

Manor Brook PMS

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Manor Brook PMS	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Brook PMS on 21 June 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. Analyses of significant events were thorough and learning from them was shared with staff to improve safety.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a robust programme of quality improvement; the practice had conducted 32 audits in the previous two years and there was a record of improvements made from completed audits.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported and valued by management. The practice proactively sought and acted on feedback from staff and patients.
- The practice had a number of policies and procedures to govern activity, and they held regular governance and clinical meetings.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

Summary of findings

- Review how patients with caring responsibilities are identified to ensure information, advice and support is made available to them.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had an established programme of clinical audits, several of which were initiated by the practice. They had conducted 32 audits over the previous two years; those we reviewed demonstrated quality improvement to outcomes for patients, such as for those with febrile illness, patients with atrial fibrillation and those taking anticoagulant medicines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice in line with local and national averages for several aspects of care.

Good



Summary of findings

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

- The practice had a proactive approach to understanding the needs of different groups of patients; they delivered care to meet those needs and to promote equality.
- The practice had good facilities and was well equipped to treat patients and meet their needs. They had leaflets dedicated to family planning, older people, young people, pregnant and new mothers, carers and people living with depression. They also had a practice newsletter which was regularly updated to keep patients informed of any changes and useful contact numbers and websites.
- Practice staff 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. They participated in Greenwich CCG's Year of Care scheme with an aim to improve the management and outcomes for patients with chronic obstructive pulmonary disease, diabetes, heart disease and hypertension. An analysis of the scheme showed the practice had exceeded its monitoring targets over the previous six months by up to 50%.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the national GP patient survey published in January 2016 showed patients rated the practice in line with local and national averages for accessibility.
- The practice offered arrange of services such as acupuncture, ring pessary fitting and 24 hour ambulatory blood pressure monitoring which had either significantly improved patients' conditions or enabled them to avoid potentially long waits for these services from secondary care.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality person-centred care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a clear leadership structure and staff felt supported and valued by management. They had submitted suggestions for improvements which practice leaders had implemented.
- The practice had a number of policies and procedures to govern activity, and they held regular governance and clinical meetings.
- 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. They ran quarterly checks of their register of older people to identify patients aged over 75 years that had not attended the practice for 12 months or more; these patients were invited to receive health checks.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs. They also conducted weekly visits to the local Aldington House care home and created personalised care plans for each resident.
- The practice offered joint injections and ring pessary fitting services for older patients, so that they did not have to attend hospital for these treatments. The ring pessary fitting service was funded by the practice and was provided in-house or through home visits.
- Nationally reported data showed outcomes for conditions commonly found in older people were comparable to the national average. For example, in the previous 12 months 83% of patients with hypertension had well controlled blood pressure (national average 84%).
- The practice had created leaflets for older people to keep them informed of the services available to them.

Good



People with long term conditions

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

- In the previous six months, the practice had exceeded its monitoring targets for diabetes, most recently by 50% in May 2016 for the Greenwich Clinical Commissioning Group's Year of Care scheme.
- The practice offered a limited acupuncture service to patients with musculoskeletal pain. They had conducted a survey in 2015/2016 which showed 90% of patients had found the acupuncture treatments effective at relieving or stopping their symptoms.
- The practice offered 24 hour blood pressure monitoring at the practice for patients with hypertension, which enabled patients to avoid potentially long waits for this service from secondary care.

Good



Summary of findings

- Nationally reported data showed outcomes for patients with diabetes were in line with the national average. For example, 79% of patients with diabetes had well controlled blood sugar in the previous 12 months (national average 78%).
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and most had received a structured annual review to check their health and medicines needs were being met.
- 77% of patients with asthma had an asthma review in the previous 12 months. This was in line with the national average of 75%.
- 95% of patients with chronic obstructive pulmonary disease (COPD) had a review of their condition in the previous 12 months. This was in line with the national average of 90%. Nursing staff provided a spirometry service for patients with asthma and COPD.
- 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.

