

Streatham High 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

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



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 Streatham High Surgery on 12 November 2014. Overall the practice is rated as Outstanding.

Specifically, we found the practice to be outstanding for providing responsive services and for being well led. It was rated outstanding at providing services to two of the six population groups we report on: Working age people and People whose circumstances may make them vulnerable. It was good at providing services for the other four population groups we report on: Older people, Families, children and young people, People with long-term conditions and People experiencing poor mental health. It was good for providing safe, effective and caring services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from incidents were maximised.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- 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
- The practice had a clear vision which had quality and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We saw several areas of outstanding practice including:

- Appointments are available at Streatham High Surgery 08.00am to 8.45pm on Mondays to Thursdays, 08.00am to 6.30pm on Fridays, and 09.30am to 12.00noon on

Summary of findings

Saturdays. The practice had been providing these longer surgery opening hours for a number of years, even before the introduction of this as an enhanced service to their contract.

- Since July 2014, the practice had been supporting its patient participation group (PPG) to organise and provide Saturday drop in sessions at the surgery. These sessions were health promotion events, and the topics were selected by members of the PPG, responding to issues that mattered to patients. The provider employed a director of patient experience, engagement and community participation, who worked closely with the PPG to ensure the practice understood more about what was important for patients.
- There were excellent examples of how the practice's vision and ethos were implemented by the staff team

working together to maintain high standards, deliver positive health outcomes for patients and foster a supportive work environment. The practice achieved the Royal College of General practitioners (RCGP) Quality Practice Award (QPA) and an Investor in People (IIP) award. QOF data for this practice showed the practice was performing exceptionally high compared with local and national averages, achieving an overall score of 99.9% in the 2013 /14 year.

- The practice held multidisciplinary clinical team meetings twice weekly to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register.

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?

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

Good



Are services effective?

Our findings during our inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed that the practice was performing highly when compared to neighbouring practices in the clinical commissioning group (CCG) and nationally.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams internally and externally to deliver positive health outcomes for patients.

Good



Are services caring?

Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care.

The practice supported patients to have a forum where they could learn and share ideas that promoted their health. There was an active patient participation group (PPG) at the practice that directed its own agenda and focused on topics that mattered to patients.

Good



Summary of findings

Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG) and patient surveys.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment and a named GP or a GP of choice, with continuity of care and urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to make a complaint was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff.

Outstanding



Are services well-led?

The practice had a clear vision with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

High standards were promoted and owned by all practice staff and teams worked together across all roles. The practice had a number of policies and procedures to govern activity. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice has ISO 9001:2008 certification for its quality management system, which demonstrated they had robust processes and procedures for delivering a quality service. Also the practice achieved the Royal College of General practitioners (RCGP) Quality Practice Award (QPA) in 2013.

The practice carried out proactive succession planning. Staff were supported to train and develop beyond their roles, and move into positions with greater responsibilities. There was good and constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients, and it had an active patient participation group (PPG).

Outstanding



Summary of findings

There were systems in place to monitor and improve quality and identify risk. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. Nationally reported data showed that the practice performed well against indicators relating to the care of older people. For example, the practice maintained a register of patients in need of palliative care, and held twice weekly multidisciplinary integrated care meetings where all patients on the palliative care register were discussed. In addition, the practice had carried out fracture risk assessments for all its patients aged 50 and over with rheumatoid arthritis in the preceding 24 months.

The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with complex healthcare needs.

Patients over the age of 75 were offered annual health reviews. For the 2013 / 14 year, there were 190 registered patients aged 75 and over, and 157 of them had received an annual review. As of November 2014, there were 198 registered patients aged 75 and over, and 151 of them had received an annual review.

The GPs we spoke with told us about their awareness of high incidences of anxiety and depression among this group of patients, and that they responded to any indications that patients might be experiencing anxiety and / or depression and offered them additional support and treatment as required.

Good



People with long term conditions

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. At the time of our inspection in November 2014, there were 211 patients on the avoiding unplanned admissions for vulnerable people scheme, and 127 of these patients had received an annual health check.

Good



Summary of findings

The GPs we spoke with told us about their awareness of high incidences of anxiety and depression among this group of patients, and that they responded to any indications that patients might be experiencing anxiety and / or depression and offered them additional support and treatment as required.

Families, children and young people

The practice population was mainly made up of people in this population group; over 90% of the practice population was under the age of 65, and 73% of patients were working full or part time.

