

Elm Lodge Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Elm Lodge Surgery on 10 May 2016. Due to unforeseen circumstances, not related to the practice, we undertook a second visit on 7 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients relating to infection control, supply of emergency medicines and recruitment of staff were not consistently 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. Though some staff were missing some mandatory training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most 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.
- With the exception of the practice's stock of emergency medicines the practice had good facilities and was well equipped to treat patients and meet their needs; though we also found that equipment in doctor's bags had not been calibrated.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients and we saw evidence that they would act on this where practicable.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider **must** make improvement are:

Summary of findings

- Ensure that arrangements are in place to identify and mitigate infection control risks.
- Ensure that the practice has a stock of emergency medicines that reflect current guidelines.
- Ensure that all staff complete mandatory training in accordance with current guidance including but not limited to safeguarding, basic life support training and infection control.
- Ensure that all clinical equipment is regularly calibrated.

The areas where the provider **should** make improvement are:

- Review the practice's chaperoning policy and ensure that staff are chaperoning in accordance with current guidelines.
- Review patients with a view to increasing identification of those with Chronic Obstructive Pulmonary Disease.
- Ensure that appropriate pre-employment recruitment checks are completed for all 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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however there was no evidence of child safeguarding training for one of the nurses.
- We saw evidence that most risks to patients were assessed and well managed. However not all infection control risks had been adequately addressed, the practice's stock of emergency medicines did not reflect current guidelines and the practice's recruitment processes were not consistently applied.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most 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. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- Though there were arrangements to monitor and improve quality; the practice's processes were not sufficiently robust to ensure that all risks were identified and adequately addressed.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- 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 had a dedicated elderly care nurse who conducted holistic health assessments for housebound patients over 65 and those over 80 as part of a local scheme within the CCG.
- The healthcare assistant at the practice had been trained as Primary Care Navigator who would undertake holistic reviews of patients to ensure that their social, as well as health needs, were being addressed.
- The practice hosted an osteopath.
- The practice PPG established an art group based at the practice which was open to all patients; though a large proportion of participants were older people.
- The practice provides GP services for residents at a local sheltered housing service.

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. For instance one of the nurses specialised in the management of diabetic patients and another in chronic obstructive pulmonary disease.
- The practice performed similar to national averages in the management of its diabetic patients.
- The practice carried out ambulatory blood pressure monitoring and had provided this service for the whole locality.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice hosted staff from a charity which provides advice on managing long term conditions who ran two educational sessions at the surgery. The practice told us that the patients who attended these sessions planned to continue to meet regularly.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was comparable to national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- One of the practice nurses was engaged with a local project to develop children's services and organised training for the practice reception team to enable them to respond to the specific needs of children of all ages.

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.
- The practice participated in establishing an extended access centre in conjunction with other practices in the federation and were able to refer patients to this service between 8am and 8pm 7 days per week.
- The practice provided a web triaging service through their website with a response time of 24 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 those with a learning disability. The practice would enable homeless patients to register using the practice address.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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



- 72% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the national average.
- Other mental health indicators were comparable to local and national averages.
- The practice regularly worked with other organisations in the case management of patients experiencing poor mental health, including those with dementia; including a national dementia charity.
- 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.
- The practice hosted a monthly carer support group run by a national dementia charity.

Summary of findings

- The practice hosted a counselling service that patients could be referred to.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty nine survey forms were distributed and one hundred and five were returned. This represented 1.3% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards of which 31 were exclusively positive with patients commenting on the high standard of care provided by the practice staff and the ease of access to same day appointments. Most of the remaining 7 comment cards also supported this view though some of these patients did raise issues with difficulties in getting an appointment and that staff were sometimes not very friendly.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two of the patients mentioned that on occasion they were not able to get a same day appointment when required.

Outstanding practice

Elm Lodge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The first part of our inspection, carried out on 10 May 2016 was led by a CQC Lead Inspector and the team included a practice manager specialist adviser and an Expert by Experience. The second part of the inspection was completed on 7 June 2016 and was led by a CQC Lead Inspector and a GP specialist advisor.

Background to Elm Lodge Surgery

Elm Lodge Surgery is part of Southwark Clinical Commissioning Group (CCG) and serves approximately 7700 patients. The practice is registered with the CQC for the following regulated activities; surgical procedures, diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and family planning.

The practice population is largely reflective of national averages in terms of age. The practice is located in an area ranked within the third least deprived decile on the Index of Multiple Deprivation Scale.

