Dr Durston & Partners

Inspection report

17 Camberwell Green
London
SE5 7AF
Tel: 020 7358 5750
www.camberwellgreensurgery.nhs.uk

Date of inspection visit: 12 September 2018
Date of publication: 14/11/2018

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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Overall summary

This practice is rated as Good overall. (Previous rating January 2018 requires improvement) The practice was previously inspected on 23 January 2018 and was rated requires improvement for safe and caring, good for effective and responsive and inadequate for well-led

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Dr Durston & Partners on 12 September 2018 to follow up breaches of regulation identified at our previous inspection on 23 January 2018 and to check that action had been taken to comply with legal requirements. All of the previous reports are available by selecting the 'all reports' link on our website at www.cqc.org.uk.

At our last inspection the provider was rated as requires improvement for key questions: Are services Safe? Are services caring? And rated inadequate for key question Are services well led? We issued requirement notices in respect of breaches of regulation 12 of the Health and Social Care Act Regulations 2014. We issued a warning notice in respect of breaches of regulation 17 of the Health and Social Care Act Regulations 2014. The concerns related to lack of risk assessments associated with fire, legionella and infection control prevention. The provider did not have effective systems of governance to enable effective management of risks associated with fire, legionella, infection control, emergency procedures and recruitment.

In addition to the breaches of regulation we also made recommendations of other actions the practice should take.

At this inspection we found:

- Action had been taken on most of the issues identified at the previous inspection; those we required and those we recommended.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been tightened, with stronger arrangements in place to keep people safe from abuse and address fire and other safety risks.
- Arrangements to respond effectively and act in the event of medical emergencies had improved and staff were suitably trained in emergency procedures.
- Systems for managing infection control had been improved. There was a suite of infection control policies in place. Risks associated with the control and spread of infections were adequately assessed in most areas. However risks associated with the control and spread of infections were not sufficiently mitigated in respect of carpets in the treatment and consultation rooms.
- Recruitment processes ensured that appropriate background checks had been completed or that risk assessments had been undertaken to consider their necessity. Staff had completed mandatory training. There was adequate indemnity insurance in place for all nursing staff.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- We spoke with 2 GP partners, one practice nurse, an HCA and we reviewed 26 medical records. Clinical outcomes for patients were mostly in line with local and national averages and the practice had achieved improved outcomes against the targets set within the CCG for diabetes and childhood immunisations.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patient feedback on the day of the inspection was largely positive; results from the national GP patient survey July 2017 showed the practice had scored below the local and national average in respect of consultations with nurse. The practice was aware of these lower scores and had taken action in response to this.
- Arrangements were in place to ensure that actions from all meetings were followed up.
- More patients had been identified as carers, so that they could be offered information, advice and support.

Overall summary

However, we also found that although some concerns highlighted on our last inspection had been addressed there were some areas where sufficient improvement had not been made:

For example:

- The leadership had not planned for the impact of operating with fewer GP partners. This resulted in increased managerial responsibility on the remaining leadership.
- There was a lack of ongoing monitoring of the improvements in patient satisfaction with nursing staff.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Further details can be found in the requirement section at the end of the report.

The areas where the provider **should** make improvements are:

- Monitor the improvements made to ensure that they are consistently embedded. For example, continue to monitor infection prevention measures to keep patients safe.
- Continue to promote and monitor patient feedback.
- Continue to keep staffing levels under review to ensure staff welfare and safe care and treatment for patients.
- Review appropriateness of treatment rooms and activities carried on within them.
- Continue with work aimed at identifying patients with caring responsibilities to be able to provide appropriate support and signposting.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Dr Durston & Partners

Dr R S Durston & Partners (Camberwell Green Surgery) is based in South Southwark, London. The practice is part of Southwark CCG and serves approximately 12,000 patients. The practice is registered with the CQC for the following regulated activities: Diagnostic and Screening Procedures, Treatment of Disease, Disorder or Injury, Maternity and Midwifery Services and Family Planning.