Appointments were available outside of school hours and the premises were suitable for children and babies. Appointments were available at Streatham High Surgery 08.00am to 8.45pm on Mondays to Thursdays, 08.00am to 6.30pm on Fridays, and 09.30am to 12.00noon on Saturdays.

The practice offered a number of online services, including booking and cancelling appointments, requesting repeat medicines, sending secure messages to the practice, viewing medical record and updating patient details.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

The practice held multidisciplinary clinical team meetings twice weekly to discuss the needs of complex patients, for example children on the at risk register.

The practice's performance for childhood immunisations for 2013/14 was relatively high compared to other practices in the local area for most immunisations recommended at 12 and 24 months. For the Dtap/IPV/Hib and PCV vaccinations recommended at 12 months of age, 94.8% of their eligible patients had received these, whilst the local average was 92%; and 77.3% of their eligible patients had received the Men C vaccination, whilst the local average was 79.5%. For the Dtap/IPV/Hib vaccination recommended at 24 months of age, 98.0% of eligible patients had received it, whilst the local average was 95.3%; and 92.9% of eligible children in the 24 month age group were vaccinated against measles, mumps and rubella (MMR) in the practice, whilst the average in the local area was 90%.

For immunisation recommended at five years of age, the practice performance was slightly below the local average for many of these: 95.0% of eligible children had received the Dt/Pol Primary, Pertussis

Good



Summary of findings

Primary and the Infant Hib vaccinations, whilst the local average was 95.8% for these. For the Hib/Men C and PCV booster vaccines, 88.2% and 78.9% at the practice had received the vaccines respectively, whilst the local average was 91% and 84.7% respectively.

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. In response to feedback from surveys, the practice had adjusted its services in line with what people said they wanted. For example, in the 2013 /14 practice survey patients indicated they wanted alternative methods of GP consultations, being able to see a clinician of their choice, and online services for appointments booking and repeat prescriptions. The practice was already offering these services so they promoted them better through their reception staff. They also offered additional alternative appointments, for example telephone consultations and email consultations, and planned to start offering video conferencing consultations.

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.

Appointments were available outside of normal working hours. Appointments were available at Streatham High Surgery 08.00am to 8.45pm on Mondays to Thursdays, 08.00am to 6.30pm on Fridays, and 09.30am to 12.00noon on Saturdays.

The practice offered a number of online services, including booking and cancelling appointments, requesting repeat medicines, sending secure messages to the practice, viewing medical record and updating patient details.

The practice nurse had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions. The healthcare assistant in the practice led the smoking cessation clinic in the practice.

The practice had achieved above the national target of 80% for cervical cytology over the last two years: during the 2013 / 14 year they had an 85% and at the time of our inspection in November 2014 they had already exceed the year's target having achieved 82% provision for cervical cytology for the eligible patient group.

Outstanding



Summary of findings

People whose circumstances may make them vulnerable

The practice held a register of patients living in vulnerable circumstances including people of no fixed abode and those with a learning disability. The practice was committed to meeting the needs of vulnerable people, and provided a caring and responsive service for them. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention, such as though longer appointments.

A walk in service was provided for other patients (not registered with them) between 11am and 8pm on weekdays.

The practice was signed up for the learning disability direct enhanced service (DES). The service involved the practice identifying patients aged 14 and over with the most complex needs and offering them an annual health check as well as a health action plan. We saw examples of the health plans prepared for patients in this group and how steps were taken to improve their health outcomes.

As part of the learning disability DES, the practice maintained a register of patients with learning disabilities. For the 2013 /14 year, there were 13 patients on the register, and 10 of them had had an annual health check completed with them. At the time of our inspection in November 2014, nine of the 15 patients on the learning disabilities register for the 2014 / 15 year had received an annual health check. Comprehensive records were kept of these checks and where necessary referrals to other services were made for the patients if they needed additional or more specialised care and treatment.

A once weekly clinic was held in the practice by the local NHS Substance Misuse Assessment and Referral Team (SMART) for patients requiring treatment for substance misuse.

Outstanding



People experiencing poor mental health (including people with dementia)

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

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

Good



Summary of findings

What people who use the service say

We spoke with two patients during our inspection, and they both told us they were satisfied with the care and treatment they received from the practice. Patients told us they were treated with personalised care that met their individual needs, and cited several examples of how the clinical team had taken extra care to make sure they got the care they received appropriate and timely care.

