Dr Plana & Partners

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	Requires improvement
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Plana & Partners on 28 June 2016. We inspected the practice's main site at 71 Sherard Road SE9 6ER, and its branch sites at 444-446 Rochester Way SE9 6LJ and 115 Tudway Road SE3 9YX. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the 28 June 2016 inspection can be found by selecting the 'all reports' link for Dr Plana & Partners on our website at www.cqc.org.uk.

Since the 28 June 2016 inspection the registered provider has closed one of its branches, 444-446 Rochester Way SE9 6LJ.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 25 April 2017. The provider had made improvements in all the areas where issues were identified in the inspection on 28 June 2016. Overall the practice is now rated to requires improvement.

Our key findings were as follows:

- Data for 2015/2016 showed several patient outcomes were below local and national averages in relation to the Quality and Outcomes Framework clinical targets; the practice had not adequately addressed some of these areas in order to make improvements to patient outcomes. The practice provided evidence for, 2016/2017 that clinical performance had improved but this data had not been independently verified or published at the time of our inspection.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to the safe care of patients were now clearly monitored and managed.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients; however, the Patient Participation Group felt that some of the suggestions they made were not acted on. For example, they suggested the layout of the practice/reception area could be changed and a door put in, so that there is more privacy for patients when they are discussing issues.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.
- Systems and processes for ensuring all staff were suitably trained had been addressed and the practice had ensured that all staff had the necessary skills and competencies to carry out their role.
  - Audits had been conducted and we saw evidence audits had driven improvements to patient outcomes.
- The practice now had a policy to allow people with no fixed address to register as patients to receive on-going care at the practice.
- Immunisation rates were slightly below average for all standard childhood immunisations.
- The practice addressed difficulties in patients getting appointments by recruiting two salaried GPs, although it was too early to see if this improved patient feedback on access.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was slightly below local and national averages and had gone down in some areas since the previous GP patients survey.
- Extended hours were provided from 6.30 to 7pm on Tuesdays, Wednesdays and Thursdays, and from 9am to 12pm on Saturday. Patients also had access to weekend appointments at Greenwich Access Hubs.

The areas where the provider must make improvement are:

- Review ways to improve patient outcomes in long term conditions.

The areas where the provider should make improvement are:

- Review emergency medicines risk assessments to ensure all eventualities are considered.
- Ensure all working prescribers know where and how to check that monitoring tests are up to date.
- Review practice procedures to ensure that the suggestions made by the Patient Participation Group are acted on appropriately.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service, however outcomes are not clear yet.

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?

Good

The service is rated as good for providing safe services.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- All staff had undertaken adult and child safeguarding training relevant to their role and provided a good understanding of their responsibilities in relation to this.
- 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.
- Risks to patients were assessed and managed including appropriate recruitment checks for staff. However out of five recruitment files checked three (one non- clinical, two clinical) did not have proof of identity. The rooms where medical records were stored in the branch and main practice had no locks on the doors.
- The practice didn't have three emergency medicines, they had conducted a risk assessment. However the assessment failed to take into account where they could obtain the emergency medicine if the pharmacy next door to the practice was closed.

Are services effective?

Requires improvement

The service is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality and compared to the national average, and below for mental health, asthma and chronic obstructive pulmonary disease. The practice provided evidence for 2016/2017 that clinical performance had improved but this data had not been independently verified or published at the time of our inspection.
- 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.

Summary of findings

- Immunisation rates were slightly below average for all standard childhood immunisations.

Are services caring?

Requires improvement

The service is rated as requires improvement for providing caring services.

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

Are services responsive to people's needs?

Requires improvement

The service is rated as requires improvement 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 (CCG) to secure improvements to services where these were identified.
- Three out of four patients we spoke to said they found it was difficult to get an emergency appointment and said they had to wait approximately a week to get an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs; however, the branch surgery had no baby changing facilities.
- 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.

Are services well-led?

Good

The service is rated as good for providing well-led services.

- The practice had significantly improved and had addressed all the issues identified in the previous inspection.

Summary of findings

- 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.
- 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.
- The practice proactively sought feedback from staff and patients and the Patient Participation Group was active. However the Patient Participation Group felt that some of the suggestions they made were not acted on. For example, they suggested the layout of the practice/reception area could be changed and a door put in, so that there is more privacy for patients when they are discussing issues.

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

Requires improvement

The practice is rated as requires improvment for the care of older people.

