

Rushey Green Group Practice

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? | Requires improvement |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

| | |
|---|----|
| Our inspection team | 10 |
| Background to Rushey Green Group Practice | 10 |
| Why we carried out this inspection | 10 |
| How we carried out this inspection | 10 |
| Detailed findings | 12 |
| Action we have told the provider to take | 24 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rushey Green Group Practice on 10 June 2015. Overall the practice is rated as good.

Specifically, we found the practice was good for providing an effective, caring, responsive and well-led service. The practice was rated requires improvement for providing safe services.

The practice was good for providing services for the six population groups we report on: older people, people with long term conditions, families, children and young people, working age people (including those recently retired and students), and people experiencing poor mental health (including people with dementia), and people whose circumstances may make them vulnerable

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, with the exception of those relating to infection control, and medicines management.
- Data showed patient outcomes were mostly above average for the locality.
- Audits had been carried out and were driving improvement in performance to improve patient outcomes.
- 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.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- The practice had a number of policies and procedures to govern activity
- The practice had proactively sought feedback from staff or patients.

We found the following areas of outstanding practice at Rushey Green Group Practice:

Summary of findings

- The practice has supported, from its infancy, the Rushey Green Time Bank, which is a community development time-exchange charity, based at the practice. Older, isolated people particularly find the time bank a useful resource, and participated in various events and activities such as monthly meetings, chair-based exercise sessions, walking group, befriending service and telephone after discharge service.
- The practice was open 8am – 8pm Monday to Friday and Saturday morning 9am – 12 noon. They told us this equated to one of the longest surgery opening hours in Lewisham. The practice offered long opening hours in response to patient demand.
- The practice was particularly focussed on the provision of care to meet the needs of patients in vulnerable circumstances. One of the GP partners is the named GP for Lewisham for safeguarding children, and one of the practice GPs is the Substance misuse Lead for the CCG. The practice had registered patients at a male homeless unit, several mental health and

neurodisability units, a probation home with patients with significant forensic histories and a home for looked after young people. Two of the practice GPs ran a locality-wide drug and alcohol community detoxification service together with a specialist nurse and a key worker.

The areas where the provider must make improvements are:

- Ensure infection prevention and control arrangements are in place.
- Ensure an automated external defibrillator (AED) is in place, or a risk assessment in place outlining the justification for not having the equipment in place

In addition the provider should:

- Ensure there is proper management of prescription pads in the practice

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were undertaken and lessons learnt shared with the practice team.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. We found improvements were required in the arrangements for the management of medicines, and infection prevention and control.

Requires improvement



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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had reviewed the needs of its local population and put in place a plan to secure improvements for all of the areas identified. 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 complaints received in the last 12

Good



Summary of findings

months were mostly related to the appointments system and the difficulties patients experienced getting through on the phone. The practice had introduced changes to the appointments system in response.

Some patient feedback, from completed comments cards and patient interviews, indicated that access to appointments and getting through to the practice on the phone could be improved. The practice showed us evidence that they had had problems with high non-attendance at booked appointments from patients, which had an impact on the available appointments.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff was 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 and patients, which it acted on. The patient participation group (PPG) was active. 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. The practice worked with multi-disciplinary teams in the care of older people. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice nurses carried out weekly house visits to housebound patients, which were over and above any routine appointment requests.

The practice has supported, from its infancy, the Rushey Green Time Bank, which is a community development time-exchange charity, based at the practice.

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.

The practice had clinical leads for a range of long term conditions, including diabetes, respiratory disease, chronic obstructive pulmonary disease (COPD) and asthma.

The practice provided NHS Health checks and acted on those who had identified risks.

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 comparable to the local area for all standard childhood immunisations.

Good



Summary of findings

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 reception team were aware to prioritise access to appointments to young children.

The practice trialled a walk-in clinic in the afternoon to allow for young children to attend but this turned out to be too difficult to manage because of the numbers and overcrowding in the waiting room. This pilot was tried for 6 months but proved not to be popular with patients.