We received 26 completed comments cards from patients using the practice. All the respondents described their experiences of the practice as being positive, with many commenting on the helpfulness and efficiency of the staff team, the doctors taking their time during consultations and listening to them, staff treated them with respect, and that they were cared for in a clean environment.

The results of the latest national GP patient survey showed that patients were particularly satisfied with

access to the practice. Of those responding, 90% found it easy to get through to this surgery by phone, and the same proportion were satisfied with the surgery's opening hours; while 85% of respondents describe their experience of making an appointment as good. However, 45% of respondents with a preferred GP usually get to see or speak to that GP.

Patients positively rated their experiences with GP appointments, with between 78 and 85% saying they were given enough time in appointments, they were listened to and involved in decisions about their care, said they were treated with care and concern and that they had confidence and trust in their GPs. All these responses were above the local average.

Outstanding practice

We found a number of outstanding areas of practice at Streatham High Surgery:

The practice had initiated positive service improvements for its patients that were over and above its contractual obligations.

Appointments are available at Streatham High Surgery 08.00am to 8.45pm on Mondays to Thursdays, 08.00am to 6.30pm on Fridays, and 09.30am to 12.00noon on Saturdays. The practice had been providing these longer surgery opening hours for a number of years, even before the introduction of this as an enhanced service to their contract.

Since July 2014, the practice had been supporting its patient participation group (PPG) to organise and provide Saturday drop in sessions. These sessions were health promotion events, and the topics were selected by PPG members, responding to issues that mattered to patients.

The provider employed a director of patient experience, engagement and community participation, who worked closely with the PPG to ensure the practice understood more about what was important for patients.

There were excellent examples of how the practice's vision and ethos was implemented by the staff team working together to maintain high standards, deliver positive health outcomes for patients and foster a supportive work environment. The practice had achieved the Royal College of General Practitioners (RCGP) Quality Practice Award (QPA) and an Investor in People (IIP) award. QOF data for this practice showed the practice was performing exceptionally high compared with local and national average practice performance, achieving an overall score of 99.9% in the 2013 /14 year.

The practice held multidisciplinary clinical team meetings twice weekly to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register.

Streatham High Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The other member of the team at this inspection was a GP specialist advisor. They are granted the same authority to enter registered persons' premises as the CQC inspector.

Background to Streatham High Surgery

Streatham High Surgery is located in the south London borough of Lambeth. The provider, AT Medics Limited, took over the contract for the provision of GP services at the practice in 2007; and has since improved and expanded the services provided. The practice moved to its current premises in 2008.

The practice had a Personal Medical Services (PMS) contract for providing general practice services to the local population.

The practice had a patient list of 12185 at the time of our inspection. The staff team at the practice were seven GPs, four of whom were female, two female practice nurses, a female healthcare assistant; and a practice administrative team including a practice manager, an assistant practice manager, a senior practice administrator and 14 reception and admin staff.

Streatham High Surgery is an approved training practice for GP Registrars, Foundation Year 2 Doctors and Trainee Nurse Practitioners. The practice has three GP trainers, and provides training to newly qualified doctors, medical students and nursing graduates.

Streatham High Surgery is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Diagnostic and screening procedures, Family planning, Surgical procedures, and Treatment of disease, disorder or injury.

The CQC intelligent monitoring placed the practice in band six. 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.

The practice provides a walk in service for other patients (not registered with them) between 11am and 8pm on weekdays.

Why we carried out this inspection

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

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

This provider had not been inspected before and that was why we included them.

Detailed findings

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 12 November 2014. During our visit we spoke with a range of staff (doctors, nurse, healthcare assistant, practice manager, reception and administrative staff) and spoke with patients who used the service. We observed staff interactions with patients.

We reviewed documentation relating to the operation of the practice such as policies and procedures, staff records and certification to verify the health and safety of the premises. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, following an incident where a patient had become agitated whilst waiting for their appointment, and also expressed their unhappiness at the outcome of their consultation, training had been arranged for staff in customer care and conflict resolution.