Dr R S Durston & Partners operates from a converted building which is owned by the partners. There is step free access for wheelchairs into the premises and a lift to all floors. There is a disabled toilet on the ground floor. The surgery is based in an area with a deprivation score of 3 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. It has more than double the national rate of unemployment. The practice has a higher proportion of working age patients and slightly lower proportion of patients over the age of 60 compared to other practices nationally. The practice has double the rate of deprivation affecting older people than the national average.

The practice is run by three partners, one female and two male, in addition to three salaried GPs two of whom are male and one female. The practice employs an advanced nurse practitioner, three practice nurses and two healthcare assistants. There is a practice based pharmacist who is available for telephone consultations and assists with the repeat prescribing. The practice offers 26 GP sessions and 24 advanced nurse practitioner sessions per week. There are six receptionists and a team of six administration staff. The practice employs a doctor without licence to carry out clinical coding and manage the electronic clinical document system.

The practice is open between 7.45am and 6.30pm Monday to Friday apart from Thursday when the practice closes at 8.00pm. Extended hours appointments are available at the practice between 7.30am and 8am Tuesday, Wednesday and Friday and between 6.30pm and 7.30pm on Thursdays.

The practice used to have a walk-in system of appointments but now operates a telephone triage appointment system. Triage is the process of deciding the priority of patients' treatments based on the severity of their condition. For urgent same day appointments, patients can call the surgery between 8.00am and 10.00am. A receptionist will take the details from the patient and they will receive a call back on the same day from a GP who will discuss the problem with the patient. The GP will either resolve the matter over the phone or arrange an appointment for the patient if necessary. There are four GPs available to triage patients over the phone. The practice answers between 130 and 160 calls

each day. In the afternoon there are three GPs who do face to face consultation clinics and there is always one on call GP to cover emergencies, urgent appointments and home visits.

When the practice is closed cover is provided by SELDOC, a local out-of-hours care provider.

The practice offers GP services under a Personal Medical Services (PMS) contract in the Southwark Clinical Commissioning Group area. The practice is a member of GP federation Improving Health Limited (IHL). The federation works with other surgeries in South Southwark and an extended access service is available at the Lister Primary Care Centre in Peckham. The centre is open between 8am and 8pm seven days a week for patients to get an appointment.

At our last inspection we were told that the practice had experienced some financial difficulties which had caused the practice to doubt the sustainability of the practice. At this inspection staff told us that the practice had liaised with other organisations to develop a strategy for the future and had undertaken remedial actions to improve stability and resilience although staffing and governance continued to be an issue at the service. The practice had been placed in remedial measures by Southwark CCG in May 2018. In June 2018 the CCG met with the practice which was placed into resilience mode.

The practice had faced a reduction in the number of GP partners from seven to three and the practice had closed their list. One of the GP partners was due to leave the practice in September 2018 and the practice told us they had not yet recruited a new GP. The senior nurse who had been the IPC lead, had recently left the practice. The practice has appointed two nurse practitioners one of whom has worked as a nurse practitioner trainer at a London university.

Good

Are services safe?

At our previous inspection on 23 January 2018, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control management, risk management and arrangements for emergencies were not adequate. The practice's recruitment processes did not keep patients safe.

These arrangements had improved when we undertook a comprehensive inspection on 12 September 2018, although there were still some aspects that needed attention. The practice is now rated as Good for providing safe services.

Safety systems and processes

When we inspected in January 2018, the practice did not have clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. At this inspection we found the practice had clear systems to keep people safeguarded from abuse. However there was a lack of risk assessment in relation to infection prevention and control.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clear lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and all other staff were trained to level two.
- 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.) There was a chaperone policy with a clear procedure for staff to follow.
- The practice provided evidence that indemnity was now in place for all clinical staff and we saw a record of checks from the nursing agency as well as the proof of ID.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a system for assessing the requirement for a DBS check for members of non-clinical staff. This had been improved since we inspected in January 2018, when we found that the system for recruitment checks was not sufficiently thorough. The practice carried out We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There was a comprehensive IPC protocol and staff had received up to date training. An IPC audit had been undertaken and we saw evidence that action was taken to address most of the concerns identified. The practice included training in infection control as part of the induction programme for all new staff.
- The practice nurse who was the infection prevention and control (IPC) clinical lead at the time of the last inspection had left the practice. The new practice nurse, who the practice are trialling from a locum agency, will be the new infection control lead. At the time of our inspection the practice manager was the temporary IPC lead. We spoke to the Practice Manager about him undertaking infection prevention control and he said he would be assisted by the practice nurse already working at the practice.
- Arrangements for managing infection control had been improved. Risks associated with the control and spread of infections were adequately assessed in the case of legionella. We saw evidence that the practice had acted on some issues following the last infection control audit in June 2018.
- Risks associated with the control and spread of infections were not sufficiently mitigated in respect of carpets in the treatment and consultation rooms.

