

Streatham Common Group Practice

Quality Report

St Andrews Hall, Guildersfield Road, Streatham
SW16 5LS

Tel: 02087654900

Website: www.streathamcommongrouppractice.co.uk

Date of inspection visit: 13/09/2016

Date of publication: 10/02/2017

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	10

Detailed findings from this inspection

Our inspection team	11
Background to Streatham Common Group Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 13 September 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.
- 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.
- The practice had a strong culture of learning and improvement, and supported staff to develop their skills and roles within the practice.
- 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 by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice patient participation group was actively involved in the running and future development of the practice, as well as engaging with the patient population.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice patient participation group (PPG) was closely involved in the running of the practice, organising health promotion events and improving

Summary of findings

practice performance. In addition to monthly PPG meetings with guest speakers, annual patient surveys and regular health talks, the PPG chair had been invited to attend receptionist meetings and was given a tour of the practice staff areas to better understand how it was run. The PPG had also campaigned to win funding from the local Clinical Commissioning Group to install television screens in the practice; these screens were used to play a short film made by the PPG about its work and local health issues. A PPG newsletter was posted to patients who were being invited to attend chronic illness reviews,

and also to housebound patients, in an effort to reach out to these groups of patients. The PPG, with the support of the practice had helped to establish a network of PPGs in the Lambeth area in order to discuss local issues and share information, as well as developing its own set of “gold standards”, and a toolkit which had been sent to all practices in the area.

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



- 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.
- Safeguarding concerns were discussed at daily clinical meetings, and the practice routinely contacted the families of children who did not attend hospital appointments.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had a robust system 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- 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.
- The practice had promoted its online repeat prescription service which had seen an increase in usage from 4% of all repeat prescriptions to 70% over the previous year.

Good



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 care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were high levels of constructive staff engagement.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice participated in numerous research studies and practice patients were invited to join these studies.
- Staff were encouraged and supported to develop their skills. One receptionist at the practice had trained to become a health care assistant and was qualified to foundation degree level; another member of the reception team had obtained an NVQ in business administration and the practice nurse prescriber was

Good



Summary of findings

training to become an advanced practitioner. A newer member of the reception team had been encouraged to train other non-clinical staff in the use of their document management system.

- The patient participation group (PPG) was closely involved in the running of the practice and engaging with the patient population. This included the development of a “gold standard” PPG toolkit, campaigning for funds to install televisions in the waiting area, and recording a short film about the work of the PPG and local health issues.
- There was a clear leadership structure and staff felt supported by management, for example the practice employed a buddy system whereby each member of staff had a “buddy” within the practice to provide mutual support and mentorship, staff told us this was beneficial to them.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided coordinated care and support to the residents of two local care homes and two local nursing homes.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. A named doctor was responsible for reviewing all hospital discharge summaries, contacting the patient and ensuring appropriate follow up action was taken.
- Performance for all diabetes related indicators was 92%, which was comparable to the Clinical Commissioning Group (CCG) average of 86% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

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

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had taken steps to improve the take up of the electronic prescribing service, following a review of repeat prescribing carried out by an external organisation.

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.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice was participating in a community incentive scheme funded by the local Clinical Commissioning Group for patients who had a serious mental health illness, and had been discharged from the local NHS mental health trust. The scheme provided access to a named, qualified mental health liaison nurse, a link worker from the local community mental health team and hub services including peer support, psychiatric assessment, social support.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 87%, compared to the CCG average of 88% and the national average of 84%.
- Overall performance for mental health related indicators was 100%, which was above the CCG average of 91% and the national average of 93%.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted sessions from an alcohol and drugs advisor on the premises.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 07 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty six survey forms were distributed and 116 were returned. This represented more than 1% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards of which 22 were entirely positive about the standard of care received. Patients gave specific examples of the practice delivering high quality care, and said they were treated with compassion, empathy and respect by clinicians and receptionists. Three comments were mixed, citing concerns with access to appointments or receptionists, but also praising the doctors at the practice.

We spoke with 15 patients during the inspection. Most patients said they were satisfied with the care they received and thought staff was approachable, committed and caring. Published data from the NHS Friends and Family Test showed that 93% of 88 patients would recommend the practice.