- 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. One of the practice nurses regularly visited housebound patients.
- Longer appointments and home visits were available for older people with long term conditions when needed.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice ran nurse led clinics for patients with asthma, chronic obstructive pulmonary disease, diabetes and chronic heart disease.
- The national Quality and Outcomes Framework (QOF) data showed that 72% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 71% and the national average of 78%. The exception reporting rate for the service was 5%, local 8% and national 12%. (75% 2016/2017 data, however data had not been independently verified or published at the time of our inspection).
- The national QOF data showed that 62% of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 76%. The exception reporting rate for the service was 1%, local 4% and national 8%. (2016/2017data was the same 62%)
- 75% of patients with diabetes on the register had their cholesterol measured as well controlled which was comparable to the CCG average of 75% but lower than the national average 80%. The exception reporting rate for the service was 8%, local 9% and national 13%. (72% 2016/2017 data)
- In-house spirometry was offered (Spirometry is the most common lung function test; it looks at how well your lungs work and shows how well you breathe in and out) at both sites.

Summary of findings

- Longer appointments and home visits were available for people with complex long term conditions when needed.
- A phlebotomy service was available for patients.
- Most 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.

Families, children and young people

Requires improvement

The practice is rated as requires improvement 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 slightly below average 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 78%, which was in line with the Clinical Commissioning Group (CCG) average of 81%and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies; However the branch practice had no baby changing facilities.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people.

- 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 offered extended opening hours on Tuesday, Wednesday, Thursday evenings, and Saturday mornings.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability.
- 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)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 87% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months local average 86%, national average 84%.The exception reporting rate for the service was 3%, local 4% and national 7%.
- 54% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months local average 81%, national average 89%. The exception reporting rate for the service was 1%, local 3% and national 10%. (68% 2016/2017 data, however data not been independently verified or published at the time of our inspection).
- 72% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 82%, national average 88%. The exception reporting rate for the service was 3%, local 5% and national 13%.(87% 2016/2017 data, however data not been independently verified or published at the time of our inspection).
- 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.

Summary of findings

- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. A total of 319 survey forms were distributed and 116 were returned. This represented about 1% of the practice's patient list.

- 67% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 56% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 80%.

The practice was aware of the lower GP patient results, and had changed their phone access to the surgery, by giving staff longer to answer the phone during busy periods. They reviewed staff working schedules and reallocated staff to the branch practice. They also increased the number of book on the day appointments. They had also recruited two GPs to increase patient appointments.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice internal patient survey results was positive. Responses from 45 patients, from a sample of patients attending, over a four week period from February 2017 to March 2017 showed that 74% of patients found GPs to be good or very good at being caring and considerate. 74% of patients were overall satisfied with the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, 22 of which were positive about the standard of care received; these patients said they found staff to be helpful and caring. There were three comments from patients, regarding difficulties with getting appointments.

Dr Plana & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Plana & Partners

The practice operates from two sites in the London Borough of Greenwich. Its main site is located at 71 Sherard Road in Eltham; there is a second branch site at 115 Tudway Road in Kidbrooke. Dr Plana & Partners is one of 41 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 11,000 patients registered at the practice.

Dr Plana & Partners is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include dementia, improving online access, influenza and pneumococcal immunisations, minor surgery, patient participation, risk profiling and case management, rotavirus and shingles immunisation, services for violent patients, and unplanned admissions.

The practice has an above average population of patients aged from five to 59 years. Income deprivation levels affecting children and adults registered at the practice are above the national average.

The clinical team includes three male GP partners, a female GP partner, two male salaried GPs, three female practice nurses, two female health care assistants and a pharmacist. The GPs provide a combined total of 39 fixed sessions per week. The clinical team is supported by a practice manager, three reception supervisors and 23 administrative/reception staff. The practice is a training practice for GP trainees.

The practice's two sites are open from 8am to 6.30pm Monday to Friday, and its Sherard Road main site is open from 9am to 12pm on Saturdays. All sites are closed on Sundays and bank holidays. Appointments with the GPs are available from 8am to 12.30pm and from 1pm to 6.30pm Monday to Friday. Appointments with nurses are available from 8.30am to 6.30pm Monday to Friday. Extended hours are provided from 6.30 to 7pm on Tuesdays, Wednesdays and Thursdays, and from 9am to 12pm on Saturdays at the Sherard Road main site.

