

Dr Gupta and partners aka Waverley PMS

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

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Overall summary

Letter from the Chief Inspector of General Practice

Dr Gupta and partners, (also known as Waverley PMS, is located in Plumstead in the London Borough of Greenwich in south-east London; and provides a general practice service to around 5,088 patients. The Waverley Practice operates a branch surgery at the Welling, 209 Wickham Street, Welling, Kent, DA16 3LP, which was not inspected as part of this inspection.

We carried out an announced comprehensive inspection on 10 December 2014.

Overall the practice is rated as Good. Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. The practice required improvement for providing safe services.

We found the practice requires improvement in the care provided to people whose circumstances may make them vulnerable. We found the practice good at providing safe, effective, caring, responsive and well-led services for the other population groups we report on.

Our key findings 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- There were systems in place for reporting, recording and monitoring significant events to help provide improved care.
- Staff shared best practice through internal arrangements and meetings and also by sharing knowledge and expertise with external consultants and other GP practices.
- Feedback from patients we spoke with during our inspection, in relation to their care and treatment was very positive. However patient feedback seen from the national GP survey 2012/2013 was mostly in the middle range.
- The practice has an active Patient Participation Group (PPG) and worked with them to improve the service. The practice had a strong focus on caring and on the provision of patient-centred care.

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

The provider must:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. Staff did not know how to recognise or identify what constituted a safeguarding concern and had not been trained in adult safeguarding.
- Ensure the availability of medical oxygen for use in the event of medical emergencies.

The provider should:

- Ensure availability of an Automated External Defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.

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 relating to child safeguarding. However, 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. Staff did not know how to recognise or identify what constituted a safeguarding concern and had not been trained in adult safeguarding. The practice did not have medical oxygen or an Automated External Defibrillator (AED) for use in the event of medical emergencies.

We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place, and staff we spoke with understood their responsibilities. Staff followed suitable infection control practices. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

Requires improvement



Are services effective?

The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England. There were suitable systems in place for assessment of patient needs, and care and treatment was delivered in line with current legislation and best practice. Clinical staff kept up to date with best practice and guidelines. Regular updates and referencing from National Institute for Health and Care Excellence (NICE) guidelines were used to support clinical practice and patient care.

Audits were completed on various aspects of the service, were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development. Vaccinations, cervical cytology, health checks and blood testing were available within the practice. The practice also offered nurse led clinics for health checks, diabetes and asthma checks. Other services available included minor surgery, vasectomy, male circumcision and gynaecological procedures.

Good



Summary of findings

Are services caring?

The patients and carers we spoke with were complimentary about the care and service that staff provided and told us they were treated with dignity and respect. They felt well cared for, well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy, dignity and respect.

National data showed that patients' feedback seen from the national GP survey 2014 was mostly in the middle range. The practice feedback from patients in relation to their care and treatment was very positive. Eighty nine percent of respondents to the national GP survey say the last nurse they saw or spoke to was good at explaining tests and treatments against the local (CCG) average of 84%.

Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and treatment decisions. They told us the practice offered high standard services. Staff told us that they treated patients with kindness and respect ensuring confidentiality was maintained at all times. There were systems in place to effectively manage all vulnerable patients and patients that had an agreed care plan for any long term condition. The practice also had facilities for patients to access non NHS services including private medical assessments and travel vaccinations.

Good



Are services responsive to people's needs?

Patients' needs were suitably assessed and met. There was good access to the service with walk in and urgent appointments available on the same day. The building was clean, spacious, well lit and ventilated, with good access for all people. The practice was open Monday to Friday 8 am till 6.30 pm and closed on weekends. The practice was also open for extended hours until 8pm every Wednesday. The practice offered on line appointments, electronic prescribing and patients were able to access GP led telephone consultations when the practice was not open for appointments.

The practice was operating a walk in and wait appointments system every day for all patients. Patient comments and suggestions could be completed within the practice. There was a Patient Participation Group (PPG). The practice had systems in place to learn from patients' experiences, concerns and complaints to improve the quality of care. The treatment and consulting room, the reception area and the patient toilets were all wheelchair accessible.

