# Detailed findings

British. The practice sits in an area which rates within the third most deprived decile in the country, with a value of 30.1 compared to the CCG average of 15.2 and England average of 21.8 (the lower the number the less deprived the area).

The patient population is characterised by an above England age average for patients, male and female, under the age of nine and between the ages of 30 and 49; and for female patients aged 25 - 29. It has fewer patients, male and female, aged 15 - 24 and above 55 than the England average.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 November 2016. During our visit we:

- Spoke with a range of staff including doctors, practice nurse, assistant practice manager and administrative staff; and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We saw there had been seven recorded significant events (SE) in the past year. The SE log contained the outcome and learning taken from each event. For example non-clinical staff had re-issued a prescription for a controlled drug (controlled drugs are medicines that require extra checks and special storage because of their potential misuse) as the original prescription had been mislaid. As a result staff had received training and a new recording system had been introduced which required several signatures before a prescription for a controlled drug could be given.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in response to an alert regarding blood glucose monitoring machines the practice nurse had checked that none of their patients had been supplied with the faulty machines. Medicine alerts were received by the GPs and the practice managers and the IT manager would run a search to establish if any patients were receiving the medicines in question.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. One of the most recently recruited GPs had not undergone level 3 but the practice had before the visit taken steps to address this, and they completed the training shortly afterwards. The practice nurse had undergone level 3 training.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had carried out a risk assessment and decided that non-clinical staff who chaperoned did not require a Disclosure and Barring Service (DBS) check, as the practice considered they would never be left alone with a patient. (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). This decision was based upon a risk assessment the outcome of which was that non-clinical staff would never be alone with a patient. However, the assessment did not fully explore or record all reasonable circumstances where this situation may occur.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and had attended training in 2014. We noted that none of the GPs had attended infection control training within the last three years (the practice's training matrix stated this would be carried out annually for all clinicians). There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For



## Are services safe?

example, the most recent audit, carried out in September 2016, highlighted the need for the carpets in the consultation rooms to be deep cleaned, and this had been carried out. We noted that used clinical waste bags were stored on the floor in one of the basement rooms awaiting collection. This was raised with the infection control lead who acknowledged it was not ideal but there was no alternative storage option.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We found that each of the refrigerators used to store medicines only had one thermometer, which was not being calibrated monthly. When this was queried at the inspection the practice took action to order an additional two thermometers. Robust processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had a strict policy that repeat prescriptions could not be issued by locum GPs. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation; however, we found that those relating to travel vaccinations were out of date. The nurse confirmed that they had made repeated requests for these from the CCG and as an interim measure had sought verbal agreement from one of the GPs for any vaccinations she had given. The practice was advised by the Care Quality Commission that this interim measure needed to be more robust and include written GP agreement for each vaccination given. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the

appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found, however, that not all clinical staff had appropriate medical indemnity insurance in place at the time of the inspection. The practice confirmed following the inspection that this had been rectified.

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### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, and a health and safety risk assessment had been carried out in June 2016. The practice had an up to date fire risk assessment, last carried out in October 2016. A fire drill had been carried out on 8 November 2016. The drill prior to this had been conducted in February 2015. The practice was not carrying out regular checks of the fire alarm system.
- All electrical equipment was checked every two years to ensure the equipment was safe to use and clinical equipment was checked monthly by the lead practice nurse to ensure it was working properly. Clinical equipment was calibrated annually, the last tests having been carried out in March 2016. We saw the records of these checks. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control (carried out in February 2016) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), carried out in January 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The staff worked as a cohesive team; however, the partners acknowledged that they were stretched in terms of numbers and there was a high use of locums.