The practice is run by two male GP partners and one female partner. The practice has one salaried GP and one GP who provides a weekly dermatology clinic. There are three nurses and one nurse practitioner, a diabetes specialist nurse and an elderly care nurse. The practice has a healthcare assistant. The practice is a teaching practice but there were no students on placement at the time of our inspection. The practice offers 23 GP sessions and six Advanced Nurse Practitioner sessions per week.

We were informed that the practice had experienced challenges following the departure of the former practice manager two years ago which related to practice finances and a high rate of staff turnover.

The practice is open between 8.00 am and 6.30 pm Monday to Friday. The practice offered both booked and emergency appointments.

The Elm Lodge Surgery operates from 2 Burbage Road, Southwark; London, SE24 9HJ which are purpose built premises owned by one of the current partners and two former partners. The service is accessible for patients with mobility problems. The practice was located over two floors with consulting and treatment rooms available on the ground floor.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

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). These are: childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, improving patient online access, influenza and pneumococcal immunisations, minor surgery, patient participation, rotavirus and shingles immunisation and unplanned admissions.

The practice is a member of GP federation Improving Health Limited.

Detailed findings

Why we carried out this inspection

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

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 10 May 2016. Due to unforeseen circumstances, not related to the practice, we were also required to undertake a second visit on 7 June 2016. During our visit we:

- Spoke with a range of staff including GP's, nursing staff, health care assistants, practice management and reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and would make a record of the significant event or provide verbal information to the practice manager who would then document this. The incident reporting system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed an incident involving blood test results which indicated a potentially serious condition not being communicated to a patient in a timely manner. The practice identified failings both at the local hospital and the way abnormal results were received from secondary care when abnormalities were identified. The issue had also arisen, in part, as a result of a member of the nursing staff requesting blood tests for conditions that lay outside of their areas of competence and because of lack of sufficient training within the reception team. The practice liaised with the hospital and advised all GPs to carefully scrutinise results that came back flagged as abnormal. Nursing staff were to direct patients to make an appointment with a GP if blood tests were required for assessment of conditions outside their normal scope of practice. Reception staff were provided with training on handling patient blood results.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. One of the nursing staff had only received level 1 child safeguarding. We were told that this staff member did not consult with children; though it was acknowledged that children may be present during consultations with adult patients. We were provided with evidence that this training was completed on 16 June 2016.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). One member of staff we spoke with who acted as a chaperone did inform us that they did not adhere to the recommended approach for observation. The practice told us that they had misunderstood current chaperoning guidance and would take immediate action to rectify this issue.
- We observed the premises to be clean and tidy in the majority of areas we reviewed. However we found that the patient toilets had cobwebs around the ceiling, dust on the blinds and that flooring was coming away from the wall which presented an infection control risk. The pull cord for the light in the staff toilet was visibly dirty and the ceiling fan in the staff toilet was covered with a thick layer of dust. We raised these issues at the time of our first visit and found that the concerns in respect of the patient toilet had been addressed by the time of our

Are services safe?

second visit but the issues in the staff toilets had not. Clinical areas were largely clean and tidy though we found several fabric chairs within consulting areas that were dirty and frayed. We also viewed the practice's cleaning supplies and found that buckets and mops had been left outside and stagnant rain water had collected within the buckets. These had not been moved at the time of the second inspection. We were informed by the practice manager that the mops had previously been stored indoors but that this has caused a foul odour as there were no storage areas that were ventilated. We received confirmation from the practice's cleaning supplier that all cleaning equipment would be stored indoors and that mop heads would be disposed of after each use to prevent any odour. One of the practice nurses 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 though all staff whose files we reviewed had received training; some of this was completed in 2014. The practice informed us that they would arrange for one of the nurses to provide update training subsequent to our inspection and we received confirmation that this was later completed. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice were unable to provide evidence of Hepatitis B immunity for a member of the nursing staff though this was provided after our inspection. One of the partners also had no immunity to Hepatitis B. We were told that this doctor had been vaccinated a number of times but that each attempt at immunisation had been ineffective. We were told that testing would be arranged for the nurse and that they would again attempt to vaccinate the partner using an alternative vaccine.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were sufficient to ensure patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). In respect of the practice's emergency medicines, we found that although the practice's anaphylaxis kits contained adrenaline they did not include chlorphenamine (antihistamine) and hydrocortisone (used to treat inflammation). 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. The healthcare assistant had only administered two vaccinations since starting at the practice. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for most staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However there was no application form or CV detailing prior employment history and no proof of identification for one of the nurses appointed in October 2015. We were told by the practice manager that this staff member had been referred to the practice by a GP partner from another surgery who they worked with through the local federation. Proof of identification for the nurse was supplied after the inspection in addition to a copy of the GP's CV.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment used within the practice