Good



Summary of findings

Information leaflets were available to patients within the waiting area. The practice leaflet contained useful and easy read information for patients about the location, staff and services on offer, including who to contact out-of-hours or in an emergency.

Are services well-led?

The practice was well-led and had a clear vision and strategy to provide high quality, effective, treatment and advice in safe surroundings and to make the patient`s visit as comfortable and productive as possible. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear leadership structure and staff felt supported by management. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place.

The staff were well supported, and felt able to raise concerns. Meetings were undertaken regularly, and staff received suitable training and appraisals. Staff were clear about their role and responsibility and knew who to report concerns or issues to. Staff told us that they felt supported to carry out their role and were encouraged to take part in development and training, and to contribute to meetings and discussions.

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 was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Support was available in terms of home visits and rapid access appointments for terminally ill and housebound patients.

The lead GP completed planned weekly and monthly meetings with other health care providers such as health visitors, palliative care nurses and district nurses to discuss registered patients requiring care and treatment and any other patients that were of concern. All patients 75 years of age and over were specifically being cared for by a named GP. Older people were afforded the option of home visits, double appointments and telephone contact to a GP of their choice.

Patients in this group were provided with early identification and access to influenza vaccine appointments including follow ups for patients that did not attend the practice. The practice offered an electronic prescribing service which could be requested once registered with the practice.

Bereavement support services were available through the practice GPs, with referral to NHS services as required.

Good



People with long term conditions

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus, asthma, hypertension and Chronic Obstructive Pulmonary Disease (COPD) was based on national guidance and clinical staff had the knowledge and skills to respond to these patients' needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs.

For example, the practice completed regular monitoring and risk assessments of patients within this group taking diabetic medications. Patients identified with diabetes had regular reviews and their plans of care were updated accordingly in discussion and agreement with them. These patients were provided with education and information during consultations to avoid unplanned hospital admissions. Patients were also sign posted to other specialist services. Patients with long term conditions (LTCs) were monitored following hospital stays.

Good



Summary of findings

Patients with long term medication needs were registered and monitored every 3 months to ensure blood tests and prescriptions were being managed routinely and in line with guidance, patients' needs and their agreed care plans. The lead GP was the clinical lead for all patients in this group.

The lead GP was engaged with stakeholders working jointly to provide terminal care for patients where required. The practice was providing locally enhanced services such as minor surgery such as vasectomy and circumcision.

Families, children and young people

There were suitable safeguarding policies and procedures in place for safeguarding children, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level 3 for GPs and nurses. However, 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.

There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. All patients in this group who required an urgent appointment were seen on the same day. Child immunisations were provided in line with national guidelines with any non-attendance being followed up by the GPs or nurse. Immunisations were offered and only given with consent of parents which was recorded on the patient's record. Vaccines were administered by either the practice GP's and nurses in line with legal requirements. Contraceptive advice and antenatal clinics were held every week in the presence of a midwife and a practice GP. Data available to us showed that the practice was achieving about 72% coverage compared to the local CCG average of 86% for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, a cellular pertussis (whooping cough), poliomyelitis and Hemophilus influenzae type b), Meningitis C and MMR vaccination for children.

Good



Working age people (including those recently retired and students)

These patients' needs had been identified and there were a variety of appointment options available to them such as extended hours. The practice offered health checks, travel vaccinations and health promotion advice including on smoking cessation. The practice also offered telephone consultations throughout the day during opening times on Mondays to Fridays. The practice nurse was responsible for contraceptive advice and health checks for all patients.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice 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. Most staff knew how to recognise signs of abuse in vulnerable 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.

The practice had policies in place relating to the safeguarding of vulnerable adults, children and whistleblowing and staff we spoke with were aware of their responsibilities for identifying and reporting concerns. However, 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. Staff did not know how to recognise or identify what constituted a safeguarding concern and had not been trained in adult safeguarding.