We reviewed incident reports and minutes of meetings where these incidents were discussed for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last 12 months and we were able to review these. Significant events were a standing item on the practice meeting agenda and complaints were also discussed. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and shared computer drive and sent completed forms to the practice manager. She showed us the system used to manage and monitor incidents. We tracked the four incidents recorded in the 12 months preceding our inspection and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result, such as additional training being arranged for reception staff on conflict resolution.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also 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 had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had 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.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans and people who were housebound.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including the health care assistant, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff in the practice had background checks, including Disclosure and Barring Service (DBS) checks, prior to their offer of employment at the practice.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines. We also saw training records which showed that the nurses and healthcare assistant had attended relevant additional training to support them in providing vaccinations safely.

The practice had a good working relationship with local pharmacies in the area. We spoke with a pharmacist from the most local pharmacy who told us they visited the practice daily and collected prescriptions that had been issued. They told us that they found it straightforward to make contact with any GPs if there were any queries with any issued prescriptions.

We reviewed the repeat prescriptions system in use at the practice. Repeat prescriptions requests could be made by patients through their pharmacy, online, by written request at the practice, and by email. There was a repeat prescription review process in place, which meant that medicines prescriptions were only issued on repeat for up to six months, after which period patients were required to attend for a review with their GP before they continued taking the medicine if it was still appropriate treatment for them.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Cleaning responsibilities were shared with the facilities management team, who were responsible for general domestic cleaning, whilst the practice staff were responsible for the cleaning of any of their equipment and furniture. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection prevention and control, the practice nurse, who had undertaken further training to enable them to provide advice on the practice infection control policy and audit the infection prevention

and control arrangements. Annual infection prevention and control audits were carried out in the practice and included reviews of the environment, handwashing, handling specimens and use of personal protective equipment.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometer.

At the time of our inspection, one of the practice's medicines fridges had recently within the preceding 48 hours become faulty. An order had been promptly made for a new fridge, and the fridge stock was moved to another provider location, close to the practice until the new fridge arrived.

Staffing and recruitment

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements. The practice used a staffing model to calculate the required clinicians' sessions, nurse appointments, reception and admin staff hours offered per week. Generally, 75 appointments per 1000 patients per week were made available. Trainee doctors and junior doctors' appointments were not included in this quota. GPs' annual leave was covered by regular locum doctors.

There were two nurses employed in the practice, their hours equating to 1.5 full time equivalent. One staff member, previously part of the administrator team has been recently trained as a healthcare assistant and was now working in that role under the management of the practice nurse.

Are services safe?

The reception team worked in a team of four in a shift. All members of the reception team were fully trained in all aspects of reception duties so that they could work interchangeably across the range of tasks and duties.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. All staff in the practice had DBS checks prior to starting their employment within the practice.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Staff carried out daily room checks to ensure there were adequate equipment stocks, and out of date items were removed and reported to the managers.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that they were checked regularly.

Emergency medicines were kept securely in the nurse's room and the staff we spoke with knew the location of the emergency medicines. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients had their needs assessed and their care planned and delivered in line with published guidance, standards and best practice such as those published by the National Institute for Health and Care Excellence (NICE) and those from their local commissioners.

The clinicians we spoke with told us, and we saw meeting minutes that confirmed, that patients with new cancer diagnosis were discussed at clinical meetings to ensure the appropriate care and referral pathways were followed so that there was no delays to their care and treatment.

Management, monitoring and improving outcomes for people

The practice nurse had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

The practice has a system in place for completing clinical audit cycles. An example of a clinical audit we saw a summary of was a Warfarin prescribing audit. Warfarin is an anticoagulant medicine that stops blood from clotting, and is most commonly prescribed for people who have had a condition caused by a blood clot. The audit was triggered by clinicians finding that they were being requested to issue a Warfarin prescription without having the most recent International Normalised Ratio (INR) test result for the patient. INR testing is an integral part of the Warfarin treatment, as the INR result indicates how long it takes the patient's blood to clot. For the practice patients, the INR was requested and arranged by the hospital they were under the care of, but the clinicians were finding this result was not always sent to the practice. When patients requested Warfarin prescription, the GP and admin staff had to chase up the test result. The first cycle of the audit found that 40% of the patients were being prescribed Warfarin without the INR result in the preceding three months. The findings were discussed at clinical meetings and the need for staff to chase up INR results. A second audit was carried out which showed that there had been a 30% improvement in staff ensuring INR results were available prior to Warfarin prescriptions being made.

Doctors in the surgery undertook minor surgical procedures in line with their registration and NICE guidance. The staff were appropriately trained and keep up to date. They also regularly carry out clinical audits on their results and use that in their learning.