### Arrangements to deal with emergencies and major incidents

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



## Are services safe?

- 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. Seven staff, including one of the practice nurses and one of the GPs had not completed this training; however, all but one of these staff were relatively new employees and we were informed the training would be arranged as soon as possible. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen. A first aid kit and accident book were available. We saw regular checks were made to ensure the equipment was functioning correctly.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Only one of the GPs carried medicines in their doctor's bag. The practice nurse was responsible for checking these monthly and we found up to date logs of these checks.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice manager uploaded guidelines onto the practice's computer system and sent emails to staff informing them updates were available.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. The practice had higher exception reporting than the CCG and national averages for coronary heart disease, peripheral arterial disease, stroke and transient ischaemic attack, asthma, chronic kidney disease, chronic obstructive airways disease, diabetes, dementia, depression and cancer. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015-16 indicated the exception reporting rate remained high (21.7% which was 13.5 percentage points above the CCG average, and 11.9 above the England average). We reviewed three patients in each of the highest exception reporting indicators and established that the exceptions were appropriate.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 95%

compared to the CCG average of 75% and England average of 78%. However the practice's exception reporting rate was 37% compared to the CCG rate of 9% and the national rate of 12%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 78% compared to the CCG average of 74% and England average of 78%. The practice's exception reporting rate was 17% compared to the CCG rate of 8% and the national rate of 9%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 83% compared to the CCG average of 87% and England average of 88%. The practice's exception reporting rate was 25% compared to the CCG rate of 6% and the national rate of 8%.
- Performance for mental health related indicators was comparable to the national average in two indicators, but below in one: 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (01/04/2014 to 31/03/2015), compared to the CCG average of 83% and national average of 84%. The practice's exception reporting rate was 17% compared to the CCG rate of 12% and the national rate of 8%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 76% compared to the CCG average of 84% and England average of 88%. The practice's exception reporting rate was 4% compared to the CCG rate of 10% and the national rate of 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 59% compared to the CCG average of 84% and England average of 88%. Data for 2015 – 2016 showed this had risen to 91%, comparable to both the CCG and England average. The practice's exception reporting rate (01/04/2014 to 31/03/2015) was 3% compared to the CCG rate of 7% and the national rate of 10%.

# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- We reviewed three clinical audits completed in the last two years, one of these, an audit of LVSD [Left ventricular Systolic Dysfunction], was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the first cycle of the audit of patients with inflammatory bowel disease had benefitted patients. All patients with this condition were reviewed. If they were not engaged in regular follow-up by secondary care they were contacted and invited to discuss the situation with a GP, and risk assessed.

### Effective staffing

Staff had the skills, knowledge and experience to deliver care and treatment; however, this was not potentially as effective as it could be as there were gaps in the training provided.

- The practice had an induction checklist for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, only one of the personnel files we examined contained a completed checklist.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses told us they had attended a range of training in, for example, diabetes, cervical smears, baby immunisations, asthma, insulin initiation, dressings and travel vaccinations. The practice was a yellow fever centre and the nurse had undergone the appropriate training to give this vaccination, including bi-annual updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support clinical supervision and facilitation and support for revalidating GPs. Staff in post for 12 months or longer received an annual appraisal. The practice nurse told us they were enabled to attend a nurses forum, whilst the GPs attended regular educational meetings with the CCG. Formal supervision for non-clinical staff was not carried out; however, staff told us that this was done on an ad-hoc basis and they received plenty of peer support.
- Some staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, the practice's training matrix showed a number of gaps. For example, not all staff had undergone basic life support training. Most staff had not received fire safety training or information governance training contrary to the practice's own training policy.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had a buddy system in place to deal with pathology results and a clear system of accountability. We noted, however, that the two week wait referral process did not include any mechanism to confirm that the referral had been received. Following the inspection the practice sent us a copy of a new procedure which included requesting a read receipt.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services such as the tissue viability nurse. The out of hours service, ambulance, emergency department and the local hospice were notified of any patient changes through the Coordinate my Care system (coordinate my care is a clinical system which allows

# Are services effective?

## (for example, treatment is effective)

healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. There were regular meetings with, for example, the palliative care team and the CCG. The GPs occasionally would go out with ambulance crews as observers; and paramedics would visit the practice for training purposes.

### Consent to care and treatment

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

- The staff we spoke with had a good understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The GPs were aware of Gillick competencies (Gillick competency is used to determine whether a child aged under 16 years is able to make decisions about their own medical treatment, without the need for parental permission or knowledge).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Patients were signposted to the relevant service such as the local bereavement service; weight management and healthy lifestyle services.
- An (improving access to psychological therapies) counsellor was available one day a week.

