

Vesta Road Surgery

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection November 2016 rated – Good overall, Requires Improvement for Caring).

We carried out an announced comprehensive inspection at Vesta Road Surgery on 30 May 2018. inspection programme.

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? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

At this inspection we found:

- The practice still scored below the national average in the National GP Patient Survey in relation to consultation satisfaction with both doctors and nurses. However, the practice had taken action to address lower scoring areas in the NHS national patient survey.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had implemented defined and embedded systems to minimise risks to patient safety.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- 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.
- Some of the patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Information about services and how to complain was available. 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

- The practice had chosen to provide GP services to a local nursing home. The practice initiated a programme of change from a paper based patient care record system to an electronic one. The service helped to establish a wireless connection in the care home so that a laptop could be connected and care records could be accessed by the bedside of patients to improve recording and treatment.

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

- The practice should continue to monitor patient satisfaction about patient involvement in decisions about their care, and take action when necessary to improve satisfaction
- The practice should review actions to address lower scores in the uptake of national childhood immunisations.

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 advisor.

Background to Vesta Road Surgery

Vesta Road Surgery provides primary medical services in the London Borough of Lewisham to approximately 6,300 patients. The practice operates at 58 Vesta Road, Brockley, London SE4 3NH. The practice is based in a purpose-built building, and there are consulting rooms on the ground floor and first floor of the building. There are administrative offices on the first floor of the building and on the third floor.

The practice population is in the fifth most deprived decile in England (the practice scored 5 on the scale of deprivation where 1 is the most deprived area and 10 the least deprived). The practice population's age demographic is not in line with the national average. The practice has a significantly higher proportion of patients between the ages of 25–39, and a far lower number of patients for all age groups over 54. The practice provides 21 GP sessions per week. The practice operates under a General Medical Services (GMS) contract. The practice has responsibility for providing GP services to one nursing home which has 80 residents.

Vesta Road Surgery is operated by two GP partners. There is a locum GP employed at the practice. There are three part-time practice nurses and one phlebotomist. At this inspection, we were not able to speak to the nurse prescriber. The clinical team is supported by a Practice Manager, assistant practice manager and 8 administrative and reception staff.

The practice reception is open between 8.00am and 6.30pm Monday to Friday. Extended hours are available between 6.30pm until 7.30pm on Wednesdays and 9.00am until 12.30pm on Saturdays. When the practice is closed patients are directed to contact the local out of hours service (SELDOC) and NHS 111.



The practice is registered as an individual provider with the Care Quality Commission to provide the regulated activities of family planning, treatment of disease, disorder or injury; diagnostic and screening services, maternity and midwifery services and surgical procedures. The practice offers travel immunisations and is a Yellow Fever centre.

The service was previously inspected on 15 November 2016 where the overall rating was found to be Good overall, but Requires Improvement for Caring. The report found the practice must undertake the following:

- The practice should ensure that it takes action to address lower scoring areas in the national patient survey.

The full comprehensive report of the 15 November 2016 inspection can be found by selecting the 'all reports' link Vesta Road Surgery on our website at .

We carried out an announced focused inspection on 4 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation



to the breaches in regulations that we identified in our previous inspection on 15 November 2016. Overall the practice was rated as good, although it remained requires improvement for Caring.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. All clinical staff had training in level 3 safeguarding adults and children. All non-clinical staff had completed level 1 safeguarding adults and children. Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 an effective system to manage infection prevention and control. The practice nurse was the Infection Control lead and had completed online update training.
- There were systems for safely managing healthcare waste.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste, and waste containers were secured where required.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- 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.
- 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. SELDOC provided the local out of hour's service.
- We saw a copy of the practice's business continuity plan. Staff had access to an electronic copy on the practice intranet. A hard copy of the plan was stored off site along with a copy saved on an encrypted memory stick.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Are services safe?

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Staff administered vaccines safely and the service monitored Patient Group Directions (PGDs) appropriately.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Fire alarm checks were in place and all clinical and non-clinical equipment had been calibrated as required. All staff had completed training in safeguarding, basic life support chaperoning and infection control.

- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. 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.
- The practice carried out a thorough analysis of the significant events. Significant events were discussed at both clinical meetings and significant event meetings as required.
- 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, the practice told us about an incident where a patient who was registered at the practice had died of undiagnosed HIV. The GP had seen the patient but there was no evidence of when the patient had developed HIV. The practice reviewed and amended its protocol to look at HIV infection as a potential diagnosis and now offer all new patients HIV screening.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

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.

