

Tudor Way Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tudor Way surgery on 5 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they could get an appointment with a named GP, although sometimes there was difficulty getting a pre-bookable appointment. Urgent appointments were always available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review processes in place for carrying out infection control audits at both sites ensuring that it is clear what issues relate to which site.
- Review the process for sharing and documenting lessons learnt from complaints and incidents ensuring all relevant staff are made aware.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified, for example meeting the needs of older people.
- Patients said they found it easy to make an urgent appointment however access to pre-bookable appointments was sometime difficult. Getting an appointment with a named GP was generally easy and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff, carers and patients, which it acted on. The Patient Participation Group was active.
- There was a focus on continuous learning and improvement at all levels.

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.

Good



- Annual clinics to administer vaccinations such as influenza, pneumococcal and shingles are offered to patients. Housebound patients are also visited and included in these programmes. Prior to these clinics patients are targeted and contacted by letter, text and telephone calls.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. They provide an additional list to district nurses to visit housebound patients for immunisations, health assessments and review on-going conditions.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was an advanced diabetes practice and offered extended appointments for annual reviews (via nursing staff).
- Patients with long-term conditions were added to clinical registers. This allowed for staff to monitor their needs such as medication reviews, annual checks and education.
- The practice had a patient liaison officer who monitored patients on the unplanned admissions to hospital register. Discharge summaries were used to check up on the patient following discharge and report to the GP to assess where necessary if the care plan needed updating.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- Processes were in place to carry out six to eight week new baby checks, post-natal checks and baby immunisations.

Summary of findings

- Midwives held weekly clinics alternating between both sites. The practice offered support to parents during pregnancy, access to health visitors.
- Immunisations were offered for students preparing for university.
- There was a wide range of sexual health advice and services provided.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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. Extended hours were offered two days a week to enable evening appointments.
- Telephone consultations were available
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Electronic prescribing was in place to allow patients to choose their pharmacy for collection of medication.
- The practice were part of a local GP alliance which meant their patients could access GP appointments during the evening and weekends through the alliance.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- All staff repeated safeguarding training annually.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the past 12 months, which is comparable to the national average.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record, in the preceding 12 months
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty eight survey forms were distributed and 132 were returned. This was a 38% response rate and represented 1.8% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients said that staff were professional, friendly and helpful. They commented that the GPs involved them in decisions about their care and treatment and explained things well. Some patients told us that it was sometimes difficult to get a pre-booked appointment but all patients told us they could always get an urgent appointment if they needed one.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice friends and family test results were positive. They had received over 100 returned questionnaires for the past four months. The majority of people stated they would recommend the practice to their friends and family.

Tudor Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Tudor Way Surgery

Tudor Way is a medium sized practice based in Bromley. The practice list size is approximately 7289. The practice population was very diverse with patients from a range of social and economic backgrounds. Life expectancy for males in the practice is 82 years and for females 87 years. Both of these are in line with the CCG and national averages for life expectancy. The practice has a higher than average number of females aged 0-14 and 35-49 years and males 0-9 and 35-44 years.

The practice has one branch site. The main site Tudor Way surgery (in Orpington) has four consulting rooms, two patient waiting rooms and two administration offices. The branch site, Bromley Park surgery (in Bickley) has two consulting rooms, large patient waiting room and reception area. Bromley Park surgery is fully accessible with step-free access, lifts and disabled toilet.

There are four GP partners who work across the two sites. There are two male GP partners and two female GP partners. One of the male partners works eight sessions a week and the other works five sessions a week. Both female GPs work eight sessions a week. Other staff include three female practice nurses, one female healthcare assistant, seven administration and secretarial staff and a practice manager.

Both sites are open from 8.00am to 6.30pm Monday to Fridays and offer extended opening on Monday and Thursdays from 6.30pm to 8.00pm. Appointments are available between 8.30am to 11.30am and 3.00pm to 5.30pm Monday to Friday at both sites. Extended hours appointments are available between 6.30pm to 7.45pm.

When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hour's provider. This information is made available to patients via their website and is also in the patient handbook.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury; diagnostic and screening; surgical procedures; maternity and midwifery services at both locations.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

- Spoke with a range of staff (three GP's, the practice manager, two nurses and admin and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff we spoke with displayed a good understanding of the duty of candour.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We were given an example of an error that was made with the wrong dose of a medication that was prescribed. The patient was contacted and received a full explanation.
- The practice carried out a thorough analysis of the significant events. We reviewed the significant events that had occurred and saw that thorough analyses were carried out.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared within the practice and action was taken to improve safety in the practice. For example, a recent patient safety alert had been received and shared with staff. We also reviewed meeting minutes for the previous two months and saw evidence of discussion and learning from incidents during the clinicians' meetings

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements broadly reflected relevant legislation and local

requirements, although some updating was required to the adult safeguarding policy to be reflective of current legislation. 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. One of the GPs was the lead member of staff for safeguarding. The GPs did not generally attend safeguarding meetings due to capacity restraints; however they told us they always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection level 3. Nurses were trained to level two and non-clinical staff to level 1.

