

Summercroft Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Summercroft Surgery on 9 June 2016. As a result of our findings during that visit the provider was rated as good overall and requires improvement for providing safe services. The full comprehensive inspection report from that visit was published on 2 August 2016 and can be read by selecting the 'all reports' link for Summercroft Surgery on our website at www.cqc.org.uk.

The provider submitted an action plan to tell us what they would do to make improvements and meet the legal requirements. We undertook an announced comprehensive follow-up inspection on 31 October 2017 to check that the provider had followed their plan, and to confirm that they had met the legal requirements. As a result of our findings the provider is rated good.

Our key findings were as follows:

- All staff had completed adult and child safeguarding training appropriate to their level.

- The practice had carried out a Legionella risk assessment and infection control audit which had not been conducted at the previous comprehensive inspection.
- The practice was able to demonstrate that they had obtained evidence of immunisation for several key staff which was not demonstrated at the previous inspection.
- The practice had carried out a health and safety risk assessment and fire assessment which had not been conducted at the previous inspection.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- 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.
- Although there was a process in place for the collection of prescriptions some staff members were unsure of it.
- Not all staff had undertaken role appropriate training, specifically infection control and information governance.
- Communication was not effective, although regular staff meetings were conducted staff spoken to on the day were unsure of some systems and processes.

There were areas where the provider should make improvements.

The provider should:

- Monitor action on processes and policy and also keep appropriate notes on patients' files when deviating from policy or guidance.

- Review training to ensure all staff members have completed role specific training.
- Consider how best to ensure staff are aware of the practice's prescription collection processes.
- Continue to review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.
- Conduct a risk assessment for emergency medicines.
- Consider reviewing communication with staff with a view to make it more effective.
- Continue to review patients access in relation to GP patient survey results.
- Improve diabetes performance.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had carried out a Legionella risk assessment; they had also conducted an infection control audit which they had not done at the previous inspection.
- The practice had reviewed staff members' immunisation status.
- From the sample of documented examples we reviewed, we found there were systems for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, not all staff members were aware of where to find the significant event form. When things went wrong patients were informed as soon as practicable, 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 needed to keep appropriate notes on patients' files when deviating from policy or guidance. For example documenting why they had not recalled patients for blood test who were on high risk medicine. However after the inspection the practice provided us with justifications for not following guidance on these particular patients.
- Although there was a process in place for the collection of prescriptions some staff members were unsure of it.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had some emergency medicines; however, they failed to conduct a risk assessment for the ones they did not have. The practice told us this was because they were located close to a hospital.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were average compared to the national average.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Some staff members had not completed infection control or information governance training.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice average for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- Staff had received annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the Patient Participation Group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice had a named clinical lead who was responsible for reviewing the practice's approach for the management and care of all patients over the age of 75 years.

Good



People with long term conditions

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

- The nurse and GPs had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national average:
- 84% of patients with diabetes on the register had their blood sugar recorded as well controlled (local average 78%, national average of 79%). The exception reporting rate for the service was 11%, local 9% and national 11%.
- 78% of patients with diabetes on the register had their cholesterol measured as well controlled (local 77%, national average 80%). The exception reporting rate for the service was 21%, local 11% and national 13%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



Summary of findings

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.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates were slightly below for some standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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 this population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on a Saturday morning and giving patients access to the three GP alliance hubs in the area.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 24 patients on the learning disability register, 100% of these patients had received a health check in the last year.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, (local average 82%, national average 84%).
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 85%, national average 91%). The exception reporting rate for the practice was 9%, local 8% and national 9%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 85%, national average 89%. (The exception reporting rate for the practice was 15%, local 9% and national 12%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 2017. The results showed the practice was performing in line with local and national averages. Two hundred and twenty seven survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 76% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 56% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 78% and the national average of 77%.