- The practice had received accreditation from Greenwich local authority in March 2015 for being a 'teen friendly' practice. This accreditation was awarded from feedback received through mystery shopper visits to the practice conducted by young people in the borough. They had created a practice leaflet for teenagers containing information about the services available to them. The leaflet included sources of information about sexual health testing, avoiding the use of illegal drugs, avoiding drinking and driving and how to access emergency contraception and vaccines.
- Nationally reported data showed performance for cervical screening was above the national average. For example, in the previous five years 92% of female patients aged between 25 and 64 years had received a cervical screening test (national average 82%). An analysis of this service showed the practice was the top performer of all practices in the local Clinical Commissioning Group.

Good



Summary of findings

- The practice had created leaflets for young people, pregnant women and women who had just given birth to keep them informed of the services available to them.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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 attendances to Accident and Emergency.
- Appointments were available outside of school hours and the premises was suitable for children and babies.
- We saw positive examples of joint working with health visitors, and they liaised with midwives on an ad-hoc basis.

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 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 such as appointment booking and repeat prescription ordering.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.
- Extended opening hours were available from 6.30pm until 8.00pm two days a week for working patients who were unable to attend the practice during normal opening hours.

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.
- 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.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data showed outcomes for patients with dementia were in line with the national average. For example, in the previous 12 months, 88% of patients with dementia had a face-to-face review of their care (national average 84%)
- Nationally reported data showed outcomes for patients with poor mental health were in line with the national average. For example, in the previous 12 months 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their records (national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and they had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia; five of them had received dementia awareness training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local Clinical Commissioning Group (CCG) and national averages. Three hundred and twenty-one survey forms were distributed and 120 were returned. This represented approximately 1% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone (CCG average 73%, national average 73%).
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 70%, national average of 76%).
- 91% of patients described the overall experience of this GP practice as good (CCG average 81%, national average 85%).
- 93% of patients said they would recommend this GP practice to someone who had just moved to the local area (CCG average 75%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, all of which were very positive about the standard of care received. Patients commented that staff were attentive, reassuring, respectful, and good at listening.

We spoke with three patients during the inspection. All three patients said they thought staff were approachable, committed and caring. Two of these patients said appointments often ran late and that they would like to be kept informed by staff whenever this occurred.

Results from the practice's May 2016 NHS Friends and Family Test showed 90% of patients were likely or extremely likely to recommend the practice to their friends and family, seven percent were unlikely or extremely unlikely to do so, and three percent were neither likely nor unlikely to.

Manor Brook PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Advisor and a practice manager Specialist Advisor.

Background to Manor Brook PMS

Manor Brook PMS (also known as Manor Brook Medical Centre) operates from one site in Blackheath, London. It is one of 42 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 12,453 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include facilitating timely diagnosis and support for patients with dementia, extended hours access, improving patient online access, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, remote care and monitoring, risk profiling and case management, rotavirus and shingles immunisation, and unplanned admissions.

The practice has an above average population of male and female patients aged from birth to nine years and from 30 to 44 years. Income deprivation levels affecting children and adults registered at the practice are in line with the national average and below the local CCG average.

The practice is led by three female GP partners and a male GP partner. There is a male locum GP who is due to join the practice on a permanent basis as a partner in July 2016, and there are five female salaried GPs. The GPs provide a combined total of 56 fixed sessions per week.

There are two part-time and one full-time female salaried practice nurses (one of whom is the senior nurse manager), a female health care assistant, and three phlebotomists. The clinical team is supported by an office manager, a finance and premises manager, an information technology manager, a medical secretary, two prescription clerks, three personal assistants and seven reception/administrative staff.

