

Good Health PMS

Quality Report

Main site: Erith Health Centre. 50 Pier Road. Erith.
Kent. DA8 1RQ

Branch site: Barnehurst Surgery 83 Barnehurst Road
Barnehurst Kent DA7 6HD

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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?

Requires improvement 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Good Health PMS	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Good Health PMS on 15 July 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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.
- Patients said they found it difficult to make an appointment as it was particularly difficult to get through on the phone. Patients told us the easiest way to make an appointment was to attend the practice in person.
- 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.

We saw one area of outstanding practice:

- The practice was seeking ways to reach out to hard to reach, seldom served patients, particularly their housebound patients. They had started a pilot of 'prophylactic' visits to some of their housebound patients who rarely accessed the service. They hoped to formalise and provide the service to all housebound patients in the future.

Summary of findings

However there were areas of practice where the provider needs to make improvements.

The provider should

- Ensure out of range fridge temperatures are properly explained and actions taken recorded in response to these events
- Ensure there is a system for the management of prescription pads so they are properly accounted for
- Ensure suitable arrangements are in place for seeking consent prior to birth control implant procedures

- Actively seek to involve patients in developing and improving the service through the development of a patient participation group
- Ensure improvements are made to the telephone system to allow patients to make contact with the practice as required

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

However some improvements were required in the management of prescription pads and the standards of cleanliness in some areas of the premises.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. The practice had reviewed the needs of its local population, and put in place plans to secure improvements for the areas identified.

Requires improvement



Summary of findings

The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. The practice responded appropriately to, and learned from, complaints.

Feedback from patients was that they found it difficult to make an appointment as it was particularly difficult to get through on the phone. Patients told us the easiest way to make an appointment was to attend the practice in person.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff, but was not actively seeking patient feedback.

Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice had recently started a pilot programme of regular home visits for housebound patients to ensure they continued to receive appropriate care and support.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

The practice strived to be family friendly, prioritising children for appointments. They told us they had a policy to see all children under the age of five immediately on request in the surgery.

Good



Summary of findings

The senior GP was a member of the Royal College of Paediatricians and the practice offered an enhanced service for children with complex medical diagnosis to be seen by him via in house referrals. This aimed to ensure that these children were promptly and where necessary referred to secondary care appropriately.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice provided extended opening hours twice a week.

The practice provided telephone triage appointments to provide patients with greater flexibility in accessing clinicians.

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. It had carried out annual health checks for people with a learning disability and all of these patients, nine in total, had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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). Eighty six percent of people experiencing poor mental health had received an

Good



Summary of findings

annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We looked at the results of the national GP patient survey published on 04 July 2015. This contains aggregated data collected from January to March 2015 and July to September 2014. There were 336 survey forms distributed for Good Health PMS and 96 forms were returned. This is a response rate of 26.2%.

The results showed the practice was performing in line with local and national averages in most areas. For example:

- 75.3% find the receptionists at this surgery helpful compared with a CCG average of 80.5% and a national average of 86.9%.
- 77.1% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79.2% and a national average of 85.4%.
- 90.4% say the last appointment they got was convenient compared with a CCG average of 89.4% and a national average of 91.8%.
- 62.2% describe their experience of making an appointment as good compared with a CCG average of 63.6% and a national average of 73.8%.
- 69.5% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57.3% and a national average of 65.2%.
- 52.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 50.6% and a national average of 57.8%.
- 38.1% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54.4% and a national average of 60.5%.
- 54.6% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 74.4%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to, and on the day of, our inspection. We received 16 completed comment cards which were all positive about the standard of care received. The large majority of comments received were positive, with patients stating that staff was helpful and caring, that they treated them with respect and listened to them. However some patients reported difficulties in booking appointments, and a poor attitude of reception staff. We also spoke with 23 patients during our inspection and their feedback was aligned with these views.

Good Health PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, two other CQC inspectors, a practice manager specialist adviser, and an Expert by Experience.

Background to Good Health PMS

Good Health PMS is a GP practice located in the London Borough of Bexley. The practice has a main site at Erith Health Centre, 50 Pier Road, Erith, DA8 1RQ and a branch site at Barnehurst Surgery 83 Barnehurst Road Barnehurst DA7 6HD. We visited both sites during this inspection.

At the time of our inspection the practice had approximately 6000 registered patients.

The practice clinical staff team consisted of two GP partners (one of whom was female), three salaried GPs, a nurse practitioner, two practice nurses and two healthcare assistants. They were supported by a practice management team that comprised of a practice manager, a practice administrator and a team of five reception staff.

Good Health PMS has a personal medical services (PMS) contract for the provision of its general practice services. Services provided in the practice include general medical services, mother and baby clinic, contraceptive services, minor surgery, and travel health.

Good Health PMS Practice is registered with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and

midwifery services; Family planning; and Surgical procedures to everyone in the population. These regulated activities are provided from the main and branch practice sites.