The practice is signed up for the learning disability direct enhanced service. The service involved the practice identifying patients aged 14 and over with the most complex needs and offer them an annual health check as well as a health action plan. We saw examples of the health plans prepared for patients in this group and how steps were taken to improve their health outcomes. For example, during their annual health check, a patient was identified as having eating problems so was referred to the Speech and Language Therapy (SALT) team for additional support and treatment.

The practice offered annual health reviews for patients over the age of 75. The practice also provided the enhanced service (DES) for unplanned admissions. The service was intended to proactively case manage at-risk patients, and required at least 2% of the practice population over 18 years of age to be included in this group. Patients in this group also received annual reviews and we saw records indicating that they had care plans prepared for them.

The practice coordinated care for patients with palliative care needs with other services, including out of hours services and palliative care teams. They used a shared clinical service, Coordinate My Care, which allows healthcare professionals to record patients' wishes and ensures their personalised care plan is available to all those who care for them.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with mandatory courses such as basic life support and fire safety training. The practice had recently implemented new human resources software which included a facility to inform staff when their training in relevant topics was due.

Staff in the practice had the right qualifications, skills, knowledge and experience to do their job when they started their employment or took on new responsibilities. Staff training and development was provided on an ongoing basis. For example, a staff member that had been recently appointed as a healthcare assistant had received

Are services effective?

(for example, treatment is effective)

training relevant to their new role including administering seasonal flu vaccinations and smoking cessation advisor training. They had also received training safeguarding children (level 2), and in safeguarding adults.

The provider employed a Director of patient experience, engagement and community participation in February 2014, who worked across all their registered locations. The Director was employed on a part time basis, working three days a week.

Working with colleagues and other services

There was a process in place in the practice for the management of information from other providers. Patients' hospital discharge summaries were allocated to a GP to review. The patient's medicines at hospital discharge were reviewed against their GP records. We saw evidence on patients' records that any required actions to amend their medicines was taken.

The practice held multidisciplinary clinical team meetings twice weekly to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. Where appropriate, these meetings were attended by other professionals involved in the care of the patients discussed, such as community matrons, district nurses, social workers, palliative care nurses. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

The practice had a good working relationship with local pharmacies in the area. We spoke with a pharmacist from the most local pharmacy who told us they visited the practice daily and collected prescriptions that had been issued. They told us that they found it straightforward to make contact with any GPs if there were any queries with any issued prescriptions.

Information sharing

Staff were able to talk us through the processes they followed to ensure that patient information received, such as test results, were seen and acted on. An electronic system was used for the management of this information. Test results were allocated to the GPs to review and act on, by members of the administrative team. Staff told us the allocations were made so that GPs had equal amounts of results to review, and staff did not necessarily allocate the results for review to the GP that ordered a test. Priority was given to ensuring a test result was promptly reviewed.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act (MCA) 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice staff followed the principles of the MCA, and involved appropriate decision makers in agreeing best interest decisions about their care and treatment.

There was a practice policy for documenting consent for specific interventions. For example, consent was sought prior to the administering of immunisations, and was documented in the patient record.

Health promotion and prevention of ill-health

All new patients were offered a health check when they registered with the practice. The health check included some basic physical checks such as height, weight and blood pressure. The patient's family history of illnesses, lifestyle and current medicines were also noted. One patient told us that following their new patient health check they were referred to the in-house smoking cessation programme, and managed to stop smoking with the support they received.

The practice encouraged its patients to participate in the Lambeth GP Food Co-op, which contributed to community wellbeing through food growing initiatives. The garden within Gracefield Gardens health centre where the practice is based was part of the Food Co-op. We spoke with one patient who was involved in the co-op, and had been a leader at the Gracefield Gardens health centre garden since February 2014. They told us they enjoyed their involvement in the project, meeting with other patients, and particularly speaking to children and encouraging them to become interested in gardening and understanding more about how the food they eat is produced.

The practice offered a range of immunisations to protect people from a range of diseases. Childhood, adult and travel were offered in the practice. The practice nurse described to us and showed us the supporting information they provided to expectant mothers so that they were aware of childhood immunisations recommended for their child.

Are services effective?

(for example, treatment is effective)

The practice's performance for childhood immunisations for 2013/14 was above the local area average for most immunisations recommended at 12 and 24 months. For the Dtap/IPV/Hib and PCV vaccinations recommended at 12 months of age, 94.8% of their eligible patients had received these, whilst the local average was 92%; and 77.3% of their eligible patients had received the Men C vaccination, whilst the local average was 79.5%. For the Dtap/IPV/Hib vaccination recommended at 24 months of age, 98.0% of eligible patients had received it, whilst the local average was 95.3%.