The practice saw young people on their own who are not accompanied by an adult, in order to improve access and to facilitate safeguarding. The doctor then assessed the appropriateness of whether an adult should be contacted or not.

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 extended hours appointments, telephone consultations, online services as well as a full 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 is situated in central Lewisham, in one of the most diverse and deprived areas of the borough. Many of the practice patients do not speak English as their first language.

The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. The practice offered longer appointments for people with a learning disability. The practice accepted registrations of people who were homeless.

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

Good



Summary of findings

information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. One of the GP partners is the named GP for Lewisham for safeguarding children, and has developed the Safeguarding Children Policy and Procedures for Lewisham as well as the Safeguarding Standards, which were used by services across the borough.

The practice had one of the highest risk profile populations in Lewisham, including a high proportion of patients with long term mental illness. The practice had registered patients from a male homeless unit and several mental health and neurodisability units in the local area. The practice also had registered patients at a probation home with patients with significant forensic histories and a home for looked after young people.

Two of the practice GPs ran a locality-wide drug and alcohol community detoxification service together with a specialist nurse and a key worker. The practice worked closely with the drug and alcohol service for Lewisham and one of the GPs is the Substance misuse Lead for the CCG.

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). 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.

The practice provided care and treatment to patients experiencing poor mental health, offering health checks, depo-medications on site and worked closely with the local community mental health team. The practice had a system of outreach, which included working with the pharmacist and keyworkers to ensure patients with mental health needs received health checks.

Until recently, the Lewisham Lead for dementia was one of the salaried GPs at the practice. The practice actively screened for dementia and worked with their social care and community nursing colleagues to provide holistic care.

Good



Summary of findings

What people who use the service say

We spoke with seven patients during our inspection. They told us they were happy with the quality of care and treatment they received, but some patients we spoke with told us they had difficulties getting appointments when they needed them.

We received 13 CQC comment cards from patients, which were completed in the two weeks leading up to the inspection and on the inspection day itself. Most of the comments cards were entirely positive, with patients telling us about their good care and treatment experiences, and that the staff team were helpful, friendly and respectful towards them. However, three comments cards were negative, with patients saying they had not received a good service, and that they had difficulties getting through to the practice to make appointments, and that they experienced long delays before being called in for their appointments.

We looked at the results of the national GP patient survey published on 08 January 2015. This contained aggregated data collected from January to March 2014 and July to September 2014.

For Rushey Green Group Practice, there were 456 survey forms distributed and 130 forms were returned. This is a response rate of 28.5%. Data from the national GP patient survey showed that the practice performed similarly to the local area and national averages for most aspects of care. For example, 77.9% described their overall experience of the surgery as good, whilst the local area and national averages were 83.4% and 85.2% respectively. In addition, 70% of respondents said they would recommend the practice to someone new to the area, whilst the local area and national averages were 77% and 78% respectively.

Rushey Green Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Rushey Green Group Practice

Rushey Green Group Practice provides GP primary care services to around 12,000 people living in the borough of Lewisham. The practice has a large migrant population, with a net increase of 800 to 1000 patients per year. The practice is situated in central Lewisham, in one of the most diverse and deprived areas of the borough. Many of the practice patients do not speak English as their first language.

The practice is staffed by eight GPs, six nurses, a healthcare assistant, an assistant practice manager and six reception staff. They have one surgery site in a health centre in Hawstead Road, Lewisham.

The practice had a personal medical services (PMS) contract for the provision of its general practice services.

Rushey Green Group Practice is registered with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures, Maternity and midwifery services, Family planning services, Surgical Procedures, and Treatment of disease, disorder or injury to everyone in the population.

The practice is open 8am – 8pm Monday to Friday and Saturday morning 9am – 12 noon. The practice had opted out of providing out-of-hours services to their patients. They had contracted an external provider to provide services out of hours when they were closed.

The practice was last inspected on 08 July 2014, but was not rated at that time. CQC began rating GP practices in October 2014.

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?

Detailed findings

- 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 10 June 2015.

During our visit we spoke with a range of staff (GPs, nurse, assistant practice manager, and practice administrator 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 deputy practice manager of any incidents and there was also a recording form available on the practice's computer system. 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.