- 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 in April 2018, 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.
- All indicators for the management of long term conditions at the practice were in line with CCG and national averages.
- The practice provided Yellow Fever vaccinations. We saw the professional registration of the immuniser was appropriate and training had been completed. There was a system for recording vaccinations and travel medicines given to patients.
- 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.

- Patients aged 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. There were 167 patients over 75 on the register.
- The practice provided care and treatment to one local nursing home. The practice nurse went to the nursing home twice a year to do COPD asthma reviews on patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- 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 immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given in 2016/17 were below the target percentage of 90% or above. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice failed to achieve the target in three areas. The practice told us that they were aware of these results and all delayed and childhood

Are services effective?

immunisation decliners were contacted by a GP in a bid to improve uptake of childhood immunisations. The practice shared with us unverified 2017/18 results for childhood immunisation uptake which showed the practice had achieved the target percentage of 90% in the four areas measured.

- 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.

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

- The practice's uptake for cervical screening was 71%, which was in line with the local average of 69% and the England average of 72%. This is the Public Health England data rather than information from QOF. 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice delivered care to one nursing home with a total of 80 resident patients. The service dedicated one clinical session per week to visit the nursing home to ensure that effective care was provided. There were 47 Deprivation of Liberty Safeguards (DOLs). 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 115 patients on the register.

- Staff had completed online training for GP receptionists and practice managers to support patients who are homeless to get the health and care they deserve. There was a poster on 'My right to access healthcare' in the reception area.

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

- Performance for mental health and dementia care were comparable to or above the national averages.
- 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 enabled patients with poor mental health to access treatment and advice through IAPT services. People with refugee status with post-traumatic stress disorder and depression were referred appropriately for community psychological services.

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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97%. The overall exception reporting rate was 7.9% compared with a national average of 10%. (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's exception rates for some indicators were higher than the national average. We looked into this and were satisfied with the practice's explanation that these exceptions were appropriate and mainly related to patients in the nursing home.
- The practice was actively involved in quality improvement activity. We saw evidence of a number of audits. We also saw that audits were discussed at clinical meetings where learning points were noted.

Are services effective?

- The practice used information about care and treatment to make improvements. A CCG co-ordinator compared local GP practice performance and emailed the GPs about areas of practice that could be improved.
- The practice was actively involved in quality improvement activity. For example, the practice routinely searches their appointment system patients who did not attend appointments. The practice contacted them to try to find out what support they needed.

Effective staffing

Staff had the 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.

- 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.
- The practice provided staff with ongoing support. This included an induction process, 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- 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.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 followed the Co-ordinated My Care Pathway.
- The practice had carried out an audit of DNAR (Do Not Attempt Resuscitation) decisions. There was an established system of sharing DNARs with other services including district nurses, palliative care services and ambulance services.
- The practice discussed patients' health and social circumstances in monthly MDT meetings, to address patients' needs in a coordinated and holistic way.
- The practice provided GP services to a local care home. The practice worked with the care home to replace the paper based care records with an electronic record system. The practice helped to establish a wireless connection in the care home so that a laptop could be connected and care records could be accessed by the bedside of patients, to improve recording and treatment. Practice nurses attended the care home to do carry out COPD asthma reviews twice a year.
- The practice ensured that end of life care was delivered in a coordinated way which considered 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 need 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 health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

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 about care and treatment.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

We carried out an announced inspection of Vesta Road Surgery on 15 November 2016. After that inspection, the caring domain was rated as requires improvement. The report found the practice must undertake the following:

- The practice should ensure that it takes action to address lower scoring areas in the national patient survey.

At this inspection on 30 May 2018, we rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All the 24 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the national patient survey showed ratings for consultation satisfaction that were significantly below the CCG and national average.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- The practice still scored below the national average in the National GP Patient Survey in relation to satisfaction with both doctors and nurses. Results from the July 2017 annual national GP patient survey showed patients had not responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were not in line with local and national averages. Sixty-one per cent of patients who responded said the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care; this was lower than the CCG score of 77% and the national average of 82%.

Sixty-seven per cent of patients who responded said the last nurse they saw was good at involving them in decisions about their care; this was lower than the CCG score of 81% and the national average of 85%. When we spoke to the practice, they told us they were aware of the feedback scores and told us that out of the 371 national GP patient survey letters sent out to patients, only 28% had responded to the survey.