The practice provided a chaperone service at request and could provide trained staff to support patients. The practice also offered an advocacy service for patients which again was available on request to support patients. Staff within the practice had good understanding of the Mental Capacity Act 2005 (MCA), and how it applies, and were able to talk us through the actions they would undertake if they had concerns for patients, relatives or their carers. They worked with other health and social care professionals to ensure a multi-disciplinary input in the case management of vulnerable people. The practice was signed up to the learning disability Direct Enhanced Service (DES) to provide an annual health check for people with a learning disability to improve their health outcomes.

The practice clinical staff held regular meetings with district nurses and health visitors to discuss care and treatment for people within this patient group. Meetings with other agencies related to patient well-being.

Good



People experiencing poor mental health (including people with dementia)

The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met. Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to report any concerns and who to report them to within the practice.

Good



Summary of findings

What people who use the service say

We spoke with four patients during our inspection and received five Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection. The four patients we spoke with said that they were very happy with the care and treatment they received. They were very complimentary about the caring, approachable and friendly staff and had no complaints about the practice staff or the care being provided. All of the comment cards received indicated that patients were happy with the GP and the care and treatment afforded to them. Patients also told us that staff were caring, friendly, that they were treated with respect and dignity, and that staff were informative and listened to their concerns or worries. Patients also informed us that they were given options and were included in any treatment plans or recommendations. Almost all of the five comment cards seen indicated satisfaction with the GP, the practice and its staff, and all gave praise to the professional and dedicated caring service and response to patient needs. More than one comment seen suggested that getting an appointment was difficult.

The practice had an open walk in appointments service which patients commented was a good way to make services available.

Comments made in the GP patient survey 2013 and NHS choices website showed the practice compared less favourably with other practices in Greenwich in some areas of the report and more favourably in other areas. For example, only 50% of respondents to the GP patient survey would recommend the practice. However 60% rated the practice positively for opening times and 63% for their experience of making an appointment.

The practice was completing patient surveys and audits, recording and analysing the results to produce action points to improved care and outcomes for patients. The practice offered patients the facility to make comments or suggestions anonymously at the reception desk. The practice had an active Patient Participation Group (PPG), which we were able to meet one member of, who spoke highly of the staff and services being provided, and told us that the centre was kind and caring, and respectful and dignified when providing care and treatment.

The 2012/13 GP survey results showed that 80% of respondents said the last GP they saw or spoke to was good at listening to them, where as 89% say the last nurse they saw or spoke to was good at listening to them. 75% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, where as 85% say the last nurse they saw or spoke to was good at treating them with care and concern.

Areas for improvement

Action the service MUST take to improve

- Patients were at risk of harm because systems and processes were not in place to keep them safe. Staff did not know how to recognise or identify what constituted a safeguarding concern and had not been trained in adult safeguarding.

- Ensure the availability of medical oxygen for use in the event of medical emergencies.

Action the service SHOULD take to improve

- Ensure availability of an Automated External Defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.

Dr Gupta and partners aka Waverley PMS

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a CQC lead inspector and a GP specialist advisor. The inspection team members were granted the same authority to enter the practice as the CQC lead Inspector.

Background to Dr Gupta and partners aka Waverley PMS

Dr Gupta and partners, aka Waverley PMS is located in Plumstead in the London Borough of Greenwich in south-east London, and provides a general practice service to around 5,088 patients. The practice staff also spoke several languages, including languages spoken in India, Pakistan and Sri Lanka. This catered very well to the needs of the local population that did not speak English as their first language.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; and maternity and midwifery services; surgical procedures and diagnostic and screening procedures at more than one location.

The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception

services and minor surgery. The General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is open five days a week from 8.00 am to 6.30 pm. In addition, the practice is open until 8.00 pm on a Wednesday. The practice is closed at weekends. The practice has opted in for providing out-of-hours services to their patients. Out-of-hours services for Waverley PMS is provided through an external company when the practice is closed.

The practice is one of 44 GP practices located within the Greenwich Clinical Commissioning Group (CCG) and the NHS England local area team, who provide care and services to a diverse population of over 275,000 registered patients within the borough of Greenwich.