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, with regard to safeguarding vulnerable people from abuse, and monitoring and managing risks:

- 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, who was also the named GP for Lewisham for safeguarding children, and had developed the Safeguarding Children Policy and Procedures for Lewisham as well as the Safeguarding Standards. Rushey Green Group Practice had a particularly large number of children under five years of age (over 250 patients). It also had one of the largest numbers of health visiting targeted families of the London boroughs. The practice held six weekly meeting with the health visitors and midwife to discuss vulnerable families.

- The GPs 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, advising patients that they could be accompanied by a chaperone for their appointment, if they required. All staff who acted as chaperones were trained for the role and 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.
- We saw the practice had suitable arrangements in place for waste management, including a contract with an external company, regular collections arranged, and suitable waste collection bins and containers in place.
- 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 that enough staff were on duty.
- Whilst we identified a number of concerns with the infection prevention and control arrangements in the practice, the practice management responded immediately following our inspection with a summary of actions they had promptly taken such as arranging training for staff and carrying out remedial works to the premises. However, these did not completely address our concerns.

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

- There were some arrangements for managing medicines, including emergency drugs and

Are services safe?

vaccinations, to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). We noted that the prescription printer scripts were kept securely and records maintained of their usage, but there was no system in place for the management and monitoring of the usage of FP10 forms (prescription forms). During our inspection we found 53 pads of FP10 forms and five blue script pads kept in an unlocked cupboard.

- Infection prevention and control (IPC) arrangements needed improvement. The practice's designated IPC lead had no protected time to carry out their role. We saw evidence of high and low level dust in clinical rooms, and cleaning schedules were not in place for clinical staff. The local CCG had completed an IPC audit in November 2014, accompanied by an IPC training session for the staff team, but at the time of our inspection the practice had not completed the majority of recommended actions identified in the audit. The practice also did not carry out its own internal IPC audits periodically. Cleaning staff employed by the practice had cleaning schedules in place as part of their contract with the practice but the cleaning staff had not completed hepatitis B status and vaccination, and there was no record of their completing IPC training for their role. No legionella risk assessments had been completed in the practice by the landlords of the premises.
- Particular items that needed regular thorough cleaning or replacement, such as privacy curtains and fabric covers had only been cleaned periodically. In the waiting area, a number of fabric chairs had tears in them making cleaning them particularly difficult.
- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken for most of the staff 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. However one staff file contained no CV or application form, and a second file showed their professional registration had not been checked since 2013.

Arrangements to deal with emergencies and major incidents

Staff received annual basic life support training, however records showed that some staff were due to have update

training. There were emergency medicines and equipment available and accessible to staff in the practice, and staff we spoke with knew of their location. Oxygen with adult and children's masks was available, but there was no defibrillator available on the premises. Most of the medicines we checked were in date and fit for use. However we saw water for injections and sterile gloves in an emergency intubation kit had been out of date since August 2013 and March 2015 respectively. We alerted staff to this and these items were immediately replaced and the out of date items disposed of.

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 deputy practice manager of any incidents and there was also a recording form available on the practice's computer system. 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.

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, with regard to safeguarding vulnerable people from abuse, and monitoring and managing risks:

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Are services safe?

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- The GPs 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, advising patients that they could be accompanied by a chaperone for their appointment, if they required. All staff who acted as chaperones were trained for the role and 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.
- We saw the practice had suitable arrangements in place for waste management, including a contract with an external company, regular collections arranged, and suitable waste collection bins and containers in place.
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- Whilst we identified a number of concerns with the infection prevention and control arrangements in the practice, the practice management responded immediately following our inspection with a summary

of actions they had promptly taken such as arranging training for staff and carrying out remedial works to the premises. However, these did not completely address our concerns.

- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken for most of the staff 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. However one staff file contained no CV or application form, and a second file showed their professional registration had not been checked since 2013. The provider sent us evidence of the appropriate information being available for the two staff files, and promptly after our inspection has ensured all staff files have checklists attached as a cover page to help verify that all the correct information is in place.