Are services safe?

was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However the clinical items that the GPs kept in their bags had not been calibrated. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control 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 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 majority of staff had received annual basic life support training though one member of reception staff, employed in October 2015, had no training and another member of staff, employed in September 2015, had not undertaken this training within the last 12 months. The practice provided us with confirmation that training had been booked for 13 October 2016. There were emergency medicines available in the treatment room though the practice did not have a supply of chlorphenamine (used to treat allergic reactions) and hydrocortisone (used to treat swelling or inflammation).
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 patients' needs.
- The practice monitored that these guidelines were followed through audits and 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% of the total number of points available with 6% exception reporting (patients exempted from QOF scoring).

The practice's exception reporting rate for patients with osteoporosis was high compared with the national average of 12%, but this was due to their very low number of such patients.

The prevalence of chronic obstructive pulmonary disease was a third of what was expected. The prevalence of coronary heart disease was 30 percent lower than expected. The practice said that they had undertaken some analysis as a result of this and attributed this to the affluence within the area and the lower numbers of smokers that they had on their register.

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 similar to the national average with 89% of these patients having received an influenza immunisation compared with 94% nationally and 96% having had a foot examination within the last 12 months compared with 88% nationally.

- Performance for mental health related indicators was similar to the national average. for instance those patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in their records within the last 12 months was 94% compared to 88% nationally. The percentage of patients with dementia who had a face to face review within the preceding 12 months was 72% compared with 84% nationally.

There was evidence of quality improvement including clinical audit.

- We reviewed two clinical audits completed in the last two years; both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one audit related to patients taking minocycline for the treatment of acne. Patients taking this medication were contacted and advised to change to the preferred alternative lymecycline. A repeat audit showed that they all had done so. A second audit we reviewed aimed to reduce the risks of myopathy (disease of muscular tissue) in patients taking amlodipine (used to treat high blood pressure and coronary artery disease) in conjunction with simvastatin (used to lower cholesterol). The audit targeted patients on standard doses of simvastatin and aimed to ensure that they reduced to a lower dose. When the practice carried out subsequent audits they found the number of patients at risk had reduced substantially.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- 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, those who suffered from chronic pain or from skin complaints.

Are services effective?

(for example, treatment is effective)

- 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 training provided by the locality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate clinical training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff who had been employed with the organisation for over a year had received an appraisal within the last 12 months.
- The majority of staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those with mental health problems and those at risk of developing a long-term condition. Patients were signposted to relevant services.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% 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 demonstrated how they encouraged uptake of the screening programme by using interpreters and information for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and would follow up those patients who failed to attend with text messages.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 96% and five year olds from 83% to 95%.

The practice used text messaging software to facilitate campaigns to promote flu vaccinations, child immunisations and smoking cessation.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, when requested, and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

Thirty one of the 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. The seven cards which contained mixed feedback broadly aligned with this view though there were some comments related to the availability of appointments and others stated that some staff were not always caring in their approach.

We spoke with one member of the patient participation group (PPG). 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 patients felt they were treated with compassion, dignity and respect. The practice was at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of patients as carers. The practice referred patients to a local carer support service and hosted a monthly support meeting

held by a national dementia charity for those supporting people with this condition. 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 contacted 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 by giving them advice on how to find a support service. Bereaved patients would also be asked to attend the practice's art group or, if appropriate, could be referred to their elderly care nurse.