The inspection took place over one day and was undertaken by a lead inspector, along with a GP advisor. We looked at care records; spoke with patients, members of the Patient Participation Group (PPG), staff and management team.

The practice was well lit, clean and accessible. All rooms and areas within the practice were clean and spacious, with easy clean chairs. Facilities such as toilets, disabled toilets and baby changing facilities were also available. The location was tidy and clean, with good access with a small waiting area and good sized consultation and treatment rooms.

The practice comprises of five consulting rooms, a minor surgery and treatment room, a combined reception and waiting area, toilets, disabled toilets, baby change facilities

Detailed findings

and staff meeting room, and rooms for office space and administration purposes. Car parking facilities however, were very limited within the immediate area. The practice is located close to public transport links.

The practice patient list is varied in ages although adult patients 59 years of age and younger make up the majority of patients registered with the practice. The patient list size is currently 5088.

There are 15 staff who work within the practice. The staff mix is comprised of a lead male GP, one salaried GP, one nurse, one practice manager, one assistant manager, one health care assistant, six receptionists, and three administrators.

There were no safeguarding or whistle blowing notifications received for the practice in the 12 months preceding our inspection.

The CQC intelligent monitoring placed the practice in band one, with band one representing those services which are the highest priority for inspection and 6 the lowest. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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. This provider had not been inspected before and that was why we included them.

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 December 2014. During our visit we spoke with a range of staff (GP, practice manager, practice nurse and the administrative and reception staff), and four patients who used the service and a member of the Patient Participation Group (PPG). We observed interaction between staff and patients in the waiting room. We reviewed five comment cards where patients shared their views and experiences of the service. We looked at a range of records, documents and policies.

Are services safe?

Our findings

Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a policy and a significant event toolkit to report incidents and the practice manager showed us the processes around reporting and discussions of incidents. Significant events were reviewed regularly and staff we spoke with were aware of identifying concerns and issues and reporting them appropriately.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. We reviewed a sample of the ten incidents that had been reported since December 2013. Records showed evidence of discussion and learning, and staff we spoke with were aware of the significant event reporting protocols and knew how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents to at the practice. For example, an incident had occurred where a patient had vomited in the waiting room, and there was a delay in managing this, as the reception staff did not know the location of a spillage kit. The action taken was to find out the location, where to reorder and for reception staff to attend the meeting to improve learning. The practice manager told that a GP intervened and guided staff to the spillage kit and completed the cleaning process on this occasion. The practice highlighted this episode during their team meeting ensuring that staff knew who to call and what immediate actions to take.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children and young people. We looked at training records which showed that all staff had received relevant role specific training on safeguarding children. They were aware of their responsibilities and knew how to

share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice lead GP was the lead for safeguarding vulnerable adults and children. They had received the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

We asked members of medical, nursing and administrative staff about their most recent training in safeguarding adults and children from abuse. Clinical staff including the GPs and the nurse had completed Level 3 child protection training and all other staff had received Level 1 child safeguarding training.

However the staff team did not know how to recognise signs of abuse in older people and had not completed training in safeguarding of vulnerable adults.

The practice had policies in place relating to safeguarding, child protection and whistleblowing. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues.

Clinical staff were required to have a criminal records (now the Disclosure and Barring Service) check, which were completed. The contact details of the local area's child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk.

The practice had an up to date chaperone policy in place which provided staff with information about the role of a chaperone and staff were aware of their role and responsibilities.

Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all

Are services safe?

recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept on site.

GPs followed national guidelines and accepted protocols for repeat prescribing. All scripts were reviewed and signed by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicines. We looked at four documents where medication reviews had been required and found reviews and consultations had been undertaken at regular intervals before repeat prescriptions were issued.

Cleanliness and Infection Control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control lead. Staff had received training in infection prevention and control and were aware of infection control guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons. There was a cleaning schedule in place to ensure each area was cleaned on a regular basis. The area around the reception desk and all communal areas were clean, fresh smelling and in good repair. Waste including sharps were disposed of appropriately. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean.