The practice is open between 8.00am and 6.30pm Monday to Friday and is closed at weekends and on bank holidays. Appointments with GPs are available from 8.30am to 11.30am, and from 2.30pm to 6.00pm. Appointments with nurses are available from 8.10am to 11.30am, and from 1.30pm to 6.30pm. Extended hours appointments are offered from 6.30pm to 8.00pm on Mondays and Thursdays.

The premises operates over two floors of a purpose built building which has a lift. On the ground floor there are seven consulting rooms and a treatment room, a waiting area, a baby changing room, a disabled toilet and a baby clinic room used by health visitors. On the first floor there are six consulting rooms and a treatment room and a disabled toilet. There is wheelchair access throughout and disabled parking.

The practice has opted out of providing out-of-hours (OOH) services. Patients needing urgent care out of normal hours

Detailed findings

are advised to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on the urgency of patients' medical concerns.

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 21 June 2016.

During our visit we:

- Spoke with a range of staff including the GP partners and managers, the nurse practitioner, a receptionist and the prescription clerk.
- 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. They had analysed trends in the nature of significant events since 2012 and created action plans to make improvements.

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, following an incident involving a referral error, the practice investigated the incident, discussed the incident with staff and implemented a protocol for staff to be more vigilant and to include at least two patient identifiable demographics when dictating referral letters, to prevent a similar occurrence.

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 children and adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses were trained to level 3 and non-clinical staff were trained to 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and 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, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (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 (PGDs provide a legal framework

Are services safe?

that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them first having to see a GP).

- 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 DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. Their fire information booklet needed to be updated to remove details of staff who no longer worked at the practice and to add details of the current nominated fire officer. These changes were made immediately after our inspection.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- 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.

Arrangements to deal with emergencies and major incidents

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

- There were panic buttons and 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book was available.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for practice staff; it needed to be updated with details of staff that joined the practice in April 2016 but this was done immediately after our inspection.

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 proactively monitored that these guidelines were followed through risk assessments and annual records audits. They also held daily clinical meetings where individual patient cases were discussed.

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 98.3% of the total number of points available, with 6% exception reporting; this was in line with the national average of 94.8% with 9.2% exception reporting (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 a positive outlier for QOF (or other national) clinical targets relating to unplanned emergency admissions. Data from 2014/2015 showed that in the previous 12 months:

- The practice had nine unplanned emergency hospital admissions per 1000 patient population. This was below the CCG average of 12/1000 and the national average of 15/1000. The practice told us they had achieved this by contacting patients who had attended Accident and Emergency (A&E) when the practice was open, to inform them of urgent care and home visit services available at the practice and to discourage them from making unnecessary unplanned visits to A&E.

- Performance for diabetes related indicators was in line with the national average. For example, 79% of patients with diabetes had well controlled blood sugar (national average 78%).
- Performance for mental health related indicators was in line with the national average. For example, 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their records (national average 88%).
- Performance for dementia related indicators was in line with the national average. For example, 88% of patients with dementia had a face-to-face review of their care (national average 84%).

There was evidence of quality improvement including clinical audit.

- The practice had conducted 32 clinical audits in the previous two years, several of which had been initiated by the practice. We reviewed three of these audits during the inspection, and a further five afterwards. Seven of the audits we reviewed were completed two cycle audits where the improvements made were implemented and monitored. They had an annual audits schedule which detailed audits to be conducted from January to October.
- Findings were used by the practice to improve services. For example, following an audit on fever in children aged under five years, the practice identified 55 patients for whom best practice guidelines for examining the children had not been followed. The practice shared the findings of the audit with its clinicians and educated them on the correct assessment of patients aged under five years who presented with fever. A second cycle of the audit showed clinicians were following the guidelines for all patients.
- The practice participated in local audits, local and national benchmarking, accreditation and peer review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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.
- 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 online 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. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: basic life support, fire safety awareness, infection control, information governance and safeguarding. They also received training on chaperoning, conflict resolution, equality, diversity and human rights and moving and handling. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. 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.