The main practice site at Erith Health Centre is open between 08.30am and 12.30pm, and 1.30pm and 5.45pm on Monday, Tuesday, and Wednesday to Friday. On Thursdays the main practice site is open between 08.30am and 1pm only. The branch site, Barnehurst Surgery, is open between 09.00am to 1pm, then 4pm to 8.15pm on Mondays. The branch site is closed on Tuesday mornings, but opens between 4pm and 6.30pm on Tuesdays, open 08.30am to 12.30pm then 4pm to 8pm on Wednesdays, open 8.30am to 12.30pm only on Thursdays, and open 8.30am to 12.30pm, then 4pm to 6.30pm on Fridays.

At the Erith Health Centre site, appointments are from 8:45am to 11:30am, then from 2pm to 5.45pm on Mondays to Wednesdays. On Thursdays and Fridays appointments are available at the Erith Health Centre site between 9:00am and 12:15pm. Appointments are also available on Friday afternoons between 1:30pm and 5.45pm. There are no appointments offered at the Erith Health Centre site on Thursday afternoons.

At the Barnehurst Surgery site, appointment times are from 09:00am to 12:40pm then 4.10pm to 8pm on Mondays. There are no appointments provided at the site on Tuesday mornings, but appointments are available between 4.10pm and 6.25pm on Tuesday afternoons. Appointments are available Wednesday and Thursday mornings between 08.45am and 9.30am. Appointments are available between 4.30pm to 7.50pm on Wednesday afternoons and 4.10pm to 6.25pm on Friday afternoons.

Extended hours surgeries are offered at the following times at the Barnehurst Surgery site: 6.30pm to 8pm on Mondays and 6.30pm to 7.50pm on Wednesdays.

Detailed findings

The practice has opted out of providing out-of-hours services to their own patients. The practice commissioned the service of an out-of-hours service provider which patients could contact after 1pm on Thursdays when the practice was closed.

Good Health PMS was inspected by the CQC on 14 August 2013 and we found it was not compliant with regulation 10 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, which related to assessing and monitoring the quality of service provision. We carried out a follow up inspection on 19 June 2014 where we found suitable improvements had been made to assess and monitor the risks related to people's health and safety.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This 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.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 July 2015.

During our visit we spoke with a range of staff (GP partner, salaried GPs, nursing staff, practice management, administrative and reception staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident with the medicines fridge malfunctioning, a nurse had suggested that the practice should procure a second fridge as a back-up. This suggestion was taken on board and actioned by the practice management.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room at Erith Health Centre, but not at Barnehurst surgery, advising patients that nurses would act as chaperones, if required. Most staff who acted as chaperones were trained for the role. One reception staff member at Barnehurst surgery told us they occasionally acted as chaperone but had had no training for the role. All staff had received a disclosure and barring check (DBS). (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 were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Recruitment checks were carried out and the staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

Improvements were required in the arrangements for the management of medicines and infection prevention and control arrangements:

- In Erith Health Centre, we saw the fridge temperatures for one of the fridges had gone out of range on two separate dates in April 2015. No explanations or actions taken were recorded in response to these events.
- Prescription pads were securely stored and but there was no system in place to monitor their use and ensure they were accounted for.
- At Barnehurst surgery we saw that high level dust was present on some cupboards in the reception area.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on both premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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 carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments and clinical audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.3% of the total number of points available, with 4.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year ending 31 March 2014 showed:

- The practice achieved 100% for its performance against clinical indicators relating to the care of people with various long term conditions including asthma, chronic kidney disease, epilepsy, hypertension and rheumatoid arthritis.
- Performance for diabetes related indicators was similar to the CCG and national averages, the practice achieved 91.2%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice provided us with details of clinical audits that had been carried out in recent years, including an antibiotics prescribing audit that was a completed audit.

Information about patients' outcomes was used to make improvements such as the progress of the practice performance against QOF targets.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that there were weekly clinical and practice management meetings, and multi-disciplinary team meetings took place on a monthly basis.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act

Are services effective?

(for example, treatment is effective)

2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

However we found that improvements were needed to the consent process for birth control implants, and that written consent was not sought prior to the implant procedure being carried out.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme for the year ending 31 March 2015 was 97%, which exceeded their set target of 69%. There was a policy to offer 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.