Cleaning checks were undertaken regularly and an infection control audit had been undertaken in July 2014. The practice identified three main areas of noncompliance in governance and documentary evidence, clinical environment and clinical equipment. The audit results and action plan put in place had been completed. Clinical waste was collected by an external company and consignment notes were available to demonstrate this. The practice had a policy for the management, testing and investigation of Legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year.

Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of the various requirements including obtaining proof of identity, proof of address, references and undertaking criminal records (now the Disqualification and Barring Service) checks before employing staff. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process.

Rotas showed safe staffing levels were maintained and procedures were in place to manage planned and unexpected absences.

Monitoring Safety and Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested monthly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors to ensure security of patient documents and the computers.

Arrangements to Deal with Emergencies and Major Incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. The practice had an availability of emergency medicines and equipment such as masks, nebulisers, and pulse oximeter were available and these were checked regularly. However the practice did not have an Automated External Defibrillator AED and did not have supply of medical oxygen. No risk assessment as regards the absence of AED had been carried out.

A business continuity plan was available and the practice manager told us of the contingency steps they could undertake if there would be any disruption to the premises' computer system, central heating, and telephone lines.

Are services safe?

They told us of the arrangements they had with a neighbouring practice and a local medical centre to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs reviewed incoming guidelines such as those from the National Institute for Health and Care Excellence (NICE) and if considered relevant they were discussed in practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship between the professionals to ensure information was cascaded suitably and adapted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings. The practice had internal as well as an external peer reviewed referral management system whereby all referrals were reviewed by an experienced doctor to decide the best option for assessment and treatment.

As part of the unplanned admissions Directed Enhanced Service (DES), care plans had been put in place for six percent of the practice patients who met the criteria to avoid unplanned admissions to hospital. GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. One of the types of enhanced service is Directed Enhanced Service (DES) where it must be ensured that a particular service is provided for the population.

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably. Clinical audits such as on prescribing and use of contraception had been completed by the practice to monitor their compliance with current guidance.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information.

There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

Medicines and repeat prescriptions were issued based on nationally accepted guidelines. In our discussions with three clinicians we reviewed four care records and found that prescriptions matched the working diagnosis and the repeat prescriptions had been reviewed when altering or adding medicines. Appropriate clinical monitoring such as regular blood tests had been undertaken in all four cases that were on high risk medicines such as Methotrexate.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training topics, including infection control, safeguarding children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities. Records confirmed training had been completed or planned. For example basic life support was scheduled to be revalidated as of 27 January 2015.

There was evidence of appraisals and performance reviews of staff being undertaken and completed in May 2014. There were appraisal processes for GPs and one of them had recently received a revalidation in October 2014. (Revalidation is the process by which doctors demonstrate they are up to date and fit to practise.) Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. Staff were encouraged to develop within their role and the practice supported staff to complete training courses. The practice manager told us they would be putting in place a training session on adult safeguarding for all staff.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for people. For example the practice held weekly clinical

Are services effective?

(for example, treatment is effective)

meetings which were attended by the community COPD nurse, district nurse, mental health worker and stroke associated care worker. We were able to see minutes of these meetings.

The practice had regular multi-disciplinary team meetings with other professionals including palliative nurses, community matrons, social workers, health visitors and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients, received co-ordinated care. We saw that blood test results, hospital discharge letters, communications from other providers including out of hours provider were acted on promptly.

Information Sharing

Regular meetings were held in the practice to ensure information about key issues was shared with relevant staff. The practice was actively involved in work with peers, other healthcare providers and the local CCG. We were told that the practice was very open to sharing and learning and engaged openly on pathways and multi-disciplinary team meetings.

The practice website provided a wealth of information for patients including the services available at the practice, health alerts and latest news. Information leaflets and posters about local services were available in the waiting area.

Consent to care and treatment

The practice manager, GP and nurse we spoke with were aware of the requirements of the Mental Capacity Act (2005), Gillick competency and their responsibilities with regards to obtaining and recording consent. Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that standard guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients.

Health Promotion & Prevention

There was a range of information available to patients on the practice website and in the waiting areas which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed 89% of patients with a status recorded as smoker had been offered advice about smoking cessation.

