

# The Chislehurst Medical Practice

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		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 Chislehurst Medical Practice on 23 August 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 a system in place for reporting and recording significant events; however we found some incidents that could have been classed as significant events which may have led to further learning.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There was one area of outstanding practice:

- The Bromley borough was first in Europe to pilot a diabetes prevention programme for obese patients where these patients were referred to an intensive lifestyle intervention delivered by a private provider. Out of the 14 practices which participated in Bromley the practice had the highest number of referrals (28 patients; 17% of total referrals) with an uptake of 89% (25 patients). Following the programme eight patients (38%) were no longer at risk and nine patients (43%)

# Summary of findings

had reduced their risk. Due to the success of this programme Bromley (along with 12 other South London boroughs) was the first area in the UK to roll out the National Diabetes Prevention Programme.

There were areas of practice where the provider should make improvements:

- Review practice policies and procedures to ensure where appropriate, incidents are considered as significant events and that the recording of significant events is improved.

- Review practice procedures to ensure there is a system in place to monitor implementation of medicines alerts.
- Review practice systems to ensure that lessons are learned from complaints and that they are shared with all relevant staff.

**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.

Good



- There was a 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP Patient Survey showed patients rated the practice at or above average for many 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.

# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However we saw no evidence to indicate that there was learning from complaints and that it was shared with relevant staff.
- The practice had a Patient Liaison Officer (PLO) who contacted patients who had a recent discharge from hospital to ensure their needs were being met including any changes to their medicines regime.
- The practice provided minor surgical procedures including coil fitting and joint injections which reduced the need for referrals to hospital.

## Are services well-led?

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

Good



- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity 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 GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice GPs provided care for four local nursing/residential homes supporting the needs of 113 residents.
- The practice had alerts in their computer system for housebound patients and for patients who were at risk of hospital admission.
- The practice had a Patient Liaison Officer (PLO) who contacted patients who had a recent discharge from hospital to ensure their needs were being met including any changes to their medicines regime.

### 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 national Quality and Outcomes Framework (QOF) data showed that 80% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 90% which was above the CCG average of 86% and in line with the national average of 88%.
- The national QOF data showed that 76% of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- The practice had piloted a happiness project to help improve the health, wellbeing and happiness of patients with long-term conditions.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice patients had access to antenatal and postnatal care through midwife led clinics.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- In the past five years 5320 patients (aged 40-74) had been invited for NHS health checks and 85% (4516 patients) had attended.
- The practice was part of local GP Alliance and provided further appointments seven days a week through primary care hubs which could be booked in advance; this was suitable for working age people who could not attend in the normal working hours.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 81% (13 patients) of 16 patients with learning disability had received a health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

Good



- The number of patients with dementia who had received annual reviews was 84% which was the same as Clinical Commissioning Group (CCG) average and national average of 84%.
- 95% of 99 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 84% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.

# Summary of findings

- Counsellors provided bi-weekly clinics at the practice which made it easier for local patients to attend.

# Summary of findings

## What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Two hundred and fifty four survey forms were distributed and 114 were returned. This represented approximately 1% of the practice's patient list.

- 75% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 70%, national average of 73%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 26 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 12 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# The Chislehurst Medical Practice

## 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 advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to The Chislehurst Medical Practice

Chislehurst Medical Practice provides primary medical services in Chislehurst to approximately 15000 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the second least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children is in line with the CCG and higher than national average and the practice population of working age people is lower than the CCG and national averages; the practice population of older people is higher than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded 60% are white British or mixed British, 8% are other white and 2% are British Indian.

The practice operates in purpose built premises. All patient facilities are wheelchair accessible. The practice has access to eight doctors' consultation rooms, two nurse/healthcare assistant consultation rooms and one minor surgery treatment room on the ground floor.

The clinical team at the surgery is made up of two full-time male GPs who are partners and five part-time GPs (two male and three female) who are partners, two part-time female salaried GPs, one part-time female nurse practitioner, four part-time female practice nurses and two part-time female healthcare assistants. The non-clinical practice team consists of a practice manager, a deputy practice manager and 26 administrative and reception staff members. The practice provides a total of 56 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee doctors, medical and nursing students.

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday and Friday and from 8:00am till 8:00pm on Tuesday and from 7:00am till 8:00pm Wednesday and Thursday. Appointments are available from 9:00am to 11:30am and 3:00pm to 5:30pm every day. Extended hours surgeries are offered on Tuesdays to Thursdays from 6:30pm to 8:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Bromley CCG. The practice is part of a local GP Alliance which provides further appointments seven days a week through Primary Care hubs which could be booked in

# Detailed findings

advance. (Primary Care hubs provide patients' with access to a GP seven days per week, where the clinician has, with patients' consent, full access to their GP records which allows a full general experience.)

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury, family planning and surgical procedures.