Consent to care and treatment

The practice actively monitored and reviewed consent practices through annual records audits, to ensure patients were involved in making decisions about their 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.

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, and those at risk of developing a long-term condition

- The nurses provided advice to patients requiring support with weight management, smoking and alcohol cessation. These patients could also be signposted to relevant support services.
- The nurses had received training to provide smoking cessation advice. Between April 2015 and March 2016, the nurses had assisted 53% of 59 patients who used their smoking cessation service to stop smoking.
- The GPs provided advice on the cessation of drug misuse. These patients could also be referred to local services.
- A dietician attended the premises twice a month to provide support to patients who required diet advice.

The practice's uptake for the cervical screening programme was 92%, which was above the local Clinical Commissioning Group average of 82% and the national average of 82%. An analysis of this service from the Primary

Are services effective?

(for example, treatment is effective)

Care Web tool showed the practice was the top performer of all practices in the local Clinical Commissioning Group. The practice told us they had achieved this by making additional appointment reminders by telephone and in writing for patients who did not attend their screening appointment. They had appointed a practice nurse as the dedicated lead for monitoring cervical screening performance and attendance. Staff placed alerts on patients' records as reminders of patients who were due their screening test; they offered opportunistic tests to these patients when they attended the practice.

- 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.
- They ensured a female sample taker was available.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. Fifty-five per cent of patients aged 60 to 69 years had been screened for bowel cancer in the previous 30 months; this was in line with the national average of 58%. In addition, 67% of females aged 50 to 70 years had been screened for breast cancer in the previous 36 months; this was in line with the national average of 72%.

Childhood immunisation rates for the immunisations given to children aged under two years ranged from 84% to 95%, and for five year olds from 71% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for babies, carers, new patients, patients with dementia or learning disabilities, and pre-natal mothers. They also conducted NHS health checks for patients aged 40–74 and annual health checks for patients aged over 75 years. 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 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. This service was advertised in the waiting areas.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff had responded compassionately when they needed help and provided support when required.

We spoke with four patients including a member of the practice's Patient Participation Group (PPG). They told us they were satisfied overall with the care provided by the practice.

Results from the national GP patient survey published on 7 January 2016 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 compared to local Clinical Commissioning Group (CCG) and national averages. For example:

- 88% of patients said the GP was good at listening to them (CCG average 85%, national average 89%).
- 86% of patients said the GP gave them enough time (CCG average 81%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).

- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).
- 91% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 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 published on 7 January 2016 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 Clinical Commissioning Group (CCG) and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 81%, national average 86%).
- 96% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 85%, national average of 90%).
- 82% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, national average of 85%).

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

Are services caring?

- Staff told us that translation services were available for patients who did not speak or understand English as a first language. We saw notices in the waiting areas informing patients this service was available.
- Numerous 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.

The practice identified carers via their new patient registration form. The practice's computer system alerted

GPs if a patient was also a carer. The practice had identified 50 patients as carers (0.4% of the practice list). The practice told us they had recently worked with Greenwich local authority on trying to identify more carers but they had been unable to. They also said a large number of patients' carers were provided by a carer's agency. The practice offered carers medical checks which included an assessment of their health, psychological and social needs. There was a carer's leaflet available which directed carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they participated in Greenwich CCG's Year of Care scheme since September 2015 with an aim to improve the management and outcomes of patients with chronic obstructive pulmonary disease, diabetes, and heart failure. A review of this scheme showed that over the previous six months, the practice had exceeded all of its monitoring targets for diabetes monitoring, most recently by 50% in May 2016.