For immunisation recommended at five years of age, the practice performance was slightly below the local average for many of these: 95.0% of eligible children had received the Dt/Pol Primary, Pertussis Primary and the Infant Hib vaccinations, whilst the local average was 95.8% for these. For the Hib/Men C and PCV booster vaccines, 88.2% and 78.9% at the practice had received the vaccines respectively, whilst the local average was 91% and 84.7% respectively.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from NHS Choices, the national GP patient survey and a survey of 258 patients undertaken with the practice's patient participation group (PPG) conducted between February 26th and March 20th 2014. The evidence from these sources showed patients were satisfied with how they were treated, and that it was with care, dignity and respect. On NHS Choices, 89.5% of respondents said they would recommend the practice to others, making the practice among the best rated in the area.

The most recent national GP patient survey results showed that patients rated the practice consistently well in all aspects of their service including GP and nurse consultations, opening times, waiting times, reception and out of hours care.

The practice also conducted its own survey in conjunction with its PPG. The survey results showed patients were satisfied with the service they received in terms of access, but where patients told them they could make improvements, the practice listened and acted on the feedback.

Patients we spoke with told us they were treated with kindness and dignity by the doctors and nurses in the practice. They told us the reception staff were helpful and friendly.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 26 completed cards and they were universally positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with two patients on the day of our inspection. They told us they were satisfied with the care provided by the practice, said their dignity and privacy was respected and cited several examples of how the clinical team had taken extra care to make sure they received appropriate and timely care.

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

rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private.

Care planning and involvement in decisions about care and treatment

The patients we spoke with told us their diagnosis and proposed treatment options were explained to them. They spoke of feeling reassured and safe in the care of the clinical team. Patients told us they felt involved in their care and treatment decisions. These views aligned with the findings of the most recent national GP patient survey results, which found 78% of respondents felt the GP was good at involving them in decisions about their care, and the same proportion saying the GP was good at explaining tests and treatments. Patients also rated the practice nurse highly at explaining results to them (85%) and involving them in decisions (72%).

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.

For patients with a high risk of hospital admissions, such as some older people and people with long-term conditions, there was evidence of care plans and patient involvement in agreeing these.

Patient/carer support to cope emotionally with care and treatment

There were notices in the patient waiting area and the practice website also told people how to access a number of support groups and organisations. Patients were able to be referred to Lambeth Primary Care Psychological Therapies Service for common psychological problems including depression, stress and anxiety.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer, and they were referred to organisations that could provide support to them.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

We saw evidence that the practice management team involved the patient participation group (PPG) in the development of their patient survey and action plans in response to the feedback received.

The provider employed a director of patient experience, engagement and community participation, who worked closely with the PPG to ensure the practice understood more about what was important for patients. The director also supported the PPG to expand their scope of participation and nurture a more active PPG. The PPG had a dedicated noticeboard in a prominent area in the practice waiting area, which displayed information about events organised by the group.

Since July 2014, the practice had been supporting the PPG to organise and provide Saturday drop in sessions. The practice also responded to feedback and matters raised by PPG members. For example, the director of patient experience told us that from January 2015, the practice intended to start running workshops about the relationships between medicines and diet. This was in response to a request made by a PPG member who was a vegan. Other sessions the practice planned to run in response to PPG feedback included a session using a specific health app (for mobile phones and devices), a session on what works well and what doesn't work so well in electronic prescribing led by a local pharmacist.

PPG members with a health background were also being encouraged to become practice participation champions, with the aim that they will be supported to gain facilitation skills to effectively lead sessions in the future.

The practice GPs were strongly involved and engaged with their local clinical commissioning group (CCG). One of the practice partners is a governing member of the Lambeth CCG and was also the Clinical Lead for the CCG's working

group on its Primary Care Development Plan. One of the practice's GPs was also an 'Emerging Leader' within the CCG, a voluntary role which involved taking forward and leading on locality priorities and initiatives.

Tackling inequity and promoting equality

The practice had access to online and telephone translation services and most of the GPs, a practice nurse and several members of the reception team spoke a second language. Languages spoken by the staff team included Arabic, Chinese, Spanish, Ga and Twi (Ghanaian languages), Polish and Urdu. Information about additional languages spoken by the practice staff was clearly provided on the practice website in the section about their staffing.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed, and records showed that they had completed the equality and diversity training in the last 12 months.