The premises at the two sites are arranged over two floors of purpose-built buildings. At the Sherard Road main site, there is a waiting area, a reception area, seven consulting rooms, a treatment room. There are two toilets on the ground floor. There is off-street car parking available. The practice's entrance and toilet are wheelchair-accessible and there are baby changing facilities. At the Tudway Road branch there is a waiting area, a reception area, a patient toilet, a treatment room and three consulting rooms on the ground floor. The practice has opted out of providing out-of-hours (OOH) services. Patients needing urgent care

out of normal hours are advised to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on patients' medical urgency.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Plana & Partners on 28 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We issued a warning notice under the following regulation:

Regulation 12: Safe care and treatment

We issued a requirement notice under the following regulations:

Regulation 17: Good governance

Regulation 18: Staffing

The full comprehensive report on 28 June 2016 inspection can be found by selecting the 'all reports' link for Dr Plana & Partners on our website at www.cqc.org.uk

We undertook a further announced comprehensive inspection of Dr Plana & Partners on 25 April 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 25 April 2017.

During our visit we:

- Spoke with a range of staff GPs, practice nurses, practice manager, assistant practice manager, administrative and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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).

Detailed findings

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

Good

Are services safe?

Our findings

At our previous inspection on 28 June 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the management of medicines in terms of lack of emergency equipment and medicine were inadequate. The nurses were not properly authorised to administer medicines. Risk assessments relating to the health, safety and welfare of people using services had not been conducted. There were ineffective system for infection control and prevention, and fire safety. There were no systems in place for staff to raise an alarm in emergencies. The practice failed to maintain records of mandatory training for all staff. They failed to ensure processes such as actions completed from infection control audits were documented. All staff had not received basic life support training. The induction programme was not comprehensive enough to prepare staff for their role.

These arrangements had significantly improved when we undertook a follow up inspection on 25 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of six documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was upset and intentionally set the fire alarm off. The practice discussed the incident, and reviewed the position of the alarm and what could be done to prevent the situation arising again. We saw minutes of significant events discussed, and learning outcomes.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.
- 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.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. However, at the branch surgery the toilets were slightly dusty and had cobwebs raising questions about the thoroughness of the cleaning. There were cleaning schedules and monitoring systems in place. The practice had a cleaning schedule for each clinical room and the person using the room was expected to clean according to this every day. The practice manager was the non-clinical infection control clinical lead at the main site, and the lead GP was the clinical infection control lead across both sites. 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. For example, an issue was identified with the vaccine glass shelves, so the practice replaced the vaccine refrigerator.

Monitoring risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety. There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- Risks to patients were assessed and managed including appropriate recruitment checks for staff. However out of five files checked three (one non- clinical, two clinical) did not have proof of identity.

Arrangements to deal with 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 also installed panic alarms on all computers and in the disabled toilet.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 didn't stock all the emergency medicines commonly held in the emergency kit, we suggested this to be reviewed. (Anti-emetics, used for nausea and vomiting, Opiates, painkillers, Diclofenac is a non-steroidal anti-inflammatory medicine used to treat pain or inflammation) and relied on accessing these when needed through a pharmacy next door. They had conducted a risk assessment; however, the assessment failed to take into account where they could obtain these medicines if the pharmacy next door to the practice was closed, and lacked confirmation that the pharmacy stocked those medications routinely. We discussed this with medicines team and it was agreed that not having these medicines would have minimal risk to patients.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 28 June 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of following National Institute for Health and Care Excellence (NICE) best practice guidelines were not followed and needed improving.

These arrangements had improved in relation to following National Institute for Health and Care Excellence (NICE) best practice guideline. We undertook a follow up inspection on 25 April 2017. The provider is still rated as requires improvement for providing effective services due to Quality and Outcomes Framework (QOF) performance.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 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 88% (Clinical Commissioning Group average 89%; National average 95%) of the total number of points available, with 4% (CCG average 7%; national average 10%) clinical exception reporting. We sampled suitable records and found that the exceptions were 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 an outlier for three QOF (or other national) clinical targets when compared to local Clinical Commissioning Group (CCG) and national averages, their performance had improved since the last inspection. This related to asthma, diabetes, and mental health. The practice explained this was because the nurse who looked after long term conditions had been away long term, they had since recruited another nurse. The practice provided evidence, during the inspection, that in 2016/2017 their QOF achievement had improved. This data had not been independently verified or published at the time of our inspection. Data from 2015/2016 showed that in the previous 12 months:

- Performance for diabetes related indicators was comparable to the local and national average:
- 62% of patients with asthma on the register had a review in the last 12 months which included as assessment of asthma control (CCG average 74%, national 76%). The exception reporting rate for the practice was 1%, local 4% and national 8%. (62% 2016/2017 data, however data not been independently verified or published at the time of our inspection).
- 75% of patients with diabetes on the register had their cholesterol measured as well controlled local 75%, national average 80%. The exception reporting rate for the practice was 8%, local 9% and national 13%.(72% 2016/2017 data)
- 63% of patients with diabetes on the register had a recorded foot examination and risk classification local average 80%, national average 89%. The exception reporting rate for the practice service was 3%, local 5% and national 8%. (68% 2016/2017 data).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the local and national average:
- 78% of patients with hypertension had a blood pressure reading of 150/90mmHg or less local average 78%, national average 83%. The exception reporting rate for the practice was 2%, local 4% and national 4%. (72% 2016/2017 data)
- 70% of patients with chronic obstructive pulmonary disease (COPD) had a review including an assessment of breathlessness using the Medical Research Council dyspnoea

Requires improvement

Are services effective?

(for example, treatment is effective)

scale in the preceding 12 months (local average 84%, national 89%). (68% 2016/2017 data).

- Performance for mental health related indicators was comparable to the local and national average:
- 54% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months (local average 82%, national 89%).The exception reporting rate for the practice was 1%, local 3% and national 10%. (68% 2016/2017 data)
- 87% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months local average 87%, national average 84%. The exception reporting rate for the practice service was 3%, local 4% and national 7%. (82% 2016/2017 data)
- 72% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 82%, national average 88%. The exception reporting rate for the practice was 3%, local 5% and national 13%. (87% 2016/2017 data).

Since the last inspection the practice set up a QOF administrator lead, and a GP lead for specific long term conditions who monitored their performance regularly and helped the clinical staff to call people in for reviews, blood tests and immunisations.

Clinical audits demonstrated quality improvement.

The practice participated in local audits, national benchmarking, accreditation, and per peer review. There had been three clinical audits undertaken within the last two years, all of which were completed audits where the improvements made were implemented and monitored. For example, an audit looked at reduced prescribing of medications inappropriately for paracetamol. In the first cycle 197patients were identified, 49 patients as having no current indication 108 with no initial justification for repeat paracetamol. After the first cycle and a review of prescribing processes. The second cycle identified 50 patients remained or had been started on repeat paracetamol compared to the initial 197 in the first cycle.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, 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.
- 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 on line 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 and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- On the day of the inspection not all prescribers knew where and how to check that monitoring blood tests were up to date. We checkedto see if bloodtest had been done, but was unable to findresults. The day after the inspection the practice provided us with evidence to show all blood test results for patients on high risk medicines had been done at the time of the inspection.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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. All clinical staff had undertaken Mental Capacity Act training.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 78%, which was in line with the Clinical Commissioning Group (CCG) average of 81% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example

- 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.
- The process for seeking consent was monitored through patient records audits.
- 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.
- 70% of female patients at the service aged 50-70 had been screened for breast cancer in last 36 months (local average 62% and national average 73%).
- 47% of patients at the service aged 60-69 had been screened for bowel cancer within the past 30 months (local average 47% and 58% national average).

Childhood immunisation rates for the vaccinations given were slightly lower than the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in four out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.1 (compared to the national average of 9.1).

Requires improvement

Are services caring?

Our findings

At our previous inspection on 28 June 2016, we rated the practice as good for providing caring services. At this inspection we again looked at the caring performance of the practice and found that results from the GP Patient survey were lower than the last inspection.

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Most of the 25 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. Three comment cards were less positive and made comments about difficulties getting appointments.

We spoke with four patients including two members of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group CCG average of 86% and the national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 85% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

Requires improvement

Are services caring?