Good

Are services safe?

Following the IPC audit in December 2017 we saw that the practice had recorded an action that the carpet in the treatment and consulting rooms should be replaced with clinical lino flooring. At the last inspection in January 2018, the practice told us they had applied for funding from the NHS Improvement grant programme to replace the carpets in the practice. At this inspection we saw that the carpets had not been replaced. There was a risk to patient safety from a spillage of bodily fluids in areas where there were carpets which would not be able to be easily cleaned. We spoke to the practice about this. They told us that the only invasive procedures carried out in GP consulting rooms are injections such as flu vaccinations or joint injections. There is no minor surgery done at the practice and no coil fitting. We saw there was one treatment room which had suitable flooring in where patients could be treated and staff told us that they would use this room when necessary. Following our inspection, the practice sent us a copy of a quotation obtained from a flooring contractor with dates for replacing the carpet in the treatment rooms.

- There were spill kits available in the practice and there was a sample handling protocol in place. We saw records that the carpets were steam cleaned every six months by a contract cleaning company.
- At our last inspection we found that sinks and taps in the consulting rooms did not comply with infection control guidelines because water was discharged directly into the drain in some clinical hand washing sinks. The tap in the hand washing sink in the basement treatment room had a swan neck faucet which was non-compliant. At this inspection the sinks and taps in the consulting rooms and the treatment room had not been replaced. We spoke to the practice about this. Staff told us they had applied for funding from the NHS improvement grant programme to replace the taps in the consulting and treatment rooms.
- Immunisation data was available for all staff.
- Arrangements for managing waste and clinical specimens kept people safe. The practice continued to ensure that facilities and equipment were safe and maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety. At our last inspection we found that most risks to patient safety were managed well. At this inspection we found the practice continued to manage risks to patient safety well and most risks had been assessed and addressed in respect of the management of fire safety and legionella.

- The practice conducted safety risk assessments. There were policies covering most areas of risk management. There was a health and safety policy and fire safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- Clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. There was a portable appliance test certificate (PAT). We saw the last PAT certificate which was valid until 14 March 2018. The practice manager showed us confirmation from an external company booked to carry out PAT checks on 19 September 2018.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- At our last inspection none of the training files we reviewed showed that staff had completed fire safety training. At this inspection we found all staff had completed annual mandatory training in fire safety. We saw a record of annual mandatory training which all staff were required to complete.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. There was an electronic staffing rota system to ensure enough staff were on duty to meet the needs of patients.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in

emergency procedures. There was a protocol in the event of a person having a collapse in the waiting room areas with guidelines for staff to follow. One of the GPs told us that they carry out a dummy collapse exercise with non-clinical staff annually. There were emergency medicines available on each floor of the practice.

