

Robin Hood Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Robin Hood Surgery on 5 July 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and investigating significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was evidence to show that most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Although staff had a good understanding of their

responsibilities there was no evidence of training that was appropriate to staff roles, such as safeguarding, infection control, information governance and fire safety training for some staff members.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice held regular clinical meetings. Meetings with non-clinical staff were informal and were not documented.

Summary of findings

The areas where the provider should make improvement are:

- Ensure all staff know how to use the defibrillator.
- Ensure appropriate recruitment checks are conducted for all new staff prior to employment and there is a robust system for documenting processes such as meetings and training received.
- Ensure translation services and the facility to discuss sensitive information in private is advertised in a format patients can understand, and review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Strengthen efforts to establish a patient participation group and improve patient satisfaction, particularly with regard to waiting times, and review opportunities to make the practice more accessible to wheelchair users.
- Continuously monitor and improve outcomes for patients with poor mental health, in relation to the Quality and Outcomes Framework.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- The practice had systems in place to keep patients safe and safeguarded from abuse. Most staff had received safeguarding training but we were not provided with evidence to back this up for some staff, when requested. All staff demonstrated they understood their responsibilities in relation to safeguarding.
- We were informed that all staff had received training for basic life support, infection control, fire safety, safeguarding and information governance. Although staff demonstrated a good understanding of their responsibilities, we were not provided with evidence of this training for some staff members, when requested.
- Risks to patients were assessed and well managed. At the time of our inspection the practice did not have a defibrillator available for use in medical emergencies, nor had the risk of not having one been formally assessed; however, the practice ensured that a defibrillator was in place after our inspection.
- There was an effective system in place for reporting, recording and investigating significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes were comparable, for the majority of indicators, to the national average. Outcomes for recording care plans for patients with poor mental health were below average in 2014/2015; the practice provided evidence (which had not been made public or independently verified) that performance in these areas had improved in 2016.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The majority of staff had received training relevant to their roles; however, there was no evidence of safeguarding, information governance, fire safety and infection control training for some staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed that patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they participated in the local CCG's Enhanced Diabetes Care scheme with an aim to improve outcomes for patients with diabetes.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Three out of four patients we spoke with told us they often faced long waiting times after arriving for appointments. This was reflected in the results of the GP patient survey published in January 2016, where 62% of patients felt they normally had to wait too long to be seen (CCG average 37%, national average 35%).
- The practice had good facilities and was well equipped to treat patients and meet their needs, with the exception of the absence of a defibrillator for use in medical emergencies.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice read coded patients who were known or suspected to be in gangs, and females who had undergone, or were at risk of undergoing, female genital mutilation (FGM), so that they could be monitored and appropriately supported. A nurse had previously attended a local mosque to give a talk about the dangers and legal implications of FGM.
- Staff had received a variety of training to improve patients' experience of the service, such as customer care, conflict resolution and equality and diversity.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver personalised care, and to promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity and held regular clinical meetings. They also held regular discussions with non-clinical staff but these were informal and were not documented.
- There was a clear leadership structure and staff felt supported by management. Although staff felt valued by the GP partners and manager, they felt hesitant to approach the GPs with 'minor' issues and felt that establishing regular formalised governance meetings would facilitate communication.
- There were arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff via a staff survey; at the time of our inspection it was in the process of implementing improvements identified from the survey. It also sought feedback from patients through its monthly friends and family test. There was no active or virtual patient participation group in place at the time of our inspection.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Older patients aged over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that performance for conditions commonly found in older people in 2014/2015 was average. For example, 84% of patients with hypertension had well-controlled blood pressure (national average 84%).

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that performance for diabetes related outcomes in 2014/2015 was average. For example, 78% of patients with diabetes had well-controlled blood sugar in (national average 78%).
- Longer appointments and home visits were available when needed.
- The patients with a long-term condition had a named GP and the majority had received a structured annual review to check their health and medicines needs were being met.
- In 2014/2015, 74% of patients with asthma had a review of their condition. This was in line with the national average of 75%.
- In 2014/2015, 91% of patients with chronic obstructive pulmonary disease had a review of their condition. This was in line with the national average of 90%.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of attendances to Accident & Emergency.
- Immunisation rates were comparable to the local Clinical Commissioning Group average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way.
- Nationally reported data showed that performance for cervical screening in 2014/2015 was average. For example, 79% of females aged 25 to 64 years had a cervical screening test (national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours opening on a Thursday evening until 8.00 pm for working patients who were unable to attend during normal opening hours.
- The practice was proactive in offering online services such as appointment booking and repeat prescription ordering, as well as a range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, and they regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Most staff had received safeguarding training, but there was no evidence of this training for other staff members.
- A GP had received training on domestic violence awareness.
- Patients who were known or suspected gang members were read coded on the computer system in order that they could be provided with the appropriate support in avoiding violence related activities.
- Female patients who had undergone female genital mutilation, or were at risk of undergoing the procedure, were also read coded in order that they could be provided with the appropriate support.