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 77% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (1.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced 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/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 28 June 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had improved in respect of recording, investigating and learning from complaints. However since the last inspection regarding access issues when we undertook a follow up inspection on 25 April 2017, these arrangements to access had been considered, and the practice had increased the number of GP sessions per week, which increased the number of GP appointments available to patients. However based on the GP patient result survey, it could not be determined if this had improved patient feedback on access. The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours three evenings a week Tuesday, Wednesday and Thursday until 7pm and on Saturday mornings 9am to 12pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- A diabetic clinic was held every Friday.
- There was a weekly baby clinic, and additional child immunisation clinics were held weekly.
- A phlebotomy clinic was held three times a week.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments with the GPs were available from 9am to 12.30pm and from 1pm to 6.30pm Monday to Friday. Appointments with nurses were available from 8.30am to 6pm Monday to Friday. Extended hours appointments were provided from 6.30 to 7pm on Tuesdays, Wednesdays and Thursdays, and from 9am to 12pm on Saturdays at the Sherard Road main site.

The branch site Tudway Road was closed on Saturday, and both sites were closed on Sundays and Bank holidays.Patients also had access to weekend appointments at Greenwich Access Hubs. Appointments could be pre-booked up to nine weeks in advance with GPs, and up to 12 weeks in advance with nurses and health care assistants, and same day urgent appointments were available Monday to Friday. Three out of the four patients we spoke with told us they had difficulties getting appointments when they needed them, and that they had faced long waiting times after arriving for booked appointments. Results from the national GP patient survey published July 2016 showed that patients' satisfaction with how they could access care and treatment varied; it was in line with local Clinical Commissioning Group (CCG) and national averages in some areas.

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

- 68% of patients were satisfied with the practice's opening hours (local average 74%, national average 80%).
- 70% patients said they could get through easily to the surgery by phone (local average 74%, national average 73%).
- 54% patients said they always or almost always see or speak to the GP they prefer (local average 56%, national average 60%).

The practice undertook a review of the GP patient survey. They devised a plan and implemented changes such as

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

improving the access to the surgery, so if a patient was waiting on the phone an alert process was put in place which would bleep to inform staff, if a patient had been waiting longer than two minutes.

The practice met with Royal College of General Practitioners (RCGP) to get advice on how to improve their listening skills and maintain the doctor patient trust. They also changed the appointment system to 50% of daily appointments would be book on the day. The practice also recruited two salaried GPs to make more appointments available.

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.

We looked at 17 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. The practice had a plan to manage each complaint and we saw evidence that complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example a patient called the practice to make a verbal complaint, the patient was placed on hold for twenty minutes and could hear reception staff discussing personal issues. The practice manager called the patient back and apologised, explained that she would discuss the incident with staff to prevent this happening again. The complaint was discussed at a practice meeting. Learning from complaints included training staff with customer service skills, also changing the telephone system so that it bleeps to inform staff when patients had been waiting longer than two minutes.

Are services well-led?

Good

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

Our findings

At our previous inspection on 28 June 2016, we rated the practice as inadequate for providing well-led services as the practice had a vision to provide good quality care for patients but we found they had not developed any robust strategies to support the delivery of this. The practice failed to maintain records of mandatory training for all staff, failed to ensure processes such as actions completed from infection control audits were documented. They also failed to establish effective systems to monitor and respond appropriately to areas of the service where quality was being compromised. We issued a requirement notice in respect of these issues.

We found arrangements had significantly improved when we undertook a follow up inspection of the service 25 April 2017. The practice is now rated as good for being well-led.

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 strategy and supporting business plans that reflected the vision and values and were regularly monitored.
- Since the last inspection the practice had developed effective strategies to support the delivery of this, for example changing the structure of staffing, developing processes and systems, to ensure high quality care for patients.

Governance arrangements

The practice had an overarching governance framework that 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.
- The practice held weekly clinical meeting, nurse meetings and partner meetings, monthly nurse and GP meetings, quarterly multidisciplinary team and quarterly staff meetings with all staff where they discussed general staff issues and updates, all minutes were now recorded.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective 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.
- We found that learning was embedded in the culture of the practice.
- 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 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.

Are services well-led?

Good

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

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. During the inspection we spoke to two members of the PPG. The practice had an active PPG with five members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG felt that no action points were recorded in minutes, so although they felt the practice listened to them, they felt they didn't follow through on some concerns raised.
- 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.
- Since the last inspection the practice had implemented a number of changes, for example changing the phone access system, changing the booking appointment system.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had changed the staffing structures, and recruited an additional GP and practice nurse. The provider had made improvements in most areas where issues were identified in the inspection on 28 June 2016 and we saw evidence to support this.

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The provider did not provide care and treatment of service users which was appropriate and met their needs, For example: • There was not an effective system in place for managing and improving patient clinical outcomes. This was in breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.