- The practice had an action plan to address this and other areas from the practice survey which were lower than the national average. For example, at the time of our inspection we saw that the practice had carried out its own patient survey and had implemented clinician peer review (specifically for consultation) to ensure patient satisfaction was discussed in weekly clinical meetings and GPs used online consultation model e-learning tool kits to improve their consultation style. Immediately following our inspection, the practice carried out an additional independent patient survey of 200 patients. Results showed an improvement in patient satisfaction in relation to patient involvement in decisions about their care.
- Staff supported patients to plan for and be involved in their care, to understand their choices and make their own decisions.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients 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 patients who were carers on a dedicated register and supported them. The practice had identified 62 patients as carers (3.9% of the practice list).
- 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 Lewisham area.

Are services caring?

- Staff told us that if families had experienced bereavement, they followed the practice's policy to support bereaved patients and their families.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

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 was an active member of the local GP Federation and staff attended CCG meetings where local care issues were discussed.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- Appointment length was need-specific and GPs arranged longer appointments when they thought this was necessary. GPs routinely offered longer appointments to some patients, for example, patients with a learning disability.
- We spoke to a member of the Patient Participation Group (PPG) who told us that the lead GP and doctor attend PPG meetings to discuss healthcare issues for example, promoting 'Self Care' for patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice carried out holistic needs assessments in the home of those patients who were not able to attend the surgery.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was designed to accommodate disabled access. There were toilet facilities for disabled people and a hearing loop available at reception.

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 most complex and at-risk patients including house bound patients, were discussed at practice clinical meetings and MDT meetings to ensure patients were closely monitored.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice referred patients in house to the dietician who ran a clinic once a month at the service.

Families, children and young people:

- The practice had a walk-in clinic Monday to Friday for patients from any age including children whose medical needs could not wait for a routine appointment.
- Appointments were available with the Practice Nurse for Healthy life style advice, immunisations, travel immunisations and advice, sexual health advice in terms of contraceptives, smear test and STI tests and HIV screening.
- 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.
- There was a Health Visitor who runs a clinic at the practice every two weeks.
- The practice GP visited secondary schools in the local area to promote sexual health.

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

Are services responsive to people's needs?

- 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 and Saturday appointments. Walk in appointments were available on Wednesday evenings from 6.30pm to 7.00pm and on Saturdays from 9.00am until 12.30pm, for patients whose needs could not wait for a routine appointment.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- On line access was available for booking and cancelling appointments in addition to electronic prescribing whereby patients could nominate a pharmacy which was convenient for them to collect prescriptions. Patients also had online access to view their medical records.

People whose circumstances make them vulnerable:

- The practice delivered services to one nursing home with 80 resident patients. The nursing home provided care to patients with complex conditions, dementia and those requiring palliative care. The practice provided one GP session per week to visit this service. There were 47 Deprivation of Liberty Safeguards DOLs at the nursing home. The Deprivation of Liberty Safeguards (DoLS) procedure is designed to protect people's rights if they need to be detained in a hospital or care home in England or Wales and they lack mental capacity to consent to care or treatment. 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. Practice also held a register of patients that were regular non-attenders for hospital appointments as well as GP appointments. These non-attenders were discussed at clinical meetings and MDT meetings and followed up by the GP or the Nurse.

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.
- The practice held GP led monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice worked with mental health services in the BME community in Lewisham.

Timely access to care and treatment

Patients were not 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.
- Results from the July 2017 patient survey showed patients satisfaction with how they could access care and treatment were in line with national and local averages
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- During the week, the practice offered a walk-in clinic session between 3pm and 5pm.
- The practice had carried out an audit of non-attenders.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The practice took 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. Seven complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- 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. We saw a copy of a complaints summary and the practice's written response to a complaint from a patient. The complaint was investigated under the practice's

Are services responsive to people's needs?

complaints procedure and the Practice Manager responded to the complaint fully. The patient was sent information about escalating the complaint should the response have not resolved their concern.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- 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.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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 could 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.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective around processes for managing risks, issues and performance.

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Are services well-led?

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

The practice had plans in place and had trained staff for major incidents.

The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.
- 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 involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group which met every six weeks. For those not able to attend the meetings there was a virtual group who were provided with meeting minutes and could contribute to meetings. The PPG members reported that the practice was receptive to their ideas 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 service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had action plans in place to address any areas where they felt they could improve, whether identified by surveys, audits or information provided by third parties.
- Staff knew about improvement activity 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 sexual health in secondary schools and worked with mental health services in the BME community in Lewisham.