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data showed that performance for dementia related outcomes in 2014/2015 was average. For example, 70% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months (national average 84%). The practice provided evidence that performance had improved in 2016, although this had not been made public or independently verified at the time of our inspection.
- Nationally reported data showed that performance for mental health related outcomes in 2014/2015 was below average. For example, 60% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their records (national average 88%). The practice provided evidence that performance had improved in 2016, although this had not been made public or independently verified at the time of our inspection.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with of local Clinical Commissioning Group (CCG) and national averages for the majority of responses, but was below average for some. Three hundred and twenty-seven survey forms were distributed and 111 were returned. This represented approximately 2% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone (CCG average 70%, national average 73%).
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 75%, national average 76%).
- 68% of patients described their overall experience of this GP practice as good (CCG average 82%, national average 85%).

- 52% of patients said they would recommend this GP practice to someone who had just moved to the local area (CCG average 75%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients commented that staff members were helpful, and that they had been supportive during difficult times.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but three of them told us they often faced long waiting times after arriving for booked appointments.

Robin Hood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and a GP specialist adviser.

Background to Robin Hood Surgery

The practice operates from one site in Bromley, London. It is one of 45 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There are approximately 5,030 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, dementia, extended hours access, improving online access for patients, minor surgery, rotavirus and shingles immunisation, and unplanned admissions.

The practice has an above average population of female patients aged five to 19 years, 45 to 49 years, and 60 to 64 years. It has an above average population of male patients aged 35 to 64 years. Income deprivation levels affecting children and adults registered at the practice are above local and national averages. The practice has a largely transient patient population which is 10% to 14% above the national average.

The clinical team includes a female GP partner, a male GP partner, a long-term male locum GP and a female salaried practice nurse. The GPs provide a combined total of 15 fixed sessions per week. The clinical team is supported by a practice manager, a self-employed business consultant, a secretary, and six administrative/reception staff.

The practice is open from 8.00am to 6.30pm Monday to Friday, and is closed on bank holidays and weekends. Appointments with the GPs are available from 8.30am to 11.50am and 4.30pm to 6.00pm Monday to Friday. Appointments with the nurse are available from 8.30am to 12.30pm and 1.30pm to 6.30pm on Mondays, Wednesdays and Fridays. Extended hours are available from 6.30pm to 8.00pm on Thursdays. The practice can refer patients who are unable to get an appointment at the practice to GP access hubs in Beckenham until 8.00pm on weekdays and from 9.00am to 5.00pm on weekends (an access hub is a GP practice which provides appointments at a different location, and is coordinated in conjunction with the referring GP practice).

The practice operates over two floors of a converted house. There is a waiting area, a reception area, a consulting room, a treatment room and a toilet with baby changing facilities on the ground floor. There are two consulting rooms on the first floor. There is on-street restricted car parking and one parking space available at the practice for patients. The practice's entrance and toilet are wheelchair-accessible, and there is no lift to the first floor.

The practice directs patients needing urgent care out of normal hours to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on patients' medical urgency.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had not previously been inspected by the Care Quality Commission.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice nurse, reception/administrative staff, the practice manager and the business manager.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where an emergency medicine was found to be expired when needed, the incident was discussed with clinical staff and the practice implemented monthly audit checks of all emergency drugs to prevent a recurrence; we saw the audit checklist in place during our inspection. They also implemented a policy to order emergency medicine replacements three months before they were due to expire.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead
- member of staff for safeguarding; a non-clinical staff was not clear on who this was (they thought it was the practice manager) but all staff we spoke with demonstrated they understood their responsibilities for recognising and reporting safeguarding concerns. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice added alerts on their computer system for patients who were known or suspected to be gang members, in order to provide them with support to avoid gang violence by referring them to the appropriate local services. The practice told us that all staff had received safeguarding training; we requested but were not provided with evidence of this training to the appropriate level for a clinical member of staff and two non-clinical members of staff. Of the training certificates we were presented with, GPs were trained to child safeguarding level 3 and non-clinical staff had received this training to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice told us that all staff had received infection prevention and control training; we requested but were not provided with evidence of this training for some members of staff. Although the premises was in need of decoration, we observed all areas to be clean and tidy and there was an infection control protocol in place.. The practice nurse was the infection control clinical lead who liaised with local infection prevention teams to keep up to date with best practice. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out 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 in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).

- Pre-employment checks included proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks. We reviewed two personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, a DBS check had not been conducted on a recently-recruited non-clinical member of staff, and a DBS check for another member of staff had been ported over from a previous employer against current guidelines; however, the practice conducted the DBS checks for both members of staff shortly after our inspection.