- At our last inspection training files we reviewed showed that basic life support (BLS) training for some non-clinical staff had expired beyond the mandatory 12-month period. At this inspection we saw all staff had completed BLS training and clinicians had completed annual intermediate life support (ILS) training.
- There was a telephone triage protocol for non-clinical staff to follow to help them decide how urgently a patient needs to be seen by a doctor.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. At the last inspection, the service did not have all recommended emergency medicines. At this inspection we found the practice had an adequate stock of recommended emergency medicines although the practice did not stock naloxone.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. When we last inspected the practice had a supply of emergency of medicines though there was no supply of naloxone (used in response to opioid overdose), diclofenac for injection (analgesia) or dexamethasone (used to treat croup in children) and there was no risk assessment in place to consider the need for these medicines. At this inspection we observed that the practice had a supply of dexamethasone and diclofenac but did not stock naloxone. The practice had assessed the risk of not having a supply of naloxone. They told us that if there was an opiate related collapse an ambulance is called. Ambulances carry and administer naloxone which has a short half-life and more than one dose may be needed to be administered. The practice had an anaphylaxis protocol.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Good

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

There was a system for reporting and recording significant events. This had been improved since we inspected in January 2018, when we found that the system for reporting and learning from serious incidents was not clear, and analysis and recording of follow up not sufficiently thorough.

- At our last inspection there was no fire safety policy in place. Evidence of fire safety training for staff was not available on the day of the inspection but was completed within 24 hours of the inspection. At this inspection we saw there was an effective system to review fire safety. There was a fire policy and staff had completed mandatory training in fire safety. Fire awareness training was included in the staff induction programme BLS and staff knew what to do in the event of a fire.
- The practice monitored and reviewed safety activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- There were comprehensive risk assessments in relation to safety issues. We saw a record of fire risk assessment.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded a missed medication when a patient had not received their signed prescription from the GP and there was a risk of the patient developing Sepsis. This was recorded on the practice significant event record and we saw documented minutes of the meeting where learning points were discussed and actions identified.
- 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, and were told about any actions to improve processes to prevent the same thing happening again.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. At the last inspection we found that significant events were not regularly discussed in staff meetings and there was minimal recording of action taken in response to alerts. At this inspection we saw minutes of staff meetings where safety alerts were discussed and records of actions taken.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, staff were reminded to be diligent when issuing correspondence after confidential information from one patient was sent to another in error. Staff we spoke with at the inspection were able to recall learning from significant events and there was evidence of discussion of significant events at staff meetings and minutes that recorded the detail of what was discussed.
- There was a system for receiving and acting on safety alerts. The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

At our last inspection on 23 January 2018, we rated the practice as good for providing effective services overall and requires improvement across all population groups.

At this inspection we found that the practice continued to provide effective services. We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- The practice showed us a spreadsheet demonstrating their performance in delivering population health management through IHL's dashboard. Compared with other practices in South Southwark they were the only practice to achieve all targets, except for the long term conditions target for smoking cessation where no practice had achieved their target.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. We saw minutes of a clinical meeting held at the practie where this was discussed by the clinical team and actions were agreed.
- The practice had care plans for patients and GPs had a good awareness of their patient list, and the needs of complex patients.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was in line with both the CCG and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used information technology systems to improve treatment and support patients' independence. The practice used the electronic Local Care Record system to access and share patient information at the point of care, with the local hospital, other GP practices and community services.
- All indicators for the management of long term conditions at the practice were in line with CCG and national averages.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Patients over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital; reviewing all patients over the age of 75 who had attended hospital quarterly. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice offered point of care ECGs for the elderly to identify Atrial Fibrilation (AF) more accurately.
- The practice collaborated with Age UK (Lambeth and Southwark) to identify isolated, lonely and frail patients and offer them interventions aimed at improving independence and unplanned admissions.

People with long-term conditions:

- The practice offers the coordinated care pathway to support patients with complex needs. Patients with three or more long term conditions are offered holistic assessment with care planning discussion to help coordinate their care.
- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- The practice had a focus on reducing admissions for patients with frequent emergency admissions. The practice was able to reduce admissions for some patients, including those that had complex medical illness or social and mental health needs.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above. Uptake rates for the vaccines given in 2016/17 met the target percentage of 90% or above. There are four areas where childhood immunisations are measured; each has a target of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- All GPs and nurse practitioners provided contraception and sexual health services. Patients requiring IUCDs or contraceptive implants were referred to the local sexual health clinic near the surgery.