Streatham Common Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Streatham Common Group Practice

Streatham Common Group Practice is a large practice based in Lambeth, south London. The practice list size is 11046. The practice population is diverse and is in an area in London of medium deprivation.

The practice has a Personal Medical Services (PMS) contract 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 childhood vaccination, extended hours access, dementia diagnosis and support, flu and pneumococcal immunisation, learning disabilities, minor surgery, remote care monitoring, risk profiling, rotavirus and shingles immunisation, and unplanned admissions.

The practice is made up of three GP partners, one male and two female and employs five full time salaried GPs. The GPs undertake a combined total of 53 sessions per week. There are two practice nurses and one healthcare assistant. The practice team includes a practice manager and 11 managerial and administrative staff.

The practice operates from two branches; the main practice is in a renovated church building on Guildersfield Road, with a branch in a purpose built health centre on Baldry Gardens, both in Streatham. All patient facilities are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet. The practice had installed hearing loops at each location.

The Guildersfield Road practice has access to 6 consultation rooms and two treatment rooms on the ground floor. Opening hours are between 8.00am and 6.30pm weekdays, with extended opening hours until 7.30pm on Tuesday and Wednesday, and from 9.00am to 1.00pm on Saturday.

The Baldry Gardens branch has access to four consultation rooms and two treatment rooms on the first floor, with lift access. Opening hours are between 8.00am and 1.00pm on weekdays.

The practice is a training practice with an active teaching programme for both undergraduate medical students and post graduate doctors pursuing higher training to gain a special interest in general practice.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice was similar to that of other practices in CCG. The life expectancy of male patients was 80 years, which was higher than the CCG average of 77 years and the national average of 79 years. The female life expectancy at the practice was 84 years, which is higher than the CCG average of 82 years and the national average of 83 years.

Detailed findings

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

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 13th September 2016. During our visit we:

- Spoke with a range of staff including the GP partners and a salaried GP, nursing, management and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited both the main and branch surgery.

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. For example one incident involved an adult patient being given an incorrect vaccine, this was raised with the practice manager and duty doctor, the patient was contacted, given an apology and agreed to attend the practice for the correct vaccine. The patient was reassured that there was no clinical risk arising from this error and the practice demonstrated that this was discussed in their clinical meeting so all clinical staff were made aware.
- The practice carried out a thorough analysis of significant events. In one instance a new baby was registered with the practice three months before the mother was registered, which was not in line with the practice policy. As a result of this incident the practice new patient registration protocol was reviewed and amended during staff protected learning time.
- The practice routinely shared information about significant events with the local Clinical Commissioning Group.

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 alert from the local clinical commissioning group about problems with particular blood glucose testing strips, the practice wrote to all affected patients with information and instructions to dispose of the strips where appropriate.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies, minutes of these meetings were seen. Evidence was seen of appropriate referrals being made where the practice was concerned about a child or vulnerable adult. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Reception staff told us that they were made aware of safeguarding concerns about patients and would alert clinical staff if a vulnerable patient was attending the practice.
- The practice kept a safeguarding register and alerts had been set up on patient records, safeguarding concerns were discussed at daily clinical meetings, and the practice routinely contacted the families of children who did not attend hospital appointments.
- GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and administrative staff to level 1. All staff had received adult safeguarding training.
- 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

Are services safe?

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 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 that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (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 had assessed the patient on an individual basis).
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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).

- 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 adequate arrangements in place 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 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 staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice kept a resource folder in the staff room which contained information about the practice's research projects, recent safety alerts and learning from significant events and complaints.

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 99% of the total number of points available, compared to the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. The exception reporting rate was 11% compared to the CCG average of 10% and the national average of 9%. (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 2014/15 showed:

- Overall performance for diabetes related indicators was 92%, which was comparable to the Clinical Commissioning Group (CCG) average of 86% and the national average of 89%. For example, 82% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78%.

- The number of patients who had received an annual review for diabetes was 81% compared to the CCG average of 87% and the national average of 88%.
- Performance for mental health related indicators was 100%, which was above the CCG average of 91% and the national average of 93%. For example, 96% of a total of 149 patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 85% and the national average of 88%.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 87% compared to the CCG average of 88% and the national average of 84%.