The practice's uptake for the cervical screening programme was 89%, which was comparable to the CCG average of 84% and 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 96% and five year olds from 85% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

One of the two patient Care Quality Commission comment cards we received was positive about the service experienced. The second card was largely positive but did comment on the length of time it took to get an appointment and occasional poor communication. Patients said they felt the staff were helpful, caring and treated them with dignity and respect.

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79.5% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

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

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

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

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

- Staff told us that translation services, including British sign language, 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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

## Are services caring?

Information about support groups was also available on the practice website. For example, information leaflets were available relating to bereavement services and free to access talking therapies.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 132 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice would write to them, and we saw a copy of this letter.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had regular meetings with the CCG and also engaged in cluster meetings with a group of local practices.

- The practice offered evening and weekend appointments through the local GP alliance at alternative locations which benefitted working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a yellow fever vaccination centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a temporary ramp to ease access for patients using wheelchairs.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.50am to 12.30pm every morning and 3.20pm to 5.40pm every afternoon except for Wednesday afternoons when appointments were available between 2.30pm and 5.30pm. Every Wednesday the practice offered an open access clinic based on a first come first served basis, although patients did have to book in before 9.15am. The practice was a member of the Bromley GP Alliance and could utilise its HUB services to provide patients with additional appointments in the evenings up to 8pm and between 9am and 1pm at weekends. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them, with children prioritised.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 79%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

People told us on the day of the inspection that it was not always easy to get appointments when they needed them. This was reflected in the results of the national patient survey 2016 where 63% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%. The partners acknowledged that they struggled to offer a sufficient number of appointments to meet the demands of their patient population, and were trying to address this through the introduction of, for example, the walk in clinic and the services accessible through the Hub.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

We were told the receptionists would ask patients for some indication of the reason why they needed an urgent appointment. If patients did not wish to discuss this they would be put on the list for a GP telephone call. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; the complaints procedure was available in the waiting area.

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

We looked at 26 complaints received in the last 12 months and these were dealt with in a timely way. Lessons were learnt from individual concerns and complaints. For example, an action plan was put in to place for receptionists to improve communication for patients who

had communication difficulties. In response to complaints that patients could not always see their preferred GP, the practice had put a notice in the waiting room stating which doctors worked on which days, so as to give patients information relevant to booking an appointment.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The partners acknowledged that they struggled to offer a sufficient number of appointments to meet the demands of their patient population, and were trying to address this through the introduction of, for example, the walk in clinic and the services accessible through the Hub. They were also trying to recruit additional GPs.

### 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- There was a suggestion box in the waiting area and the practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. For example, the practice had sought to improve its response rate to the Family and Friends Test by sending text messages to patients. The response rate had more than doubled since this began. The practice had reviewed the 2016 national patient survey results and had put an action plan into place to address the areas where they had lower than average outcomes. This included advertising in the waiting room which doctors worked on which days, to help alleviate complaints that patients could not always see their preferred GP. The PPG told us they had just had one face to face meeting, but

# Are services well-led?

Good 

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

communicated at regular intervals electronically. They felt the practice had listened and was responsive to the group's input. There was a poster in the waiting area inviting patients to join the group.

- We saw the practice had sought patient feedback regarding the introduction of a weekly open access clinic. Feedback was positive, with patients commenting it was helpful and wanting an additional clinic on another day.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice team was forward thinking and had recently signed up to the Clinical Research Network as a level two practice, which entails the practice taking part in two research studies during the forthcoming year.

The practice had also taken part in the Primrose study which related to management of cardiovascular (CVD) risk for people with severe mental illnesses. As part of the study, six of their patients had taken part in in-depth examination/consultations with their practice nurse team and the Primrose study nurses and are being reviewed regularly to help improve their CVD risk. The study is on-going so the final outcome is not yet known.

## 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><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none"><li>• They had failed check fire alarms and failed to ensure all clinical staff had medical indemnity insurance in place.</li><li>• They had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Some staff had not undergone training in fire safety, health and safety, infection prevention and control, basic life support or information governance.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>