The practice was aware of the lower GP patient results percentages, as a result they had they had produced a Patient Participation Group (PPG) action plan. They also had a notice board in reception with "you said: we did" The plan included addressing concerns regarding long

waiting times on the phone; the practice reviewed the receptionist rota and ensured three receptionists were answering the phone throughout the day. The plan also included looking at difficulty in booking appointments, consequently the practice reviewed the appointment system to include more telephone slots and more book on the day appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received.

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

The practice friends and family test from July 2017 to September 2017 feedback had 263 responses, 98 patients were likely or extremely likely to recommend the practice. 43 were neither likely nor unlikely to recommend, 119 were unlikely or extremely unlikely to recommend.

Summercroft Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Summercroft Surgery

Summercroft Surgery is located in Orpington in the London Borough of Bromley. The practice serves approximately 11,300 people living in the local area. The local area is relatively affluent. The practice has higher than average numbers of people over the age of 65 years registered for services.

The practice operates from a single site. It is situated in purpose-built premises with a ground and first floor. There are ten consulting rooms the ground floor. The premises are fully wheelchair accessible with level access at the entrance and an accessible toilet on site there is a lowered desk, automatic doors and a hearing loop. There is also a car park for patients to use, including dedicated disabled parking bays.

There are six GP partners (four female, two male) as well as one salaried GP (male), four practice nurses and a healthcare assistant. There is also a regular locum GP. Overall the practice provides 46 GP sessions each week. The practice also employs a range of non-clinical support staff comprising a practice manager, an assistant practice manager, an accounts manager, a medical secretary, two prescription clerks, three administrators and eleven receptionists.

The practice offers appointments on the day and books appointments up to two weeks in advance. The practice has appointments from 8am to 6.30pm Monday to Friday. The practice also offers extended opening hours on Saturdays from 8am to 11am. Patients who need attention outside of these times are directed to call the 111 service for advice and onward referral to other GP out-of-hours services. The practice is also part of the Bromley GP Alliance. This provides access to GP appointments up until 8pm on weekdays, and until 8pm at weekends, at various GP practice locations throughout Bromley as part of a primary care hub agreement.

Summercroft Surgery is contracted by NHS England to provide Personal Medical Services (PMS). The practice provides GP services commissioned by NHS Bromley Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to carry out the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; Treatment of disease, disorder or injury.

Why we carried out this inspection

We carried out an announced comprehensive inspection of this practice on 9 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that the provider was not meeting some legal requirements and they were rated as good overall and requires improvement in the safe domain.

We issued a requirement notice under the following regulation:

Regulation 12: Safe care and treatment

Detailed findings

We undertook a further announced comprehensive inspection of Summercroft Surgery on 31 October 2017. This inspection was carried out to ensure improvements had been made and to assess whether the practice had now met legal requirements.

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 31 October 2017. During our visit we:

- Spoke with a range of staff GPs, practice nurse, practice manager, administrative and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- We sampled suitable records and found that the exceptions were appropriately reported.
- We checked patients records, who were on high risk medicines to see if they were being monitored appropriately.

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

At our comprehensive inspection on 9 June 2016 we rated the practice as requires improvement for providing safe services as the provider had not done all that was reasonably practical to assess and mitigate risks relating to the health, safety and welfare of people using the service.

This included, but was not limited to, the assessing the risk of, and preventing, detecting and controlling the spread of infections.

These arrangements from the last inspection had improved when we undertook a follow up comprehensive inspection on 31 October 2017. The practice is rated as good for providing safe services.

Safe track record and learning

There was a system 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. However, not all staff were aware of its location. 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a home visit was requested but never

happened. The practice changed its process for recording home visit request. The practice created a template and subsequently ensured staff complete the template prior to it being forwarded onto GPs.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

The practice had defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Since the last inspection GPs were trained to child protection or child safeguarding level 3. The practice nurses were trained to child protection or child safeguarding level 2. All non-clinical staff were trained to child protection or child safeguarding level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local

Are services safe?

infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Since the last inspection an Annual IPC audit had been undertaken June 2016, this had been reviewed October 2017 we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, were not always followed (including obtaining, prescribing, recording, handling, storing, security and disposal). For example patients on high risk medicines were not always recorded as having blood tests. We identified 19 patients on Lithium (widely used for treating Bipolar disorder) we checked five patients' records, and found one had not had the correct blood test done and another had not had a blood test done within three months. However after the inspection the practice provided us with justifications for not following guidance on these particular patients. Repeat prescriptions were signed before being dispensed to patients, however although there was a process in place for the collection of prescriptions some staff members were unsure of it. We found a prescription awaiting collection dating back to the 1 August 2017. When we asked staff members how often prescriptions were checked, one member said monthly, another said every two months. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (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) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis) from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At the last inspection the practice had not carried out a legionella assessment.

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their

Are services safe?

location. The practice didn't stock all the emergency medicines commonly held in the emergency kit, and the practice had not conducted a risk assessment for not having these medicines, Diclofenac (used to treat mild to moderate pain) or rectal diazepam (used to treat episodes of increased seizure activity in people who are

taking other medications to treat epilepsy seizures), the practice told us they did not stock these medicines because they were located close to a hospital. All the medicines we checked were in date and stored securely.

- The practice had a comprehensive business continuity plan 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

At our comprehensive inspection on 9 June 2016 we rated the practice, as good for providing effective services. At this inspection we looked at effective services of the practice and found that it continued to perform well.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96% with 12% clinical exception reporting (CCG average 9%; national average 10%). We sampled suitable records and found that the exceptions were appropriately reported. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016/2017 showed:

Performance for diabetes related indicators was mostly similar to the CCG and national averages.

- 84% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (CCG average 79%, national average 80%). The exception reporting rate for the practice was 11%, CCG 8% and national 12%.

- 67% of patients with diabetes had well-controlled blood pressure in the previous 12 months (CCG average 76%, national average 78%). The exception reporting rate for the practice was 15%, CCG 7% and national 9%.
- 78% of patients with diabetes on the register had their cholesterol measured as well controlled (CCG average 77%, national average 80%). The exception reporting rate for the practice was 21%, CCG 10% and national 13%.

Performance for mental health related indicators was higher to the CCG and national averages.

- 81% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (CCG average 81%, national average 84%). The exception reporting rate for the practice service was 11%, local 6% and national 7%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 85%, national average 90%. The exception reporting rate for the practice was 15%, CCG 10% and national 13%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months (CCG average 85%, national 90%). The exception reporting rate for the practice was 9%, CCG 8% and national 10%.

There was evidence of quality improvement including clinical audit:

The practice had conducted several audits and a full cycle antibiotic prescribing audit. In the first cycle 37 prescriptions for Trimethoprim (Trimethoprim is a type of antibacterial medicine) and 14 for Nitrofurantoin (Nitrofurantoin is an antibiotic that fights bacteria) had been issued, eight prescriptions for any antibiotic had been issued. In the second cycle 15 prescriptions for Trimethoprim had been issued resulting in a 59% reduction and 14 prescriptions for Nitrofurantoin. This demonstrated the practice had reduced the amount of antibiotics being prescribed.

Effective staffing

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Although the practice had an induction programme out of five files checked we did not see a completed induction form.
- 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. However we did identify that four staff members had not undertaken infection control training and two staff members had not undertaken information governance training.
- 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, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support staff had access to and made use of e-learning training modules and in-house training. Not all staff had completed information governance or infection control training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 81% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening

Are services effective?

(for example, treatment is effective)

test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

The practice's uptake for females, 50-70, screened for breast cancer in last 36 months was 79%, which was comparable with the CCG average of 75% and the national average of 73%.

The practice's uptake for persons, 60-69, screened for bowel cancer in last 30 months was 64%, which was comparable with the CCG average of 57% and the national average of 58%.

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.

Childhood immunisation rates for the vaccinations given were slightly lower than the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in two out of four areas.