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

- The practice's uptake for cervical screening for 2016/17 was 73%, which was in line with the local average of 67% and the England average of 72%. This is the Public Health England data rather than information from QOF. The practice had taken action to follow up all women who had not had cervical screening by calling the patient and then sending a letter inviting all those overdue a cervical smear to make an appointment. The current smear achievement is 3116 (79% using EMIS Web).
- A GP partner showed us an audit of women aged 25 to 65 with HIV who have a higher risk of developing cervical smear abnormalities. The GP ran a search and identified 24 women in the target group who should have an annual smear. Letters were sent to reinvite non responders and these patients are coded as 'annual smear needed' on the clinical records system. We saw the Cervical Cytology failsafe policy for following up women with an abnormal or inadequate cervical cytology sample result.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had conducted 354 NHS health checks within the last 12 months against a target of 319 set by the CCG.

People whose circumstances make them vulnerable:

Good

Are services effective?

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The lead GP for end of life care met with the local palliative care team every three months.
- The GPs understood their responsibilities in relation to the Mental Capacity Act 2005 to enable people who lack capacity to take decisions about their care and welfare and who were deprived of their liberty, to get the care they needed.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 39 patients on the register.
- The practice supports patients whose first language is not English. Languages spoken by staff at the practice include French, Spanish, Portugese, Urdu and Yoruba. Reception staff were able to book interpreters and book a double appointment for patients using interpreters.
- The substance misuse service allowed supported recovering drug and alcohol users in familiar surroundings to help prevent them from dropping out of the recovery programme.

People experiencing poor mental health (including people with dementia):

- The practice continues to work in partnership with a substance misuse clinic to support patients with addictions. The service ensured these patients were supported with their physical and mental health needs.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- All staff had received training in the Mental Capacity Act.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- Performance for mental health related indicators was comparable to the national average

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97%. The overall exception reporting rate was 4.9% compared with a national average of 9.6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Although performance was generally good across all indicators there were some indicators where the practice was performing below local and national averages. For example,

- Indicators for 2016/17 showed the percentage of patients with diabetes who had well controlled blood sugar was 67% compared to 75% locally and 80% nationally. However the rate of exception reporting for this indicator was significantly lower than the local and national average: 2.7% compared with 6.6% in the CCG and 12.4% nationally. The practice was aware of the low scores and had undertaken work to improve this figure. We saw a copy of a diabetes improvement plan which the practice had submitted to the CCG. The practice supplied data regarding their performance for this indicator in 2017/18 which demonstrated an improvement of 87% to date.
- The practice's exception rates for some indicators were higher than the national average. For example, the practice had exception reported 43% of patients aged 75 with a fragility fracture who had been treated with a

bone sparing agent. However 100% of the remainder were treated with an appropriate bone-sparing agent. The reason the practice gave for this was that they had undertaken an audit and identified a number of patients who had been on the medication for longer than five years and where it was no longer indicated. These patients had been referred to specialists and exception reported from the indicator.

- The practice was actively involved in quality improvement activity. We saw evidence of a number of audits. The practice used information about care and treatment to make improvements. We saw evidence of two cycle audits. For example we saw that the practice had done an audit in response to an MHRA alert about the risk associated with valproate (usage) in pregnant women. In the first cycle five patients were identified as at risk. The practice found that of the patients prescribed this medicine none had been contacted to inform them of the risk. The practice contacted all patients on this medicine, communicated the risks associated with valproate to staff and created a template on the patient record system to guide clinical staff through an assessment of patients who were at risk and prescribed this medicine. The practice re-audited and found that all patients had been contacted and all patients either had their medication discontinued and if they remained on the medicine it was clinically justifiable and the patients were adequately monitored.
- The practice undertook another audit focusing on cervical screening among patients with HIV. During the first cycle the practice found that only 43% of these patients had attended for screening within the last 12 months. The practice made efforts to contact patients who had not received a test and encourage them to attend for screening. The practice increased the numbers of patients after three months to 58% and identified an additional 13% who could be excluded from the count for other reasons.
- The practice participated in local quality improvement initiatives. For example the practice participated in a initiative to identify frailty amongst older patients. Although the initiative only required half of the 80 patients who qualified for assessment to be reviewed the practice reviewed all of these patients and allocated a frailty score which enabled the practice to better tailor advice and support to patients.