Data available to us showed that the practice was achieving about 72% coverage for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, acellular pertussis (whooping cough), poliomyelitis and Haemophilus influenzae type b), Meningitis C and MMR vaccination for children. All new patients registering with the practice were offered a health check which was undertaken by the practice nurses.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

The 2013/14 GP survey results (latest results published in July 2014) showed that the proportion of patients who would recommend their GP surgery was 50% compared to the Local CCG average of 75%. The GP patient survey score for opening hours was 60% compared to the Local CCG average of 75%. The proportion of respondents to the GP patient survey who gave a positive answer to how easy it is to get through to someone at their GP surgery on the phone was 69%, compared to the national average of 75%. Eighty nine percent of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the Local CCG average of 84%. Eighty three percent of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the Local (CCG) average of 78%. Eighty nine percent of respondents say the last nurse they saw or spoke to was good at listening to them compared to the Local (CCG) average of 86%. The number of respondents to the GP survey was 117 out of 452 surveys sent out, with a completion rate of 26%.

We spoke with four patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect. Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received five completed cards. Almost all the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the care and treatment at the practice.

The practice phones were located and managed at the reception desk. A notice setting out chaperoning arrangements was displayed in the waiting area and outside the treatment rooms. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' rights to privacy and dignity.

We observed staff interactions with patients in the waiting area and at the reception desk and noted that staff ensured

patients' respect and dignity at all times. All consultations and treatments were carried out in the privacy of a consulting room and we noted that moveable screens were provided so that patients' privacy and dignity was maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

In the 2014 GP patient survey, 75% of the respondents agreed that they were confident in the care given to me by the doctors. 71% of the respondents agreed that the doctors involved them in decisions about their care, 96% of respondents said they had confidence and trust in the last nurse they saw or spoke to, and 84% felt the reception staff were helpful and friendly.

All patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions relating to their care and treatment. Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms.

The practice's website provided information ranging from the various services, clinic times, and newsletters to the various activities being undertaken by the practice. Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information about coping with bereavement. The practice manager and senior receptionist showed us an example where a person had been provided support during a time of bereavement. They also told us that they could refer people to support and counselling facilities in the community following a bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of care records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines reviews and an annual review of their care.

The practice was engaged with the Patient Participation Group (PPG) and feedback from patients was obtained through written comments and suggestions. Results from the practice survey completed in November 2014 were used proactively and the practice acted accordingly to improve care delivery. There were regular meetings attended by the practice manager and one of the GPs. Patient surveys to obtain feedback on different aspects of care delivery were undertaken annually.

The practice had multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also significant events, unplanned admissions and A&E attendances.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Directed Enhanced Services (DES) was undertaken suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as being at high risk of unplanned hospital admission.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and also could use online resources to help with language interpretation. The

practice staff also spoke several languages, including languages spoken in India, Pakistan and Sri Lanka. This catered very well to the needs of the local population that did not speak English as their first language.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. We observed reception staff supporting a patient with mental health concerns who was managed in a tactful and polite manner when they raised their voice and became confrontational.

We were told that longer appointments could be scheduled for patients with learning disabilities. Review of care of people with learning disabilities showed that they were receiving suitable care and had received an annual review within the last year. There was an open policy for treating everyone as equals and there were no restrictions in registering new patients. Homeless travellers were registered and seen without any discrimination.

Access to the service

The surgery had clear, obstacle free access with manually opened doors. Doorways hallways and the reception and waiting area were wide enough to accommodate wheelchairs of all sizes. The reception and waiting area though small had suitable seating. Facilities included toilets with baby changing facilities and disabled toilets. The surgery had good, obstacle free access. Doorways and hallways were wide enough to accommodate wheelchairs of all sizes.

The practice had a GMS contract and provided a full range of essential, additional and enhanced services including maternity and midwifery services, child and adult immunisations, family planning, contraception services, and vasectomy.

Patients rating their experience of making an appointment as good or very good was 63% and 77% of patients felt that their overall experience was good or very good compared to the national average of 85%.