The premises and services had been adapted to meet the needs of people with disabilities. There was a suitably adapted entrance and lift access to the practice premises from street level, disabled toilet facilities, and corridors and consultation / treatment rooms were able to comfortably accommodate wheelchair users.

The practice maintained a register of people who may be living in vulnerable circumstances, and there was a system for flagging vulnerability in individual record. People were able to easily access the practice, as they provided a walk-in service for the local CCG area. People not registered at the practice were able to access appointments through the walk in services available.

Patients with complex needs were discussed at clinical meetings and they were assigned a named GP, to ensure they received continuity of care.

Patients who required treatment following substance misuse could receive treatment at the practice, at a once weekly clinic run by the local NHS substance misuse team.

The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for their patients with a learning disability. The service is intended to reduce the incidence of co-morbidities and premature deaths for people with learning disabilities. The DES is designed to encourage practices to identify patients aged 14 and over with the most complex needs and offer them an annual health check as well as a health action



Are services responsive to people's needs?

(for example, to feedback?)

plan. As part of this service, the practice maintained a register of patients with learning disabilities. For the 2013 /14 year, there were 13 patients on the register, and 10 of them had had an annual health check completed with them. At the time of our inspection in November 2014, nine of the 15 patients on the learning disabilities register for the 2014 / 15 year had received an annual health check.

Access to the service

The practice was based on the first floor of the building, and was accessible by stairs and lifts from the ground floor. The practice waiting area was shared with another GP practice. There was clear signage indicating to patients where to go to access each GP service.

There were patient toilet facilities, including a disabled toilet and baby changing facilities. The consultation and treatment rooms were spacious with room for baby pushchairs and wheel chair access.

Appointments are available at Streatham High Surgery 08.00am to 8.45pm on Mondays to Thursdays, 08.00am to 6.30pm on Fridays, and 09.30am to 12.00noon on Saturdays. There was comprehensive information on the practice website explaining to patients how best to be seen depending on the condition they have selected. The practice had been providing the longer surgery opening hours for a number of years, even before the introduction of this as an enhanced service to their contract. The extended hours provided at the practice were also above the requirement set out in their contract.

The practice offered a range of online services, which were also available via smart phone app: appointments booking, repeat prescription requests, change of personal details, and view of medical records. Patients were able to use a computer provided in the practice reception area to access the practice's online services.

The practice operated a telephone triage system for patients who needed urgent appointments. A triage doctor was on duty during morning surgery and could discuss needs with the patients and determine if an urgent appointment was required.

Home visits were provided to patients who were unable to visit the practice. Home visit requests were passed on to the duty doctor, who would call the patient back to discuss their needs and make sure that a home visit was the most suitable service for them.

The practice provides a walk in service for other patients (not registered with them) between 11am and 8pm on weekdays.

When the practice was closed, their answerphone message directed them to the number to call for out of hours services. Information about out of hours services was also available on the practice website.

The practice's most recent survey, of 258 patients, undertaken with the practice's patient participation group (PPG), was conducted between February 26th and March 20th 2014. The survey results showed patients were satisfied with the service they received in terms of access. Of the respondents, 88% said they were able to see a doctor or nurse on a day convenient for them over the past 12 months. Nearly half of respondents said they had a particular doctor they preferred to see, and more than half of those with a preference were able to see their doctor of choice. Very few respondents reported having difficulty using the various access services available, such as getting through on the telephone, speaking with doctors and nurses on the phone, and obtaining repeat prescription. However respondents did not appear to be making strong use of online services with about half of respondents not having tried using online repeat prescription ordering, and online appointments booking and cancellations.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

We saw that information was available to help patients understand the complaints system, which was set out in a complaints leaflet, and was available in the practice and on their website. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the 11 complaints received in the last six months and found these were satisfactorily handled, dealt with and responded to in a timely way. There was openness and transparency with dealing with the complaints, and learning from complaints were shared with the staff team.

Are services well-led?

Outstanding



(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, promote good outcomes for patients, teach and train other healthcare professional which was reflected in their ethos. The practice ethos was clearly articulated on their website and in their Statement of Purpose.