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

- There were some arrangements for managing medicines, including emergency drugs and vaccinations, to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). We noted that the prescription printer scripts were kept securely and records maintained of their usage, but there was no system in place for the management and monitoring of the usage of FP10 forms (prescription forms). During our inspection we found 53 pads of FP10 forms and five blue script pads kept in an unlocked cupboard.
- Infection prevention and control (IPC) arrangements needed improvement. The practice's designated IPC lead had no protected time to carry out their role. We saw evidence of high and low level dust in clinical rooms, and cleaning schedules were not in place for clinical staff. The local CCG had completed an IPC audit in November 2014, accompanied by an IPC training session for the staff team, but at the time of our inspection the practice had not completed the majority of recommended actions identified in the audit. The practice also did not carry out its own internal IPC audits periodically. Cleaning staff employed by the practice had cleaning schedules in place as part of their contract with the practice but the cleaning staff had not

Are services safe?

completed hepatitis B status and vaccination, and there was no record of their completing IPC training for their role. No legionella risk assessments had been completed in the practice by the landlords of the premises.

- In the waiting area, a number of fabric chairs had tears in them making cleaning them particularly difficult.

Arrangements to deal with emergencies and major incidents

Staff received annual basic life support training, however records showed that some staff were due to have update training. There were emergency medicines and equipment available and accessible to staff in the practice, and staff were aware of their location. Oxygen with adult and children's masks was available, but there was no

defibrillator available on the premises. Most of the medicines we checked were in date and fit for use. However we saw water for injections and sterile gloves in an emergency intubation kit had been out of date since August 2013 and March 2015 respectively. We alerted staff to this and these items were immediately replaced and the out of date items disposed of.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, we found that the plan was not robust and did not contain essential useful information such as the contact details of utility services in the case of power failures or the location of the stop valve for incoming water supply in the case of loss of water supply.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that there was online access to published guidance and guidelines from a range of sources in all the clinical and consulting rooms.

Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed this.

The GPs told us they lead in specialist clinical areas such as diabetes, hypertension, dementia and cardiovascular disease. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. For example they discussed all referrals to secondary and specialist services. The practice clinicians also had access to a referral support service to ensure they were following the correct referral pathways in managing patient conditions.

The practice nurse initiated insulin and ran virtual clinics with the diabetes nurse specialist from the Hospital for the poorly controlled diabetics. The practice had a dietician who attended once a week to offer additional support and advice to diabetic patients.

The practice had a lead respiratory nurse and nurse practitioner for chronic obstructive pulmonary disease (COPD) and asthma. The practice's healthcare assistant is trained to carry out spirometry and smoking cessation sessions. There were smoking cessation clinics run by the practice nursing team, as well as a CCG nurse and group sessions in the evenings.

The practice had a nebuliser for use in asthma emergencies which may prevent a hospital attendance.

The practice work plan for 2014-15 included plans to improve the care patients with hypertension and diabetes. The practice had produced a hypertension management protocol for nurses and all clinicians and had worked with their Public Health team to create a hypertension dashboard, a performance monitoring and management tool.

The practice actively encouraged self-management among their hypertension patients, and had several blood pressure (BP) machines to loan out to patients for self-monitoring instead of 24 hour BP readings.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate. The practice carried out home visits, so that vulnerable and housebound patients were not prevented from accessing the care and treatment they needed. Due to the ethnic diversity of the practice population, the staff told us they used language line frequently to support patients who did not speak English as a first language.

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. For the year ending 31 March 2015, the practice achieved 508.85 out of a maximum of 559 points, or 91% of the total number of points available. This practice was not an outlier for any

Are services effective?

(for example, treatment is effective)

QOF (or other national) clinical targets. The previous year the practice achieved 849.61 out of a maximum of 900 points, or 94.4%, with an exception reporting rate of 6.5%. Their QOF performance showed that their:

- Performance achieved maximum scores and was above the local area and national averages for a range of clinical indicators including asthma, dementia, mental health and rheumatoid arthritis
- However the practice performance was below the local area and national averages for diabetes, hypertension and learning disabilities

The practice was aware of all the areas where performance was not in line with national or CCG figures and we saw action plans setting out how these were being addressed.