The practice was open five days a week Monday to Friday from 8:30 am to 6:30 pm. The practice was closed at weekends. In addition, the practice offered extended opening hours until 8pm every Wednesday.

The practice maintained a user-friendly website with information available for patients including the services provided, home visits, health promotion, obtaining test

Are services responsive to people's needs?

(for example, to feedback?)

results, meeting agendas, booking appointments and ordering repeat prescriptions. There were in excess of 15 information leaflets and posters providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers.

Appointments could be booked by phone and in person. Most patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to get and were available at a time that suited them. The practice had responded to people's concerns and had introduced changes to their website and practice leaflet from their recent survey. Results from the practice survey had identified that patients were unaware of 'book on the day' appointments. Patients were also unaware of the ability to book up to 4 weeks in advance, and also did not know widely about the practice extended hours up to 8pm. The changes were completed to improve accessibility.

Staff told us that patients with urgent needs could be seen by a doctor on the same day. They told us that children and young people were given priority and were seen the same day by the GP. Information was available via the answer phone and the practice's website, providing the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice lead GP and manager were the designated staff members who manage and respond to complaints.

The practice also had a system in place for analysing and learning from complaints received. The practice reviewed complaints on a fortnightly basis to detect any emerging themes. We reviewed a sample of two complaints in the period January 2014 to January 2015 and found that actions were taken and were able to see minutes and examples of learning implemented following the complaints.

The review of complaints helped ensure improvements in the delivery of care. For example, in one case where a complaint had been raised about an appointment slot not being as expected, there was evidence of prompt action to respond to the complainant. In addition, the practice manager was able to discuss concerns raised and actions taken at the time and during staff meetings and within the mandatory agenda item of complaints.

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 surgery had a statement of purpose which outlined the practice's aims and objectives to provide appropriate patient care to the practice population and do so by having a flexible and friendly approach. All the staff we spoke with described the culture as supportive, sharing, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns to ensure those could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development aims.

Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff.

Staff were aware of lines of accountability and who to report to. The practice had regular meetings involving GPs, practice manager and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing well with national standards, however a number of data items such as The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months were lower than expected or considered a risk within the effective domain. We were unable to discuss QOF outcomes in detail with the lead GP who was unavailable on the day of inspection. We did speak with other clinical staff and the practice manager, who were able to provide rationale for low score data items and what was being done to improve outcomes. We saw that QOF data was being regularly discussed at team meetings and action plans were produced to maintain or improve outcomes.

There was a culture of learning and auditing and a number of clinical audits had been completed for example on guidelines structured use of inhaled triple therapy medicines for COPD patients, and wound dressings audit. The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

Leadership, openness and transparency

The practice was led by the lead GP and a practice manager. Discussions with staff and meeting minutes showed team working and effective, inclusive leadership. There was a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the lead GP was responsible for safeguarding and surgical procedures. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Practice seeks and acts on feedback from users, public and staff.

We found the practice listened and responded to the views of their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings with and there was PPG members' involvement in undertaking patient surveys. The practice was engaged with the Greenwich CCG, the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.

We found evidence that the practice responded to feedback from patients as was evidenced by the changes made to the practice leaflet and website to highlight opening hours, and how to access appointments such as book on the day appointments. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available within the practice.

Are services well-led?

Good 

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

Staff were supported in their professional and personal development and we saw evidence of staff development and training records. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>Regulation 11 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse.</p> <p>How the regulation was not being met:</p> <p>The registered person did not make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs. Regulation 11(1) (a) (b).</p> <p>This was because appropriate adult safeguarding training had not been completed by staff employed within the practice.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and Welfare of service users.</p> <p>How the regulation was not being met:</p> <p>The provider had not taken proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the planning and delivery of care and, where appropriate, treatment in such a way as to reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment.</p> <p>Regulation 9(1) (b) (iii).</p>

This section is primarily information for the provider

Compliance actions

The practice did not have a supply of medical oxygen. The practice also did not have access to an Automated external Defibrillator (AED) and had not undertaken a risk assessment as regards the decision to not have one on-site.