- A notice in the waiting rooms and on the consulting room doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. An external company carried out the domestic cleaning for the main and branch site. The main site was cleaned two times a week and the branch site four days a week. On the days the external company did not attend the practice staff were responsible for cleaning. We discussed the frequency of cleaning with the practice and they advised us they were in the process of reviewing cleaning arrangements, with plans to increase the frequency. The practice did not have any cleaning schedules in place for equipment and consulting rooms. Staff told us they would ensure these were added to the schedule.
- One of the GPs was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been carried out in March 2015. The audit covered both the main and branch location. The audit was not clear as to what actions related to which site. However where actions were identified plans had

Are services safe?

been documented to amend them. We spoke with the practice manager following the inspection and they confirmed that separate audits were now being conducted.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored in a locked cupboard and there were systems in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments completed on 7 December 2015. Actions had been identified and the practice was working towards implementing the recommendations.
- They carried out fire drills every six months. Fire zones and evacuation plans were displayed at both sites. Fire

equipment was serviced annually. Fire alarms at both sites were checked weekly. All staff had completed fire awareness training and there were two appointed fire wardens.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Equipment, such as the portable nebuliser, spirometer and oximeter had been calibration tested on 30 March 2016 and the practice manager monitored when equipment was due for servicing. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. A legionella risk assessment had been carried out in January 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at both sites. Staff told us that locums were used frequently, although they had a stable set of locums which they used which was good for continuity for patients. The practice did have plans to expand their GP numbers and were working towards this expansion in staffing.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Checks were carried out to the defibrillator and oxygen on a weekly basis at both sites. A first aid kit and accident book was available. Most staff we spoke with knew the location of the medical emergencies equipment.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinical notes we reviewed reflected guidance, for example dementia care plans were comprehensive and in accessible formats. The clinical systems were linked into a system for medicines management.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 10% exception reporting compared with the Clinical Commissioning Group (CCG) average of 8% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) The practice explained that they felt they were particularly good with the management of long-term conditions.

This practice was an outlier for one QOF (or other national) clinical target. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months was 83% compared to the CCG average of 75% and the national average of 77%.

- The percentage of patients with diabetes, on the register who have had influenza immunisation in the preceding 1 August to 31 March was 98% compared to the CCG average of 91% and national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared to the CCG average of 87% and the national average of 88%.
- Performance for mental health related indicators was similar to the CCG and national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 84% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 83% compared to the CCG average of 83% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the practice carried an audit on ACE inhibitors (medication used to treat high blood pressure) on management for chronic kidney disease (CKD). The aim was to make sure all patients with CKD were on an ACE inhibitor. The audit found that 73% of patients with CKD were on an ACE inhibitor. The audit concluded that they needed clearer protocols for optimising blood pressure management and carrying out more frequent blood pressure checks. When they carried out the second cycle they achieved 92% which was a 19% improvement on the first cycle.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We reviewed four staff files and saw copies of induction programmes.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, cytology, cervical cancer and COPD. Nurses had completed a recognised and accredited diabetes care course.
- The nurses and health care assistant administered vaccines and the nurses took samples for the cervical screening programme. All these staff had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and a training matrix. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal one-to-ones, clinical supervision and facilitation and support for revalidating GPs. We reviewed staff files and all files had an appraisal completed within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. We reviewed the workflow processes and saw that when information was received it was scanned into their system in a timely way and brought to the attention of the GPs'. On the day of the inspection there was no correspondence outstanding from previous days. All pending information had been received that day. Two week urgent referrals were also sent and logged and followed up in a timely manner.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This included meetings with the local hospice and district nursing.

Consent to care and treatment

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

- All staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff training records showed that staff had completed MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. There were standard templates for staff to use when assessing and recording a patient's capacity.

Supporting patients to live healthier lives

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

- Alerts were put on the system for vulnerable patients including those receiving end of life care and carers. Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for

Are services effective?

(for example, treatment is effective)

patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- Smoking cessation advice was offered in-house by the health care assistant.
- Dietician and alcohol advice was available from a local support group which the practice signposted patients to.

The practice's uptake for the cervical screening programme was 93%, which was comparable to the CCG average of 84% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 100% and five year olds from 91% to 97%. The CCG rates for vaccinations given to under two year olds ranged from 71% to 95% and five year olds from 80% to 96%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Disposable curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; and conversations taking place in these rooms could not be overheard. However one patient provided feedback that conversations could sometimes be overheard.
- Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients we spoke with were aware that they could request a chaperone.