Effective staffing

At this inspection staff had the clinical skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. At this inspection it was not clear that staffing levels kept patients safe. Although the practice operated a telephone triage system in the morning, there was pressure on the on call duty doctor in the afternoon to deal with emergencies and home visits. The practice had not recruited a GP although they had recruited two new practice nurses. The practice told us they had approached an agency to supply a salaried GP.

- At our last inspection, a number of staff had not completed the recommended essential training in accordance with current legislation and guidance. For example, none of the staff whose files we reviewed had completed fire safety training. Non clinical staff had also not completed basic life support training within the last 12 months. At this inspection we checked training records and saw staff had completed mandatory training in safeguarding children, safeguarding adults, Infection Prevention and Control (IPC), Mental Capacity Act training, Basic Life Support, Confidentiality and Information Governance. The practice had information about how they meet the requirements of the Data Protection Act in their practice leaflet.
- The practice provided staff with ongoing support. This included an induction programme, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Good

Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Care planning for patients was effective and there was a focus on care co-ordination to support patients and carers to achieve their goals.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. For example the practice had engaged 66 patients to stop smoking compared to the target set by the CCG of 29 patients. The practice supplied 2017/18 health promotion data which showed 52 patients referred to smoking cessation and 39 patients succeeded but there was no CCG figure to compare this with.
- The practice provided a population management spreadsheet which showed that the practice had achieved well in excess of population health targets set by the locality in most respects. For example, five hundred and nine patients with a long term condition had a care plan in place compared with the target of 363 set by the CCG. The practice had reviewed 222 patients' inhaler technique compared with 49 within the CCG. The practice supplied CCG dashboard data for 2017/18 which showed that the practice had reviewed 233 patients inhaler techniques compared with a CCG target of 49.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. There was a Mental Capacity Act policy.
- The practice monitored the process for seeking consent appropriately. There was a consent protocol in place.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice and all of the population groups, as requires improvement for caring at the last inspection. At the last inspection in January 2018 the practice had not responded to feedback from the 2017 national GP patient survey. Since our last inspection the practice had performed its own patient survey which showed some improvement in patient satisfaction with nurse consultations.

At this inspection we found that the practice was in line with national patient survey scores related to the healthcare provided. Staff at the practice were aware of the previous low patient survey scores and action had been taken in response to this feedback. However, there was a lack of ongoing monitoring of the improvements in patient satisfaction.

The practice is now rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared to be distressed they could offer them a private room to discuss their needs. We saw
- examples where reception and clinical staff demonstrated kindness and compassion towards patients on the day of the inspection.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the care provided by the GPs. This is in line with other feedback received by the practice.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the 2017 national patient survey showed ratings for nurse consultation satisfaction that were significantly below the CCG and national average. Results from the 2018 national GP patient survey showed patient satisfaction with consultations with a health professional had improved.

Involvement in decisions about care and treatment

Staff supported patients to plan for and be involved in their care, to understand their choices and make their own decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- The 2017 national patient survey showed ratings for nurse consultation satisfaction that were significantly below the CCG and national average. The practice put an action plan together and decided to run their own survey for 5 weeks to gain a better insight in the lower scoring areas of the survey for improvement for example – How good was the Nurse you saw at giving you advice you needed? How good was the Nurse you saw at treating you with care and concern? How much trust and confidence did you have in the Nurse you saw? The survey was run for 5 weeks from 15 February to 27 March 2018 there were 228 respondents in total. This reported improved satisfaction with nursing staff. The practice discussed the results for patient experience of nursing consultations from the GP patient survey with the PPG.
- The practice told us the survey was also reviewed individually by doctors and nurses as part of reflective practice and discussed by the practice team to see how consultations could be more patient-centred and improve patient experience. The practice showed us an action plan which was agreed following the annual national patient satisfaction survey run between 1 December 2017 and 28 February 2018. The action plan showed evidence that survey results were reviewed at staff appraisal programmes and when internal or external development training was delivered. Patient feedback was discussed with staff at various forums and PPG meetings and internal management meetings. However, we did not see what subsequent action had been put in place to monitor the improvement.
- Results from the 2018 national GP patient survey showed patient satisfaction with consultations with a health professional had improved although it is not possible to make a full comparison.
- Results from the most recent 2018 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 GP scores but below for scores related to nursing consultations:

- 88% of patients who responded said the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment.
- 92% of patients who responded said they were involved as much as they wanted to be in decision about their care and treatment during their last general practice appointment.
- 84% of patients who responded said the last healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment.
- 95% of patients who responded had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment.
- Interpretation services were available for patients who did not have English as a first language and we saw posters in Spanish about interpreter services. There was a notice written in Spanish which welcomed Spanish speaking patients to the surgery. Adverts for sign language interpreters were in the reception area.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (less than 1% of the practice list).
- The practice had information in the waiting area which directed patients to avenues of local support. There was evidence of action taken by the practice to support carers. The practice gave out a carer's pack to help signpost carers to the local support services. Leaflets were available to provide carers with information about support available to them. Referrals were available to services providing dedicated support to carers in the Southwark area.
- There was information available in the reception area regarding local bereavement services and staff would support bereaved patients who required additional support.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The practice complied with the Data Protection Act 1998.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

At our last inspection we rated the practice, and all of the population groups as requires improvement for providing responsive services.

At this inspection, we rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- We spoke to two members of the Patient Participation Group (PPG) who told us that they feel listened to and their suggestions are acted on. The lead GP and doctors regularly attend PPG meetings to discuss healthcare issues for example,promoting support or patients with caring responsibilities.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Blood tests were available on site so that older patients did not have to attend the local hospitals to have bloods taken.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Smoking cessation clinic

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Good

Are services responsive to people's needs?

- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Substance misuse clinic.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

At the last inspection we rated the practice as inadequate for providing well led services as the deficiencies in governance limited the practice's ability to provide safe and effective care.

At this inspection we found there had been some improvement in the systems and processes which underpinned patient safety and that the practice had taken action in response to patient feedback. Although evidence indicated that the quality of clinical care was satisfactory, the leadership had not planned for the impact of operating with fewer GP partners. This resulted in increased managerial responsibility on the remaining leadership. Consequently, the practice is now rated as requires improvement for providing well-led services.

Leadership capacity and capability

The practice had in recent years reduced from seven to three partners and the practice had closed their list. It was not clear how they would meet rising demand from an increase in population and sustain the current workload.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were working with a number of organisations to improve the stability and sustainability of their current operating model.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Intelligence from other stakeholders showed that the practice was under pressure and the CCG were concerned about resilience. Leaders had submitted a business case to ensure sustainability by merging with another GP practice but the CCG had postponed this merger.

Vision and strategy

The practice did not have a vision or plan to meet the rising demands on the practice or put in place a succession plan for the leadership of the practice.

- The practice was aware of the challenges they faced. For example, they were located in a deprived area and Southwark population was predicted to increase by 15% over the next ten years. The practice had acted to recruit additional clinical staff. The practice had appointed two nurse practitioners and were actively recruiting for a salaried GP and a practice nurse.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the vision and values.
- The practice had received additional support from the Royal College of General Practitioners (RCGP) who had visited the practice and reviewed all of the their systems and processes. The practice told us they had secured RCGP funding to provide internal locum backfill to provide cover for the GP partner to spend more time on governance and delivery of the strategy.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had an inclusive culture.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. There was a good relationship with PPG.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice told us that before going on maternity leave, the salaried GP had introduced and delivered Practice Development Sessions. These sessions brought all staff of all grades together to look at processes that could be made more simple and more efficient and produce better outcomes either for staff or for patients.

Requires improvement

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The leadership structure did not consistently ensure patient safety. Although the quality of clinical governance was satisfactory, the structures and systems to support an overarching governance framework were not clearly set out or effective. Practice leaders had established policies, procedures and activities to ensure safety but had not always assured themselves that they were operating as intended.