Monitoring risks to patients

Risks to patient and staff safety were assessed and well managed.

- There was a health and safety policy available with a poster in the reception office.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.
- The practice had up to date fire risk assessments and carried out regular fire drills. Staff had received fire safety training.

- The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training.
- The practice had oxygen on the premises, with child and adult masks. At the time of our inspection the practice did not have a defibrillator available for use in medical emergencies, nor had they formally assessed or mitigated the risk of not having one on the premises; however, the practice ensured that there was one in place after our inspection.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Aspirin and glyceryl trinitrate (used for the emergency treatment of suspected heart conditions myocardial infarction and angina), which were in stock, had not been added to the emergency medicines expiry date check list but this was done after our inspection.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.7% of the total number of points available with 7.1% exception reporting. This was in line with the national average of 94.8% with 9.2% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF clinical targets relating to mental health. Data from 2014/2015 showed that in the previous 12 months:

- Performance for a mental health related indicator was below the local Clinical Commissioning Group (CCG) and national average. For example, 60% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their record (CCG average 84%, national average 88%). After our inspection, the practice provided evidence that performance had improved to 63% over five months between April 2016 and September 2016, although this information had not been made publically available or independently verified at the time of our inspection.

The practice manager informed us that automatic alerts had recently been introduced on the computer system which reminded clinicians about any outstanding reviews. A GP partner informed us that they would continue to monitor the practice's progress until the QOF year reached an end in March 2017. The practice was not an outlier for other indicators. For example, over the previous 12 months of 2014/2015:

- Performance for diabetes related indicators was in line with the national average. For example, 78% of patients with diabetes had well-controlled blood sugar (CCG average 75%, national average 78%), and 96% had received the annual flu vaccine (CCG average 91%, national average 94%).
- Performance for dementia related indicators was comparable to the national average. For example, 70% of patients with dementia had a face-to-face review of their care (CCG average 83%, national average 84%). After our inspection, the practice provided evidence that performance had improved to 73% over five months between April 2016 and September 2016, although this information had not been made publically available or independently verified at the time of our inspection.
- Performance for hypertension related indicators was in line with the national average. For example, 84% of patients with hypertension had well controlled blood pressure (CCG average 80%, national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits conducted in the previous two years, two of which were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit conducted on heart failure, the practice identified that 24 patients needed increased doses of medicines used to treat their heart condition. A second cycle of this audit showed that these patients had received the necessary interventions.
- The practice participated in local audits and local and national benchmarking.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff made use of e-learning training modules and in-house training. The practice was able to demonstrate that most staff had received training, appropriate to their roles, that included chaperoning, infection control, conflict resolution, complaints handling, customer care, equality and diversity, bullying and harassment, being open, anaphylaxis management, safeguarding, fire safety awareness, basic life support, patient confidentiality and information governance. However, evidence of safeguarding, information governance, infection control, and fire safety for some staff members was not provided to us when requested.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on an ad-hoc basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and substance misuse cessation. These patients were signposted to the relevant service.
- A counsellor, to whom the practice could refer patients, attended the practice on Wednesday afternoons.
- The practice's nurse and GPs provided smoking cessation support to patients.

Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 79%, which was comparable to the local Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.

- There was a policy to offer written and telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The practice ensured a female sample taker was available.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to local CCG averages. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 65% to 100% (CCG average 72% to 95%), and for five year olds from 79% to 99% (CCG average 81% to 96%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 23 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients who told us that although they found staff to be helpful and caring, they had experienced difficulties accessing the practice by telephone in the morning. We were not able to speak with any members of the practice's patient participation group, as the practice did not have one in place at the time of our inspection.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable to local Clinical Commissioning Group (CCG) for satisfaction scores on consultations with GPs and the nurse. For example:

- 76% of patients said the GP was good at listening to them (CCG average 87%, national average 89%).
- 76% of patients said the GP gave them enough time compared to the (CCG average 84%, national average 87%).
- 83% of patients said they had confidence and trust in the last GP they saw (CCG average of 95%, national average 95%).

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 86% of patients said they found the receptionists at the practice helpful compared to the (CCG average 86%, national average 87%).

The practice was rated as being below average in the following area:

- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the (CCG average 82%, national average 85%).

We raised this result with the practice; they told us the practice had relied heavily on locum staff in the previous year and they felt this may have had an adverse effect on patient satisfaction due to the lack of continuity of care. At the time of our inspection, they had two permanent GP partners and a long-term locum GP providing care for patients.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in January 2016 showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly comparable to local Clinical Commissioning Group (CCG) and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the (CCG average 83%, national average 86%).
- 72% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).

Are services caring?