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 a sample of audits that had been completed in the past five years, such as an audit of antibiotic prescribing for the treatment of sore throat, a pregabalin prescribing audit, and various audits of the treatment and monitoring of hypertensive patients who also had other long term conditions. These audits demonstrated improvements had been seen in the treatment of these patients between the audit cycles. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Prior to the introduction of care planning and admission avoidance, Rushey Green Group Practice had provided care to older people with additional care needs. For the last five years, the practice nurses had maintained a register of older people who were housebound and carried out home visits to these patients, seeing them at least once a year.

The practice held multidisciplinary team meetings with their district nursing and social care teams every six weeks to discuss these patients. In 2013-14, the practice took part in the risk stratification pilot with the clinical commissioning group (CCG), prior to the programme being rolled out across Lewisham. The practice participated in the admission avoidance enhanced service.

The practice has supported, from its infancy, the Rushey Green Time Bank, which is a community development time-exchange charity, based at the practice. Older, isolated people particularly find the time bank a useful

resource, and participated in various events and activities such as monthly meetings, chair-based exercise sessions, walking group, befriending service and telephone after discharge service.

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 mandatory training included safeguarding, infection prevention and control, basic life support and information governance awareness. However records showed that some staff were overdue to attend some of these sessions.

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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis and that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

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 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.

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, alcohol and substance misuse cessation. Patients were then signposted to the relevant service. A dietician was available in the practice once a week and smoking cessation advice was available from the practice nursing team. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.56%, which was comparable to the national average of 81.89%. 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.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 70.63%, and at risk groups 53.37%. These were similar to national averages.
- Childhood immunisation rates for the vaccinations given to children of two years of age and younger ranged from 66.4% to 91.7% and five year olds from 61.3% to 85.6%. These were similar to the local area 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.

The practice's performance for the cervical screening programme was 80.56%, which was similar to the national average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP Patient Survey published on 8 January 2015, a practice survey, and the results of the friends and family test (FFT).

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated similarly to the local area and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 83.4% said the GP was good at listening to them compared to the CCG average of 85.4% and national average of 87.2%.
- 81.6% said the GP gave them enough time compared to the CCG average of 83.5% and national average of 85.3%.
- 86.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 90.2% and national average of 92.2%
- 69.3% said the nurse was good at listening to them compared to the CCG average of 72.9% and national average of 79.1%.
- 71.7% said the nurse gave them enough time compared to the CCG average of 73.3% and national average of 80.2%.
- 77.5% said they had confidence and trust in the last nurse they saw compared to the CCG average of 79.2% and national average of 85.5%

Patients completed CQC comment cards to tell us what they thought about the practice. We received 13 CQC comment cards from patients, which were completed in the two weeks leading up to the inspection and on the inspection day itself. Most of the comments cards were entirely positive, with patients telling us about their good care and treatment experiences, and that the staff team were helpful, friendly and respectful towards them. However, three comments cards were negative, with patients saying they had not received a good service, and that they had difficulties getting through to the practice to make appointments, and that they experienced long delays before being called in for their appointments.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment 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.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. Although the practice switchboard was located at the reception desk, the reception area was shielded by glass partitions which helped keep patient information private. Additionally, 88.9% said they found the receptionists at the practice helpful compared to the CCG average of 88.6% and national average of 86.9%. We found that the reception desk area was often very busy with many patients queueing up to speak with the reception staff. The layout of the waiting area did not suitably accommodate the waiting patients with queues obstructing the corridors leading to the reception area. This also made privacy and confidentiality of patients difficult to maintain.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the deputy practice manager. The deputy practice manager told us she would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The GP patient survey results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. However some of these were below the local and national averages. For example:

- 76.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.3% and national average of 82%.

Are services caring?

- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72.5% and national average of 74.6%.
- 68.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 71.8% and national average of 76.7%.
- 58.2% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 62.1% and national average of 66.2%.