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. For example the practice referred newly diagnosed diabetic patients to a CCG sponsored educational programme which aimed provide self-management techniques and advice to enable patients to manage their condition more effectively.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs made it difficult for them to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. We were told by one patient that two years prior when they had tried to obtain a same day appointment for a child with a fever they were told that they had to attend the Extended Access Service. When we raised the issue with the practice manager we were told that it was practice policy to send children who required same day treatment to the Extended Access Service as most parents and guardians preferred this option. However the practice manager confirmed that they would inform reception staff that they were to only book the Extended Access Service for urgent paediatric cases when this was the preference expressed by the parent.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The healthcare assistant at the practice had been trained as Primary Care Navigator who would undertake holistic reviews of patients to ensure that their social, as well as health needs, were being addressed.
- The practice's diabetes specialist nurse provided evidence of a number of health promotion schemes that they had initiated. For example the practice piloted healthy walking groups in the early 1990s and, after approaching the local authority, produced a brochure which provided advice on how to walk safely after

cardiac events and included maps of three walks in the local area. The nurse then approached a local park ranger who agreed to offer a series of lead walks in the area. A walking group is still held by the practice every week.

- This nurse had also arranged for a series of local supermarket tours for diabetic patients which provided advice on how to choose and cook healthier foods. This was subsequently adopted across the CCG.
- The practice PPG ran an art group on the practice premises.

Access to the service

The practice was open between 8.00 am and 6.30 pm Monday to Friday and appointments were available during these times. In addition to pre-bookable appointments that could be booked up to between two and four weeks in advance. Urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

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

The practice had a system in place to assess:

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

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

Same day appointments were given on a first come first served basis to those patients who deemed themselves to be in need of emergency treatment. Once all same day slots had been taken reception would take details of the patient requesting urgent medical attention and the

Are services responsive to people's needs?

(for example, to feedback?)

patient would be placed on a triage list. The duty doctor would call the patient back, assess the urgency of the problem and either provide the patient with an appointment at the end of surgery, refer them to the pharmacist or provide them with an appointment at the extended access hub. All staff were aware of when it was appropriate to refer patient to accident and emergency.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system including a complaint leaflet that was kept at the front desk.

The practice had received twelve complaints received in the last 12 months. We found the complaints we reviewed to have been acknowledged within an appropriate timeframe, that responses addressed concerns and offered apologies where appropriate and that information was given to patients on how to take complaints further if they were dissatisfied with the practice's response. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had received a comment through NHS choices which stated that they found some of the female clinical staff at the practice unsympathetic. This was discussed at a practice meeting and clinicians were reminded of the importance of showing empathy during consultations.

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 and staff knew and understood the values.
- The practice were aware of the challenges they faced and had a documented business strategy and supporting business plans in place which detailed how they intended to address these issues.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always sufficiently robust. For example, infection control arrangements did not always highlight areas for improvement or allow for monitoring and satisfactory recruitment checks had not been undertaken for a member of the nursing staff.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular monthly team meetings during monthly protected learning time. We were told that the practice did not all meet together but that information was effectively communicated between the reception and administrative team and the clinicians by the practice manager and deputy.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were able to contribute to decision making and identify opportunities to improve the service delivered by the practice.

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 PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG are involved in running the practice's art group. The group has approximately eight to twelve people attending these sessions.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Good 

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

any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice previously held designated asthma clinics during the week. The nursing team informed management that this created inflexibility for working patients with asthma. As a result the asthma clinics were stopped and patients could book in for an asthma appointment as and when required or arrange for annual reviews to be completed at a time convenient for them. Similarly the nursing staff identified that a large proportion of time was taken up administering travel vaccines at irregular intervals. Consequently the practice introduced a travel vaccine clinic in order to improve efficiency.

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:

- Using resources from the Prime Minister's Challenge Fund the practice have participated in setting up an extended access centre (open 8am-8pm 7 days a week) providing flexibility to those who can only seek medical advice outside working hours or at weekends.
- The practice was one of the first GP surgeries in the country to pilot the Expert Patient Programme; providing a six week course which aimed to enable patients with various long term conditions to better self-manage their illnesses. We were informed that some of the patients who met for these meetings had expressed an interest in continuing to meet on a regular basis after the course had completed. We saw evidence that one patient intended to undertake a self management course in September.
- One of the practice nurses was involved in the South East London Children & Young People's Health Project pilot which aimed to improve and promote health services for young people in Southwark and Lambeth including guidance on how to make the registration process easier for younger people and a tool kit which encouraged engagement with services in the voluntary sector.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in that:
Treatment of disease, disorder or injury	<ul style="list-style-type: none">• The practice's stock of emergency medicine did not reflect current guidelines• Action had not been taken to mitigate all risks associated with infection control.• Clinical equipment in GP bags had not been calibrated.• The practice had not conducted satisfactory pre-employment checks for every staff member.• Not all staff had completed mandatory training in accordance with current guidance.
	This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.