- 78% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

- Staff told us that translation services were available for patients who did not speak English as a first language. There were no notices in the reception areas informing patients this service was available.
- A range of information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (approximately 1% of the practice list). The practice referred patients who were carers to local carer's groups, and there was written information available in the waiting area to direct carers to the various avenues of support available to them. The practice also offered annual flu vaccination to carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in Bromley CCG's Enhanced Diabetes Care scheme which commenced in April 2015. This scheme aimed to improve diabetes management in the practice, and to reduce patients' reliance on secondary care services. A GP partner and nurse had received training for this scheme. They informed us that patients had given them positive feedback about the care they had received as part of the scheme, and the practice had identified an additional 23 patients who had diabetes, or were at risk of developing the disease since the scheme started.

- The practice offered a 'Commuter's Clinic' on one evening a week, and telephone call back service for working patients who were unable to attend the practice during normal opening hours. The practice could refer patients who were unable to get an appointment at the practice to GP access hubs in Beckenham until 8.00pm on weekdays and from 9.00am to 5.00pm on weekends (an access hub is a GP practice which provides appointments at a different location, and is coordinated in conjunction with the referring GP practice).
- There were longer appointments available for patients with a learning disability, and any other patient who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with urgent medical problems.
- Patients were able to receive travel vaccines available on the NHS.
- There was wheelchair access, although there was a small step at the entrance; the practice manager informed us that staff would assist any wheelchair users with access.
- There was a hearing loop to assist patients who had hearing difficulties.

- Translation services were available, but this was not advertised to make patients who did not speak English aware.
- Some staff had received training in customer care, being open, conflict resolution and equality and diversity in order to improve patients' experience of the service.
- A GP partner had received training in domestic violence awareness to enable them to identify and provide appropriate support to patients who were at risk of, or suffering from, domestic violence.
- Female patients who had experienced, or were at risk of female genital mutilation (FGM) were read coded with alerts placed on the computer system in order that they could be monitored and appropriately supported. A nurse had previously attended a local mosque to give a talk about the dangers and legal implications of FGM.
- Patients who were known, suspected to be, or at risk of gang activity were also read coded with alerts placed on the practice's computer system so that those patients could be referred to the appropriate services.

Access to the service

The practice was open between from 8.00 am to 6.30 pm Monday to Friday, and was closed on bank holidays and weekends. Appointments with the GPs were available from 8.30 am to 11.50 am and 4.30 pm to 6.00 pm Monday to Friday. Appointments with the nurse were available from 8.30 am to 12.30 pm and 1.30 pm to 6.30 pm on Mondays, Wednesdays and Fridays. Extended hours appointments were available from 6.30 pm to 8.00 pm on Thursdays. Appointments could be pre-booked up to four weeks in advance, and daily urgent appointments were also available.

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Three out of the four patients we spoke with during our inspection told us they were able to get appointments when they needed them. Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local Clinical Commissioning Group (CCG) and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 68% of patients were satisfied with the practice's opening hours (CCG average 74%, national average 78%).
- 67% of patients said they could get through easily to the practice by phone (CCG average 70%, national average 73%).
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 75%, national average 76%).

The practice was rated as being below average for waiting times:

- 62% of patients felt they normally waited too long to be seen (CCG average 37%, national average 34%).

Three out of the four patients we spoke with said they often faced long waiting times after arriving for booked appointments. We raised this with the practice who told us they did not have a 'one problem one slot' rule, and that the GPs would spend as much time as was needed to meet each patient's needs.

The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the practice's leaflet to help patients understand the complaints system.

We looked at three complaints received in the previous 12 months and found that they had been handled in a timely manner, and with transparency, with apologies given to patients where appropriate. Meeting minutes we reviewed showed that complaints were discussed with staff. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint regarding an administrative error, the complaint was acknowledged and investigated, the member of staff involved apologised to the patient and the practice took action to prevent a recurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Although the practice had not conducted a risk assessment to mitigate the risk of not having a defibrillator available for use in medical emergencies at the time of our inspection, they ensured that a defibrillator was in place after our inspection.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The practice held regular documented clinical meetings. They had regular informal discussions with non-clinical staff but there was no documented evidence of governance meetings.
- Staff said they felt respected and valued by the GP partners and manager.
- Staff told us they felt supported by the management team. Although they felt they could approach the GPs, they were hesitant to do so with what they considered to be minor issues; they felt establishing regular governance meetings would help to facilitate communication in this regard. They said they would give feedback to, and discuss any concerns or issues with, colleagues and the manager.

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

The practice encouraged and valued feedback from staff, and had gathered feedback from patients through the monthly NHS friends and family test.

- The practice did not have an active or virtual patient participation group; they told us that they had tried to establish one in the past but had received a poor response from patients.
- The practice had gathered feedback from staff through informal discussions and a staff survey which a GP partner had commenced in April 2016. At the time of our inspection, they were in the process of implementing improvements that had been identified.