We spoke with nine patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included information about sexual health, support groups, talking therapies, diabetes advice and carers support. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients as carers (1.6% of the practice list). We saw evidence that the practice proactively sought to identify carers and provide support to them. Written information was available to direct carers to the various avenues of support available to

them. The practice ran a group for carers and they met every ten weeks. The minutes of the meetings were emailed to all members of the group. The meetings provided carers with information and were also an opportunity for them to share experiences and gain ideas from others how to manage their caring responsibility. Carers were contacted as a matter of course following the unplanned admission of the person they cared for. There was a dedicated noticeboard in the patients' waiting room for carers with relevant information for them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a higher than average number of females aged 0-14; 35 to 49 and 80 and over; males aged 0-9 and 35-49. The GPs were aware of the needs of their patients and services were reflective of this. For example, staff told us that their older patients preferred to attend the main site; therefore services and information aimed at older people were focussed at this site.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for various patients groups including patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The main practice was step-free but there was no access to the first floor for patients in wheelchairs or mobility problems. This was due to restrictions with altering the building. The branch site was fully accessible with a lift, lowered reception desks and disabled toilets. Both locations had hearing loops.
- Translation services were available and patients were made aware via a poster in the reception area.
- The practice gave example of reasonable adjustments they made for patients. This included identifying patients with memory problems and putting processes in place to remind them of their appointments.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.20am to

11.30am and 3.00pm to 5.10pm on Mondays; 8.30am to 2.10pm and 3.00pm to 5.10pm Tuesdays; 8.30am to 2.10pm on Wednesdays; 8.30am to 12.20pm and 3.00pm to 5.20pm on Thursdays and 8.20am to 11.20am and 3.00pm to 5.30pm on Fridays. Extended hours appointments were offered from 6.30pm to 7.45pm on Monday (at Tudor Way) and Thursdays (at Bromley Park). In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. This was facilitated by either fitting the patient into a GPs session or they were seen by the duty doctor.

The practice was also part of a local GP alliance. (A GP alliance is a network of practices in a particular borough who work collaboratively to enhance health and wellbeing of patients in the area). Appointments were available to patients between 4.00pm and 8.00pm Monday to Friday and 9.00am-1.00pm on Saturdays. These appointments were in addition to appointments offered by the practice giving patients at the practice increased access to appointments, particularly evening and weekend GP appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People we spoke with on the day of the inspection told us that they were able to get appointments when they needed them. Feedback from patients via the CQC comment cards indicated that some patients felt it was difficult to get a pre-booked appointment, however everyone who commented about availability of urgent appointments were all positive.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff told us that all GPs had two slots reserved every session for emergencies. Children were always given priority and seen on the day irrespective of what the issue

Are services responsive to people's needs?

(for example, to feedback?)

was. Patients we received feedback from on the day of the inspection confirmed this. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. There was information outlining how to make a complaint on the practice website and a poster in the patient waiting area as well.

The practice had received 17 complaints in the last 12 months. We looked at four of these complaints and found that they had been handled in line with the organisations policy. They had been dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken as a result to improve the quality of care. We saw evidence of the lessons learnt being shared amongst the clinicians at their meetings but not to the wider team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the patient handbook and on the website and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision. One of their aims was to increase the number of salaried GPs and also to have more GP partners.
- The practice was clear about where improvements were required to enable them to improve the service. This included improvements to their telephone access and implementing an automated check-in service.
- The practice also wanted to improve services for patients with diabetes. In preparation for this one nurse was currently taking additional training in diabetic care

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. Lead roles were assigned to staff including having leads for safeguarding, complaints, infection control and CQC. All staff we spoke with were aware of the leads for the various areas.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. They felt confident to go to the partners and said they were listened to. Staff told us information was shared with them in a timely manner and they felt involved.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. One of the partners went through an incident where an error had been made and told us the steps taken to rectify it. Their explanations were in line with our expectations of the duty of candour.

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings. This included meetings for reception staff, nurses and GPs.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Frequent team building events were held including social events and internal training sessions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. Staff told us the PPG was a virtual group and emails were sent and received periodically. There was a message on the automated patient information television screen advertising the PPG and encouraging patients to get involved.
- Examples of responding to feedback from patients included comments received about the difficulties getting through on the telephone. As a result of their feedback the practice updated their telephone system which allowed more calls to be taken and also enabled calls to be automatically diverted to the branch site (and vice versa).
- The practice participated in the NHS friends and family test. Results were collected on a monthly basis and the results of the survey were published on the patient notice board.

- The practice had gathered feedback from staff through staff survey, staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had commented that the reception got very busy when trying to manage a range of services such as answering calls, checking patients in and dealing with prescriptions. In response the practice made some forms available on line and also made the friend and family service a text questionnaire. This reduced the number of patient queuing at reception to be giving paper copies of these forms (although they were still available). Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The CCG offered monthly protected learning. All the nurses were encouraged and given the time off to enable them to attend the learning.