The practice ensured that patients' individual needs were met.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening until 8.00pm for working patients who could not attend during normal opening hours. They also offered daily telephone consultations.
- The practice offered a range of online services including appointment booking and repeat prescription ordering.
- There were longer appointments available for patients with a learning disability and any other patient who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice conducted weekly visits to the local Aldington House care home and created personalised care plans for each resident.
- The practice had a leaflet for patients aged over 60 years. It included information such as how to access health checks and flu vaccination, keeping active, and useful contact numbers. It also encouraged bowel screening.
- They also offered joint injections and a ring pessary fitting service for older patients who wished to avoid hospital attendance for this procedure (ring pessaries are devices which are used in the management of vaginal prolapse in women). The ring pessary service was funded by the practice, provided in-house or through home visits, and it had been used by approximately 23 patients annually.
- The practice offered a limited medical acupuncture service to older patients and any other patient who suffered with musculoskeletal pain that either did not want steroid injections or medicines, or whose pain was not relieved by medicines. A GP had received training to provide this, and the service was funded by the practice. The practice had conducted a survey in 2015/2016 which showed the service had been a success with patients. For example, 100% of 20 respondents said they would use the service again, 90% said the acupuncture treatments had either stopped or reduced their pain, and 25% stated the treatments had prevented them from needing to take pain relief medicines or injections. Only 10% of patients said they had not noticed any of these effects, but they both said they had found the treatments relaxing.
- Same day appointments were available for children and patients with medical problems that required same day consultation.
- There was a baby changing room available. The practice had created leaflets for antenatal care, family planning, and for pregnant women to advise them of services and additional support available to them. It included items such as answers to frequently asked questions, avoiding alcohol and x-ray exposure during pregnancy, contraception, diet advice, and useful contacts and websites.
- Patients were able to receive travel vaccines available on the NHS, and Hepatitis B vaccines which would normally only be available privately.
- There were disabled facilities including a lift, and translation services available. There was a hearing loop for patients who were hard of hearing; these patients could also request a sign language interpreter.
- The practice had a leaflet for people with depression. It included useful contact numbers, books and websites, alternative treatments to medicines, and advice on improving mood.
- Practice leaflets were available in large print for partially sighted patients.
- The practice had received accreditation from Greenwich local authority in 2015 for being a 'young person friendly' practice. This accreditation was awarded from feedback received through mystery shopper visits to the

Are services responsive to people's needs?

(for example, to feedback?)

practice conducted by young people seeking advice about contraception and sexual health. The practice had a leaflet for teenagers to keep them informed about various services available to them. It included sources of information about sexual health testing, avoiding the use of illegal drugs, avoiding drinking and driving and how to access emergency contraception and vaccines.

- Staff had received conflict resolution training to enable them to cope effectively with challenging behaviours.
- Staff had received dementia awareness training to enable them to understand the needs of patients with dementia.
- Staff had received training to enable them to understand the equality, diversity and human rights needs of patients.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and is closed at weekends and on bank holidays. Appointments with GPs were available from 8.30am to 11.30am, and from 3.00pm to 5.30pm. Appointments with nurses were available from 8.00am to 11.00am, and from 2.10pm to 6.30pm. Extended hours appointments were offered from 6.30pm to 8.00pm Mondays and Thursdays. Appointments could be booked up to a week in advance, and daily urgent appointments were available.

Results from the national GP patient survey published on 7 January 2016 showed that patient satisfaction with how they could access care and treatment was comparable to local Clinical Commissioning Group (CCG) and national averages.

- 83% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 78%).
- 80% of patients said they could get through easily to the practice by phone (CCG average 73%, national average 73%).
- 65% of patients were able to get an appointment to see or speak to a nurse or GP the last time they tried (CCG average 70%, national average 76%).

- 67% of patients felt they did not have to wait too long to be seen (CCG average 51%, national average 58%).

During the inspection we spoke with three patients whose feedback was in line with the results of the GP patient survey in relation to access to the practice's services.

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.

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. The policy needed to be updated with the name of the new complaints lead; this was done immediately after our inspection.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that a complaints leaflet was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found they were acknowledged and responded to in a timely way, and they were handled with openness and transparency. Lessons were learnt from individual concerns, complaints and analyses of trends, and action was taken to as a result to improve the quality of care. For example, following a complaint about the attitude of a member of staff, the complaint was investigated, the staff member apologised to the patient and the complaint was discussed with staff to share learning and prevent a similar occurrence.