Patients we spoke with on the day of our inspection 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 area informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 75.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 82.7%.
- 67.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 70.8% and national average of 78%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also 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. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice recognised the particular needs of specific groups within the practice population and made plans to ensure these needs were met. They had recognised through their performance monitoring activities that the needs of patients with hypertension, diabetes and learning disabilities could be improved. The practice work plan for 2014-15 included plans to improve the care of these patient groups.

The practice had produced a hypertension management protocol for nurses and all clinicians and had worked with their Public Health team to create a hypertension dashboard, a performance monitoring and management tool.

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, including:

- The practice was open 8am – 8pm Monday to Friday and Saturday morning 9am – 12 noon. This provided greater flexibility for people needing appointments outside normal working hours.
- There were longer appointments and home visits available for people who had that need
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice premises were all on the ground floor level, so patients did not have the need to travel between floors for their consultations

Access to the service

The practice was open 8am – 8pm Monday to Friday and Saturday morning 9am – 12 noon. The practice had opted out of providing out-of-hours services to their patients. They had contracted an external provider to provide services out of hours when they were closed.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There

were also arrangements to ensure patients received urgent medical assistance when the practice was closed. Information about the out-of-hours service was provided to patients.

Longer appointments were available for those who needed them, such as some older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 80.4% were satisfied with the practice's opening hours compared to the CCG average of 75.2% and national average of 75.7%.
- 85.5% say the last appointment they got was convenient compared to the CCG average of 90.1% and the national average of 91.8%
- However, 59.2% described their experience of making an appointment as good compared to the CCG average of 69.9% and national average of 73.8%
- 33.9% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.4% and national average of 65.2%.
- 39.6% said they could get through easily to the surgery by phone compared to the CCG average of 65.4% and national average of 71.8%.

Some patients we spoke with were dissatisfied with the appointments system and told us they found it difficult to get through to the practice on the phone. Some comments received from patients also aligned with these views. The practice showed us evidence that they had had problems with high non-attendance at booked appointments from patients, which had an impact on the available appointments. In February 2015, the practice made changes to its appointments system in response to patient feedback, and started operating a system whereby there were a mixture of on the day, 48 hours later and a week in advance appointments.

Listening and learning from concerns and complaints

Are services responsive to people's needs? (for example, to feedback?)

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 included in the practice leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the 61 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The complaints were mostly related to the appointments system and the difficulties patients experienced getting through on the phone.

The practice told us they had made a number of changes to the appointments system in response to patient feedback over the last few years, which included increasing the number of non-urgent pre-bookable appointments which proved unpopular, then same day or 48 hours in advance appointments which were more to patients' preferences. The practice offers appointments in various configurations including same day, urgent, telephone triage, pharmacy access, pre-bookable 48 hours, one week and four weeks in advance.

The practice also informed us that they had increased reception hours to improve phone access, and monitor how promptly reception staff respond to telephone calls daily and staff get feedback on their telephone performance.

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. They told us they were particularly committed to and proud of their work in meeting the needs of patients with high levels of needs or vulnerabilities. The practice had a long history of working with vulnerable people, having been one of the pilot services to operate under a personal medical services plus (PMS+) contract with their focus from that time being on looking after vulnerable populations, homeless outreach, and participating in research and training.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- 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 had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff 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. We also noted that team away days were held in the past, with the last away day held in December 2013 and attended by most of the staff team. Staff said they felt respected, valued and supported by their colleagues and the senior team 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.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every three months, and submitted proposals for improvements to the practice management team. The PPG had asked for GP attendance at their meetings and this request was met by the practice. The PPG had also suggested a range of opening times which were considered by the practice, and had made suggestions as to how the numbers of booked appointments not attended could be reduced.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. 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.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. Rushey Green Group Practice is a teaching and training practice.

The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. They take part in a range of research projects and are a level three research institution in the Primary Care Research network. The practice was an early adopter of electronic records.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not ensure care and treatment was provided in a safe way for service users by making suitable arrangements for emergency equipment, and infection prevention and control. Regulation 12 (1)(2)(a)(b)(g)(h). |