All the members of staff we spoke with knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

There was a senior management team in place with leadership responsibilities across all of the provider's locations (practices). The senior management team had oversight of policies and procedures required and implemented across the organisation. All staff had access to the organisation's policies and procedures which were held electronically on a shared computer drive. We looked at a number of policies and procedures and staff explained the process in place to ensure all staff read relevant policies and procedures for their roles. All the policies and procedures we looked at had been reviewed and were up to date.

The practice has ISO 9001:2008 certification for its quality management system. This meant they followed globally recognised quality management principles which influenced how they operated the practice including the creation and revision of policies and procedures, audits of systems and processes and maintaining patient focus.

The practice achieved the Royal College of General practitioners (RCGP) Quality Practice Award (QPA) in 2013. The award is given to general practitioner practices in the United Kingdom to show recognition for high quality patient care by all members of staff in the team. The QPA is the highest attainable award from the RCGP, and recognises practice teams who have demonstrated both clinical and organisational excellence in the delivery of primary care. The leadership team told us they were particularly proud of this achievement and that it had required the involvement of the entire staff team, clinical, management and supporting staff.

The practice also has an Investor in People (IIP) award. The IIP is an accreditation that recognises the work an organisation does in empowering its employees to be at their best.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, they completed regular clinical audits to improve outcomes and they showed us examples of these. The practice also had input from their medicines management advisor in their local clinical commissioning group regarding medicines audits to be completed during the year.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed the practice was performing exceptionally high compared with local and national average practice performance, achieving an overall score of 99.9% in the 2013 /14 year. We saw that QOF data was regularly discussed at the weekly clinical meetings, staff had delegated responsibilities in supporting improved performance, the practice used a quality dashboard to gain an overview of their performance on an ongoing basis, and action plans were produced to maintain or improve outcomes.

The practice used a recall system which included the use of text messaging to invite patients to make overdue appointments, and letters were sent to patients who had not responded to the first invitation. Text messaging and letters were sent to relevant patients on a weekly and monthly basis respectively.

Leadership, openness and transparency

We saw from minutes that there were weekly clinical meetings and twice monthly practice team meetings. 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. They told us the meetings were also a helpful forum for sharing news and best practice.

Clinical meeting were held twice a week in the practice, and attended by the GPs, healthcare assistants, and the nurses. The clinical meetings were used as a forum to discuss difficult cases, and any attendee was able to add agenda items to the meeting for discussion. Other health professional were also invited to the clinical meetings as appropriate, such as community matrons and health visitors. Clinical meetings were also used as a teaching

Are services well-led?

Outstanding



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

opportunity for GP students, who were invited to offer their opinion on the clinical cases discussed, and encouraged to consider innovative solutions to addressing the cases presented. The clinical team also used this meeting to discuss relevant published articles from clinical journals.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through national and practice surveys, and complaints received. We looked at the results of the latest practice patient survey, and found that although patients were generally satisfied with the services, they had made a number of suggestions for improvements. The practice had developed an action plan in response to this feedback, which it was implementing. These included offering alternative methods of GP consultations such as telephone and / or video consultations, increasing patient awareness regarding seeing a clinician of their choice and preference and increasing and maintaining the uptake of online appointments booking and online ordering of prescriptions.

The practice had an active Patient Participation Group (PPG) which has steadily increased in size. The PPG included representatives from various population groups; including different age groups and employment status. The practice responded to feedback and matters raised by PPG members. For example, since July 2014, the practice had been supporting the PPG to organise and provide Saturday drop in sessions where health topics and relevant services were discussed and promoted.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

There were twice monthly practice meetings, and minutes of these meetings were recorded. The staff discussed a range of practice management issues at these meetings including their QOF performance, practice and policy changes, and significant events.

Management lead through learning and improvement

Newly employed staff received a three month induction programme, and were supported by an induction mentor. Induction plans were prepared for new staff, which they had input into developing, and were able to state their learning needs. Staff we spoke with told us they felt well supported in their roles and in their career development.

Salaried GPs in the practice received twice a week supervision sessions, and trainee GPs had daily debrief sessions with the senior GPs. One of the salaried GPs in the practice was the training lead.

Staff in the practice received on-going support through quarterly one to one meetings and annual appraisals, and we saw records that confirmed this. Staff also told us they were able to approach their managers for meetings as needed to discuss any pertinent matters.

Streatham High Surgery is an approved training practice for GP Registrars, Foundation Year 2 Doctors and Trainee Nurse Practitioners.

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