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 holistic, high quality person-centred care and to promote good outcomes for patients.

- The practice had a mission statement and staff we spoke with knew and understood its values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which drove and improved the delivery of the strategy and high quality person-centred care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained by all staff, and staff were engaged in activities to monitor and improve the quality of care provided.
- Performance was proactively reviewed to ensure processes reflected best practice.
- An established programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice specific policies were implemented and were available to all staff. Two policies that needed updating were updated immediately after our inspection.

Leadership and culture

On the day of inspection the partners and managers in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The partners encouraged a culture of openness and honesty; they were 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 support training for all staff on communicating with patients about notifiable safety incidents. 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 there were high levels of staff satisfaction.

- Staff told us the practice held regular minuted team meetings twice a week which included reviews of previous meetings. They also held daily clinical meetings. We noted the practice held annual Christmas celebrations.
- 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. They told us the partners and managers were approachable and always took their time to listen to all members of staff.
- Staff said they felt respected, valued and supported, particularly by the partners and managers. They told us all staff were involved in discussions about how to run and develop the practice. Staff described positive examples of how the practice's leaders had supported them during difficult periods of serious illness.
- The practice leaders encouraged all members of staff to identify opportunities to improve the service delivered. The senior nurse manager had implemented improvements since joining the practice, such as pulse oximeters for checking patients' oxygen saturation levels and asthma checking devices in every clinical room.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through its Patient Participation Group (PPG), its monthly NHS Friends and Family Test, patient satisfaction surveys and complaints received. They had conducted an analysis of all feedback collated, and created an action plan for areas to be improved.
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice's management team. For example, in response to feedback from its PPG, the practice paid for a radio subscription to provide more diverse music, and in the waiting areas the practice installed chairs in a different colour and updated patient information available. A member of the PPG arranged to visit the practice every three months to inspect the waiting areas and provide feedback to the practice on any further improvements required. The practice also installed a notice asking patients queuing at the reception desk to stand a distance away from the desk to improve confidentiality and privacy.
- The practice had gathered feedback from staff through their annual staff survey, staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; they told us they felt involved and engaged to improve how the practice was run.
- In response to feedback from staff, the practice leaders arranged for blinds to be fitted in a reception desk window to allow for better privacy for reception staff taking phone calls. Staff we spoke with gave positive feedback about this change.
- The practice participated in Greenwich Clinical Commissioning Group's Year of Care scheme since September 2015 with an aim to improve the management and outcomes of patients with chronic obstructive pulmonary disease, diabetes, and heart failure. A review of this scheme showed that over the previous six months, the practice had exceeded all of its monitoring targets for diabetes monitoring, most recently by 50% in May 2016.
- The practice had received accreditation from Greenwich local authority in 2015 for being a 'young person friendly' practice. This accreditation was awarded following feedback received through mystery shopper visits to the practice conducted by young people seeking advice about contraception and sexual health. They had created a practice leaflet specifically for teenagers containing a variety of information about the services available to them.
- The practice's uptake for the cervical screening programme was above the local Clinical Commissioning Group and national averages by 10%. An analysis of this service showed the practice was the top performer of all practices in the local Clinical Commissioning Group. The practice told us they had achieved this by improving their recall system and offering patients opportunistic testing. They had appointed a practice nurse as the dedicated lead for monitoring cervical screening performance and attendance.
- The practice had created an established annual schedule of audits to monitor the effectiveness and quality of their service. They had conducted 32 audits in the previous two years which included audits of employee satisfaction and management of stress, staffing levels, record keeping, prescribing, obesity, dementia and more. Improvements made were documented and learning from the completed audits we reviewed had been shared with practice staff.

Continuous improvement

There was a strong 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.