- 95% of children aged 1 year had received the full course of recommended vaccines (expected standard 90%).
- 91% of children aged two years had received the pneumococcal conjugate booster vaccine (expected standard 90%).
- 89% of children aged two years had received the haemophilus influenzae type b and meningitis C booster vaccine (expected standard 90%).
- 87% of children aged two years had received the measles, mumps and rubella (MMR) vaccine (expected standard 90%).

Are services caring?

Our findings

At our previous comprehensive inspection on 9 June 2016, we rated the practice as good for providing caring services. At this inspection we looked at caring and found that it continued to perform well.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients including seven members of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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:

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the 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 84% and the national average of 86%
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% 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. Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

Are services caring?

- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers (0.7% of the practice list). The practice had written information that was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice had information on their website regarding carers. The practice also held a carers workshop in April 2016 in conjunction with Bromley Carers.

Staff told us that if families had experienced 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

At our previous comprehensive inspection on 9 June 2016, we rated the practice as good for providing responsive services. At this inspection we looked at responsive and found that it continued to perform well.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Saturday from 8am to 11am for 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had installed a lift to improve access to the first floor.
- The practice was part of the Bromley GP Alliance. They could offer patients appointments until 8pm during the week and from 8am to 8pm on the weekend.
- The practice provided car parking facilities for its patients.
- A blood pressure and weight machine was located in reception.

Access to the service

The practice appointments were from 8am to 6.30pm Monday to Friday. Extended hours appointments were

offered on Saturdays from 8am to 11am. In addition pre-bookable appointments, could be booked up to two 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 below to local and national averages.

- 61% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 51% of patients said they could get through easily to the practice by phone compared with the CCG average of 72% and the national average of 71%.
- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 76% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 56% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

We discussed these issues with the assistant practice manager, the practice manager, a receptionist and members of the Patient Participation Group (PPG). The practice, in conjunction with the PPG, had implemented an action plan to address the problem with telephone access. The practice had installed an electronic call monitoring system. This software would allow the practice manager and administrators to monitor for periods of peak activity and proactively identify any areas of concern. The practice would then be able to more accurately plan the levels of staffing and the number of phone lines required. The practice had also increased the proportion of appointments that were available to book online to 50% to ease the demand for telephone support.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

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 a system 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 looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient's relative complained about the practice not conducting a home visit. The practice reviewed their process for conducting home visits, they now make sure home visit request are clearly marked, reception staff now have to complete a home visit template. Learning from the complaint was shared with staff in a meeting.

Are services well-led?

Good 

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

Our findings

At our previous comprehensive inspection on 9 June 2016, we rated the practice as good for providing well-led service. At this inspection we looked at well-led and found that it continued to perform well.

Vision and strategy

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

- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. We noted that the staffing structure allowed for all members of staff to be involved and engaged to improve how the practice was run. For example, clinical staff took the lead in different areas, such as information governance or child protection, they were supported by a named member of the administrative staff. This allowed each member of the administrative team to develop expertise in key areas.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained, however there was no evidence that audits were driving improvement in patient outcomes. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Clinical and Partner meetings were held weekly, nurse and PPG meetings were held quarterly.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

- The practice had addressed all concerns raised in the previous inspections.
- All staff had completed safeguarding training to an appropriate level.
- The practice had carried out a Legionella risk assessment and an infection control audit which had not been done at the last inspection.
- The practice had reviewed staff members' immunisation records.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we noted some areas where improvements to the management of risk, should be implemented. For example having more effective safety systems.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice was aware of and had systems 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 support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. Although regular staff meetings were conducted, staff spoken to on the day were unsure of some systems and processes for example the collection of prescriptions.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly every quarter, carried out patient surveys, submitted proposals and action plans for improvements to the practice management team. For example, a designated notice board had been provided

for the PPG. The practice changed the appointment system and provided more book on the day appointments, and also increased the number of on line bookable appointments.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had applied for an improvement grant and was successful in getting it approved, this enabled the practice to make improvements to the reception area and create a private room for patients if they needed somewhere private to talk. The practice had also recently recruited two salaried GPs. The practice conducted in house training events, for example bowel cancer screening for reception staff.