The practice exception reporting rate was 11%, compared to the CCG average of 8% and the national average of 9% (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). The practice was higher than local and national averages for exception reporting in some areas including dementia, peripheral arterial disease and stroke and transient ischaemic attack. The practice demonstrated they had a robust system for excepting patients who they were unable to contact and would follow up letters with phone calls to patients. It had also identified a number of patients with diabetes who they had mistakenly excepted in the 2014/15 data because they had been referred to weight management programme in previous years – this error had been corrected. Unpublished QOF data from 2015/16 indicated the practice had reduced its exception reporting rate for each of these measures.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, where the improvements made were implemented over at least two cycles of the audit and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice had a strong focus on clinical learning and participated in numerous external research studies. Examples included a study of mental health and the

Are services effective?

(for example, treatment is effective)

prevention of heart problems and stroke; a study of communication between people with learning disabilities and health staff; a study into the effects of sertraline (an antidepressant medication) and a study of the link between treatment for cardiovascular disease and chronic kidney disease. Information about these studies was given to practice patients who were potentially suitable to participate in these studies.

- Findings were used by the practice to improve services. For example, following an audit of patients with atrial fibrillation (a common and serious heart arrhythmia associated with risk of stroke), the percentage of practice patients who had received an estimate of stroke risk had risen from 30% of 116 patients in the first cycle of the audit, to 100% of 108 patients in the second cycle.

Information about patients' outcomes was used to make improvements. For example the practice medical indemnity provider had conducted a review of repeat prescribing in the practice. The practice implemented recommendations arising from the review including adding the reason for medications to the instructions on prescriptions, and taking steps to improve the take up of the electronic prescribing service.

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.
- 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. The practice nurse attended a six weekly forum and was a member of the local clinical supervision group. The practice held quarterly protected learning study days for clinical staff, with staff cover provided by the local Clinical Commissioning Group.
- 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 were encouraged to prepare for their appraisal by identifying their own development and support needs. All staff groups had appraisals in place tailored to their role and these also recognised community work undertaken outside the practice. 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.
- The practice had a strong focus on clinical learning and participated in numerous external research studies.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- The practice held monthly meetings with the local community matron.
- The practice was participating in a community incentive scheme funded by the local Clinical Commissioning Group for patients who had a serious mental health illness, and had been discharged from the local NHS mental health trust. The scheme provided access to a named, qualified mental health liaison nurse, a link worker from the local community mental health team and hub services including peer support, psychiatric assessment, social support.

Are services effective?

(for example, treatment is effective)

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. The practice had written to invite all patients with three or more long term conditions to attend the practice for a holistic health care assessment. 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

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.
- The practice had separate consent templates for different surgical procedures.
- The practice complaint form contained a separate section for third party consent for people to complain on behalf of a patient.
- Confidentiality slips were available at reception for patients who wished to have a private discussion.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A nutrition specialist was available on the premises and smoking cessation advice was available from a local support group. The dietician had been invited to attend the practice flu clinic to offer advice to patients.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 4% to 93% (CCG average 6% to 95%, national average 73% to 95%) and five year olds from 78% to 97% (CCG average 82% to 96%, national average 81% to 95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 25 comment cards of which 22 were entirely positive about the standard of care received. Patients gave specific examples of the practice delivering high quality care, and said they were treated with compassion, empathy and respect by clinicians and receptionists. Three comments were mixed, citing concerns with access to appointments or receptionists, but also praising the doctors at the practice. 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 one member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to national averages on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 96% 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%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to 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.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Are services caring?

- A polish version of the practice leaflet was available, in recognition of the high prevalence of polish speakers in the practice population, this leaflet was also available on the practice website.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 472 patients as carers (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, 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. The practice kept a list of families who had been recently bereaved on display for reception staff, would send a message to all staff in the event of a death of a patient and would code patients on the electronic recording system if they had suffered a bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours until 7.30pm on Tuesday and Wednesday, and from 9.00am to 1.00pm on Saturday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice sent a text message reminder to patients the week before and the day before their appointment.
- Reception and administrative staff told us that they were pro-active in asking patients if they needed help reading any information that had been given to them. Among the practice staff were speakers of Polish, French, Urdu, Maltese, Spanish and Portuguese.
- A sign in the reception area stated that information was available in various formats such as easy read, large print, and braille, and British Sign Language interpreters were available.
- The practice hosted sessions from an alcohol and drugs advisor on the premises.
- The practice had promoted its online repeat prescription service which had seen an increase in usage from 4% of all repeat prescriptions to 70% over the previous year.