For the year ending 31 March 2015, the practice exceeded its targets for childhood vaccinations, achieving 98.2% for the vaccinations given to children at 12 and 24 months (the target was 97.4%), and 100% for the five year olds where the target was 95%. Flu vaccination rates for the over 65s were 77.02%, and at risk groups 54.84%. These were comparable to the national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

The majority of the 16 patient CQC comment cards we received were positive about the service experienced. Comment cards highlighted that staff were helpful and caring, that they treated patients with respect and listened to them.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice survey results showed they were similar to the local CCG and national averages for satisfaction scores on consultations with doctors and nurses. For example:

- 88.8% said the GP was good at listening to them compared to the CCG average of 85.6% and national average of 88.6%.
- 86.7% said the GP gave them enough time compared to the CCG average of 83.2% and national average of 86.8%.
- 96.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.3% and national average of 95.3%
- 76.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79.9% and national average of 85.1%.
- 86.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87.2% and national average of 90.4%.
- 75.3% patients said they found the receptionists at the practice helpful compared to the CCG average of 80.5% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.5% and national average of 86.3%.
- 78.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77.7% and national average of 81.5%

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice had identified that they had a high number of patients from the African and Caribbean descent and were most likely to be affected by diabetes. As a result they offered a number of clinics to increase awareness in healthy eating and were working towards the CCG's initiative to reduce childhood obesity by providing healthy weight management information and referral to dieticians.

The practice had recognised that due to the number of elderly patients they had at the branch surgery, they had introduced 'prophylactic' home visits, in order to help avoid unnecessary hospital admissions. These visits monitored and provided care to the elderly patients and thus reduced hospital admission rates.

However the practice did not have a patient participation group (PPG) at the time of our inspection. The practice management team told us that they found it difficult to sustain an active PPG due to non-attendance and difficulties in recruiting a group due to the demographics of the practice population, which was mainly young, transient and of working age. However the practice had not attempted to look at other ways of recruiting or running a group, such as having online meetings that may be more suited to their patients.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours twice a week, targeted at working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.

- There were disabled facilities, hearing loop and translation services available.

Access to the service

The main practice site at Erith Health Centre was open between 08.30am and 12.30pm, and 1.30pm and 5.45pm on Monday, Tuesday, and Wednesday to Friday. On Thursdays the main practice site was open between 08.30am and 1pm only. The branch site, Barnehurst Surgery, was open between 09.00am to 1pm, then 4pm to 8.15pm on Mondays. The branch site was closed on Tuesday mornings, but opens between 4pm and 6.30pm on Tuesdays, open 08.30am to 12.30pm then 4pm to 8pm on Wednesdays, open 08.30am to 12.30pm only on Thursdays, and open 8.30am to 12.30pm, then 4pm to 6.30pm on Fridays.

At the Erith Health Centre site, appointments were from 8:45am to 11:30am, then from 2pm to 5.45pm on Mondays to Wednesdays. On Thursdays and Fridays appointments were available at the Erith Health Centre site between 9:00am and 12:15pm. Appointments were also available on Friday afternoons between 1:30pm and 5.45pm. There were no appointments offered at the Erith Health Centre site on Thursday afternoons.

At the Barnehurst Surgery site, appointment times were from 09:00am to 12:40pm then 4.10pm to 8pm on Mondays. There were no appointments provided at the site on Tuesday mornings, but appointments were available between 4.10pm and 6.25pm on Tuesday afternoons. Appointments were available Wednesday and Thursday mornings between 08.45am and 9.30am. Appointments were available between 4.30pm to 7.50pm on Wednesday afternoons and 4.10pm to 6.25pm on Friday afternoons.

Extended hours surgeries were offered at the following times at the Barnehurst Surgery site: 6.30pm to 8pm on Mondays and 6.30pm to 7.50pm on Wednesdays.

The practice had opted out of providing out-of-hours services to their own patients. The practice commissioned the service of an out-of-hours service provider which patients could contact after 1pm on Thursdays when the practice was closed.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and

Are services responsive to people's needs?

(for example, to feedback?)

treatment was lower than the local and national averages and the views of people we spoke with during the inspection aligned with these findings. For example the survey results showed:

- 62% were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 52.9% described their experience of making an appointment as good compared to the CCG average of 63% and national average of 73%.
- 70% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 56% and national average of 65%.
- 50% said they could get through easily to the surgery by phone compared to the CCG average of 64% and national average of 74%.

The practice was aware of the areas they had not scored as well in. Getting through to the practice on their phone system was consistently raised as a problem. The practice management told us they were working on improvements and had been trialling a new system of phones that would enable a better appointments booking system.

The main practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

However the branch location had a raised level to the entrance that would have made it difficult for patients with wheel chairs and prams to access. During the inspection we observed two parents having to leave the prams in order to gain access of the practice. We discussed our observations with the practice management, and they told us they were restricted in terms of the changes they were able to make at the branch location site, as they were not the landlords of the premises.

Listening and learning from concerns and complaints

The practice had a 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. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system in the form of the practice leaflet and through the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and that there was openness and transparency with dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 high quality care and promote good outcomes for patients. The senior partner had aspirations for the practice to become a training practice

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staffs told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

The practice did not have a patient participation group (PPG) but told us they were open to the idea, as feedback we received from patients on the day of our inspection was that a PPG would be something they would value. The practice was not collating and reviewing other patient feedback, such as survey information.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.