## 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. 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.

## 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 23 August 2016.

During our visit we:

- Spoke with a range of staff including four reception and administrative staff, the practice manager, deputy

practice manager, four GPs, two practice nurses and healthcare assistant and we spoke with 12 patients who used the service including three members of the practice's Patient Participation Group (PPG).

- 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 a 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 practice carried out analysis of the significant events and maintained a log on the computer system; however they were not recorded in a detailed manner. Some of the incidents could have been classed as significant events. For example, a patient had a deep scratch in the leg after vaccine administration, the practice had not considered this as a significant event; the practice had a complaint in relation to this which was appropriately responded to.
- For vaccine related significant events the practice had contacted the manufacturers to obtain advice and acted appropriately; however they did not report these incidents to National Reporting and Learning System (NRLS).
- The practice had no formal system in place to monitor implementation of medicines alerts; however we saw evidence of the implementation of three recent medicines alerts.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had complained they had not received their prescription at their requested pharmacy. The practice investigated this incident and found that the prescription was sent to a different pharmacy by error. The practice discussed this incident with reception and administrative staff and advised them to take extra care when filing prescriptions for pharmacies. The practice contacted the patient, explained the incident and apologised. The patient agreed to collect their prescription from the other pharmacy.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.
- Notices in the clinical rooms 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 check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are

## Are services safe?

written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The practice had a system for the production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (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 five 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. The practice occasionally used locum GPs and checked that the locum agency had completed the required pre-employment checks.

### Monitoring risks to patients

Risks to patients were mostly assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. They also had identified fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (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 that enough staff were on duty.

### 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. The practice had panic buttons installed in the reception and all the consulting rooms.
- All staff had received annual basic life support training; 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. A first aid kit and accident book was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and included premises and clinical risk assessments. 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.

- 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 peoples' needs.
- 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 98.1% of the total number of points available, with 9.9% clinical exception reporting. During the visit we reviewed a sample of records of patients who had been reported as an exception and found that it was appropriately reported. (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.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 80% (7.6% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 90% (9.2% exception reporting) which was above the CCG average of 86% and in line with the national average of 88%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (50% exception reporting), which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 99% (6.6% exception reporting), which was in line with the CCG average of 97% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 95% (36% exception reporting) of patients a comprehensive agreed care plan in the last 12 months compared with the CCG average of 85% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 84% (37.4% exception reporting) which was in line with the CCG average of 84% and national average of 84%.
- The national QOF data showed that 76% (13.3% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 75%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 91% (15.7% exception reporting) compared with the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits carried out in the last two years, two of these were completed audits where improvements made were implemented and monitored.
- For example, an audit of patients taking medicines to control their hormone levels was undertaken to ascertain if these patients had appropriate hormone levels. In the first cycle the practice identified 33 patients with inappropriate hormone levels. These patients were then invited for a medicines review and the dosage of their medicines was adjusted. In the second cycle, after changes in practice had been implemented, all the patients had appropriate hormone levels.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

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

- The practice had a comprehensive induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support. The practice had a staff handbook which detailed the practice's policies and procedures.
- 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. Staff administering vaccines and taking samples for the cervical screening programme 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. In addition to external appraisals salaried GPs had a yearly internal appraisal performed by the GP partners.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a Patient Liaison Officer (PLO) who contacted patients who had a recent discharge from hospital to ensure their needs were being met including any changes to their medicines regime. They also provided administrative support for GPs by sending out care plans and acted as a contact point for patients.
- During 2015/16 the practice had the lowest accident and emergency attendance compared to other practices in the local Clinical Commissioning Group (CCG); they were also one of the lowest in the CCG for emergency admissions related to Chronic Obstructive Pulmonary Disease (COPD).
- The practice was the first in the local CCG to start scanning patient records and they had developed an in house electronic document management system since 1996.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had bi-monthly clinical meetings which involved all clinical staff where they discussed clinical issues and significant events. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. The practice also had bi-monthly practice nurse meetings which involved GPs, practice nurses and healthcare assistants where they discussed practice nurse specific clinical issues.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, 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.

# Are services effective?

## (for example, treatment is effective)

- We found that the consent systems to obtain consent for minor surgical procedures were satisfactory.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.
- The Bromley borough was first in Europe to pilot a diabetes prevention programme for obese patients where these patients were referred to an intensive lifestyle intervention delivered by a private provider. Out of the 14 practices which participated in Bromley the practice had the highest number of referrals (28 patients; 17% of total referrals) with an uptake of 89% (25 patients). Following the programme eight patients (38%) were no longer at risk and nine patients (43%) had reduced their risk. Due to the success of this programme Bromley (along with 12 other South London boroughs) was the first area in the UK to roll out the National Diabetes Prevention Programme.
- The practice had piloted a happiness project to help improve the health, wellbeing and happiness of patients with long-term conditions. The project aimed to improve patients' independence and to support to look after themselves rather than relying on health services. The patients chose different goals as part of this project for example getting out in the community more,

attending clubs and gaining confidence. Following this pilot 19 out of 20 patients improved their happiness rating score. This project was led by the practice healthcare assistant and enabled them to understand the complex issues faced by housebound and elderly patients which resulted in personalised care and effective signposting to community services.