- Governance systems and processes relating to the management of staffing levels and recruitment did not always keep patients safe. Although the practice operated a telephone triage system in the morning, there was pressure on the on call duty doctor in the afternoon to deal with emergencies and home visits. The practice had not recruited a salaried GP although they had recruited two new practice nurses. The practice told us they had approached an agency to supply a salaried GP.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control although risk associated with infection control were not being adequately mitigated.

Managing risks, issues and performance

At our last inspection systems and processes designed to manage risk were not always sufficient or effective. At the last inspection we found that non-clinical staff had not received basic life support training in the last 12 months and none of the staff whose files were reviewed had received fire safety training. At this inspection we found staff had completed essential training in basic life support and fire safety. However, processes for managing risks, issues and performance were still not effective in some areas.

- The systems used to identify, understand, monitor and address current and future risks including risks to patient safety, were not always effective. For example, the infection control risks associated with the carpets in the consultation rooms and sinks in the treatment rooms highlighted in the practice's most recent audit had not been addressed in accordance with current recommendations and guidance. We spoke to the practice about this. They told us that the only invasive procedures carried out in GP consulting rooms are injections such as flu vaccinations or joint injections. There is no minor surgery done at the practice and no coil fitting. Following our inspection, the practice sent us a copy of a quotation obtained from a flooring contractor with dates for replacing the carpet in the treatment rooms.
- At this inspection, there was limited evidence of actions taken to manage current and future performance. There was limited evidence that the leadership had prioritised actions and change management decisions to sufficiently to improve stability and resilience. The practice was aware of the priority to build up the clinical workforce at the practice however overall managerial responsibility for staffing structure in response to a reduction in GP Partner numbers remained an issue. The practice had engaged with the Royal College of General Practitioners (RCGP) to work with the leadership team to develop better systems and management processes. The practice told us they were recruiting for one GP practitioner but had not been able to appoint anyone. The practice told us that two nurse practitioners had agreed to join the practice. The practice had approached an agency to supply a salaried GP.
- Arrangements for recruitment checks on staff had improved and all staff had adequate indemnity insurance and DBS checks for non-clinical staff had been completed.
- Practice leaders had oversight of safety alerts, incidents, and complaints. We saw evidence from meeting minutes that safety alerts, incidents and complaints were discussed in practice meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice had adequate arrangements to respond effectively to emergencies and had trained staff for

dealing with major incidents. The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Appropriate and accurate information

Information on practice performance showed good outcomes for patients comparative with other services in the locality yet there were some instances where performance was lower than national targets and averages and in some cases there was no plan in place to address areas of below average performance.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. Staff were able to access local care records and there were computerised pathology links with the local hospital.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice had an active patient participation group (PPG). At our last inspection the practice had not taken any action in response to the areas of the national GP patient survey where scores indicated dissatisfaction with the nursing staff and were lower than local or national averages. At this inspection we found that staff at the practice were aware of this and we saw evidence of action taken in response to this patient feedback.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group which met every 3 months. We spoke to two members of the PPG who reported that the practice was receptive to their comments and ideas would be implemented at their suggestion. They also reported that the partners asked for their views when planning the future direction of the practice. The practice had worked with the PPG to arrange for a consultant from the local hospital to give an educational talk for patients with Chronic Obstructive Pulmonary disease.
- The service was transparent, collaborative and open with stakeholders about performance. The PPG told us that complaints were discussed at each of their meetings.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation. Staff at the practice were involved in local schemes which worked to improve the provision of care within the locality.

- There was a focus on continuous learning and improvement. One partner had completed the Introduction to Teaching in Primary Care course with the aim of becoming a trainer. The practice had supported a number of reception staff to become practice based navigators to identify suitable patients who help to maintain patients' independence.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice provided examples of where it promoted independent living and worked with AGE UK services in the community in Southwark.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. • There was limited evidence that the leadership had prioritised actions sufficiently to improve stability and resilience or to put in place a succession plan for the leadership of the practice. It was not clear how they would meet rising demand and sustain current workload. • There was no effective action plan to ensure continual improvement of patient satisfaction with nursing appointments. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.