Access to the service

The Guildersfield Road practice had access to 6 consultation rooms and two treatment rooms on the ground floor. Opening hours were between 8.00am and

6.30pm weekdays, with extended opening hours until 7.30pm on Tuesday and Wednesday, and from 9.00am to 1.00pm on Saturday. The Baldry Gardens branch had access to four consultation rooms and two treatment rooms on the first floor, with lift access. Opening hours were between 8.00am and 1.00pm on weekdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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. The practice appointment system had fixed daily slots for home visits that were held on a daily basis in case the need for a home visit arose, this decision was always subject to clinical triage by a doctor at the practice.

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. Acknowledgement letters gave an estimated formal response time to each complaint, depending on the complexity of the issue.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- Information was available to help patients understand the complaints system and this was on display in the practice waiting area and the practice website.
- The practice complaint form contained a separate section for third party consent for people to complain on behalf of a patient.
- The practice held an annual all staff complaints review meeting.

We looked at 16 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 learnt 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, one patient complained about a prescription not being ready within the time frame the practice had advertised. The practice apologised to the patient and clarified the information on display about the timeframes for when repeat prescriptions could be left during the day.

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 and mission statement to promote continuous learning in order to support high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. GPs at the practice would feed back from any recent learning events to the rest of the clinical team during quarterly protected learning days and we saw this detail in meeting minutes which were shared with all staff.
- The practice had a strong culture of continuous learning and development of clinical staff, through a focus on research projects, development days and appraisals.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice kept a resource folder in the staff room which contained information about the practice's research projects, recent safety alerts and learning from significant events and complaints.

Leadership and culture

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

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings including a daily clinical meeting and monthly receptionist and all practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 6 months.
- 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. For example the practice administrator had developed the appointment booking system to enable the duty doctor to release and book daily afternoon appointments with other clinicians, based on demand from morning telephone consultations.
- The practice employed a buddy system whereby each member of staff had a "buddy" within the practice to provide mutual support and mentorship. Staff told us that this helped their development and improved their confidence.

Are services well-led?

Good 

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

- Part time staff members received routine updates from the practice management of what had taken place on the days they were not working.
- Staff were encouraged and supported to develop their skills. For example, one receptionist at the practice had trained to become a health care assistant and was supported to qualify to foundation degree level; another member of the reception team had obtained an NVQ in business administration and the practice nurse prescriber was training to become an advanced practitioner. A newer member of the reception team had been encouraged to train other non-clinical staff in the use of their document management system.

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

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

- The patient participation group (PPG) was closely involved in the running of the practice, organising health promotion events and improving practice performance. The group held monthly meetings attended by the practice manager and a regular guest speaker, and published the minutes on the practice website. The PPG chair was invited to attend receptionist meetings and was given a tour of the practice to better understand how the practice is run. Recent changes that had been made to the practice as a result of PPG involvement included installing television screens in the practice; making improvements to the system of communicating test results to patients, and encouraging the practice to arrange customer service training for reception staff. The PPG had arranged health promotion events at the practice for diabetes, diet, dementia care and "keeping warm and well in winter". The PPG had recoded a short film about their work and local health issues, and this film was shown on the practice television screens.

- The PPG carried out annual patient surveys and submitted proposals for improvements to the practice management team. The practice had gathered contact details for 150 "virtual" PPG members who shared information through email, and the PPG had a permanent promotional table in the reception area which was regularly updated with information for patients. The practice included a PPG newsletter with letters they sent to patients in need of chronic illness reviews, and this newsletter was also sent to house bound patients, in an effort to reach out to these groups of patients. The PPG had helped to establish a network of PPGs in the Lambeth area in order to discuss local issues and share information.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice reception manager was being supported to visit nearby practices to learn and share ideas relevant to her role. The practice also told us they were investigating the use of video consultations with patients.

The practice team was forward thinking and part of local studies to improve outcomes for patients in the area. Examples of such schemes included a study of mental health and the prevention of heart problems and stroke, and a study into the effects of sertraline (an antidepressant medication). The work carried out with the Patient Participation Group demonstrated a willingness to learn from patient feedback.