- The practice was proactive in screening patients with infections related to sexual health and had significantly improved in screening these patients in the last year.

The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 76% compared with 74% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 62% compared with 58% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 76% to 97% and five year olds from 86% to 96%. Flu immunisation rates for diabetes patients were 93% which was above the CCG and national averages.

# 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.

- 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 26 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 12 patients including three members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the practice were in line with the local and national averages. For example:

- 87% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 88%; national average of 89%).
- 83% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 with GPs. The practice was in line with or above average for consultations with GPs and nurses. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3.8% (555 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- The practice offered double and triple appointments for patients when required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had a pram/buggy parking area inside the surgery.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The staff handled all phone calls away from the reception area; this allowed reception staff to spend more time to answer patient queries.
- Counsellors provided bi-weekly clinics at the practice which made it easier for local patients to attend.
- The practice had a Patient Liaison Officer (PLO) who contacted patients who had a recent discharge from hospital to ensure their needs were being met including any changes to their medicines regime. They also provided administrative support for GPs by sending out care plans and acted as a contact point for patients.
- The practice had the practice leaflet and complaints procedure available in three languages commonly used locally- Turkish, Polish and Bengali. They also had a wide range of information leaflets for patients which provided local support information.
- Patients could electronically check in on the touchscreens available in the reception area. The reception area had screens which showed practice procedures and local support information.
- The Patient Participation Group (PPG) hosted a weekly walking group since 2013 for which 42 people had signed up; around 25 to 29 walkers regularly attended

the weekly walks and they were popular among patients as they provided an opportunity to make new friends and socialise with other members. The walking group was led by trained leaders. The PPG had also organised Christmas dinner for walkers for the last three years. The PPG had also volunteered for example to help in flu clinics.

- The practice offered a text messaging service which reminded patients about their appointments. They also obtained patient feedback through text messaging.
- The practice provided minor surgical procedures including coil fitting and joint injections which reduced the need for referrals to hospital.

### Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 9:00am to 11:30am and 3:00pm to 5:30pm daily. Extended hours surgeries were offered on Tuesdays to Thursdays from 6:30pm to 8:00pm and on Wednesday and Thursday from 7:00am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had an open access surgery Monday to Friday between 5:00pm and 6:30pm which was run by the duty doctor. The practice was part of a local GP Alliance which provided further appointments seven days a week through primary care hubs which could be booked in advance. (Primary Care hubs provide patients' with access to a GP seven days per week, where the clinician has, with patients' consent, full access to their GP records which allows a full general experience.)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local average and in line with national average.

- 77% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 72%; national average of 76%).
- 75% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 69% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

# Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them.

## **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 looked at 23 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We

saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. However we saw no evidence of lessons learnt from concerns and complaints; however actions were taken as a result to improve the quality of care. For example, the surgery had misspelt a patient's name in their record due to an administrative error. The practice investigated this incident and found that the name was incorrectly recorded during a recent amendment from NHS England. The practice discussed this incident with the reception staff, corrected this error and apologised to the patient.



# 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 waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had leads assigned for clinical and administrative areas.
- Practice specific policies were implemented and were available to all staff. They had a intranet computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- A senior partner was the chair for the Bromley GP alliance. The practice manager was the practice manger lead for the Bromley GP alliance and provided back office support in running the alliance three days a week with the help of an apprentice recruited by the Alliance.
- The practice had a monthly partners meeting with the GP partners, practice manager and deputy practice manager where they discussed management issues and strategy.
- The practice also had reception and administration team meetings on an ad-hoc basis.
- There was a programme of continuous clinical and internal audit which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.
- The practice funded training for members of staff to perform more senior roles. For example the practice funded a practice nurse to become a nurse practitioner.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

### 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. The practice had an active PPG with 12 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. As a

# Are services well-led?

Good 

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

result of these proposals, changes had been implemented. For example, staff started wearing name badges; the practice improved its telephone system and refurbished patient toilets. The PPG newsletter had local support information on healthy living and for people with long term conditions

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the Bromley borough was first in Europe to pilot a diabetes prevention programme for obese patients where these patients were referred to an intensive lifestyle intervention delivered by a private provider. Out of the 14 practices which participated in Bromley the practice had the highest number of referrals (28 patients; 17% of total referrals) with an uptake of 89% (25 patients). Following the programme eight patients (38%) were no longer at risk and nine patients (43%) had reduced their risk. Due to the success of this programme Bromley (along with 12 other South London boroughs) is the first area in the UK to roll out the National Diabetes Prevention Programme.