

# St John's Medical Centre

## Quality Report

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to St John's Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St John's Medical Centre on 21 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national average for most indicators. The practice was aware of the areas for development and had plans in place to achieve this.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Consider reviewing complaints periodically to identify trends and facilitate learning. .
- Review the procedure for maintaining staff files to ensure that they are complete.

# Summary of findings

- Continue to improve care for patients with long term conditions, particularly patients with Chronic Obstructive Pulmonary Disorder, and to reduce rates of patients excepted from Quality and Outcomes Framework indicators.
- Consider ways to reduce waiting times for patients.
- Consider developing a wider programme of audit, to improve services and outcomes for patients.
- Review the new system for checking urgent referrals, to check that it is working as anticipated.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national average for most indicators. The practice was aware of the areas for development and had plans in place to achieve this.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others 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.

# Summary of findings

- 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. The practice had signed up to provide a number of services not covered by their standard contract, for example minor surgery and joint injections, to avoid patients having to travel to hospital to receive these services.
- 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. Several patients told us that they sometimes had to wait a long time to be seen after their appointment time, but that when they were seen, they were given plenty of time by the GP, so understood that this might result in delays.
- 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. There was no annual review of complaints to allow analysis of any trends.
- The practice serves a large West African population. In 2014, the practice developed a policy for the handling of suspected cases of Ebola, based on the risk that a patient might return infected with the disease. In addition to specific instructions for staff, the practice created an isolation room and kits of protective equipment.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. 10% of patients over the age of 65 had documented care plans in place.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 73% of patients aged over 65 received a flu vaccination in 2015/16, compared to the local average of 69%.

Good



### People with long term conditions

The practice is rated as good 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.
- Data from 2014/15 showed that performance for diabetes related indicators was comparable to the national average. For example, 70% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 73% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All 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.
- The practice referred patients to education programmes to support self-management of diabetes and respiratory conditions.
- All clinical staff members had received training in collaborative care planning.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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.
- 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 80%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- To support families the practice ran a 'one stop shop' for mothers' postnatal and new baby checks with a GP and a health visitor. These were booked automatically based on the hospital notes.

## 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 had installed a blood pressure machine in the waiting room to support patients to self-monitor their blood pressure, height and weight.

Good



## People whose circumstances may make them vulnerable

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

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

Good





# Summary of findings

- 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).

- Performance for mental health related indicators was similar to the national average.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan; compared to the national average of 88%. Seventy four percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and thirty seven survey forms were distributed and 108 were returned. This represented less than 1% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 72% of patients said they could get through easily to the practice by phone, compared to the local average of 67% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 82% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good, compared to the local average of 84% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards. Ten cards were positive about the standard of care received, but two said that it was sometimes difficult to get through to the practice on the telephone. Four cards had only negative comments – all were about waiting times in the practice.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Several said that they sometimes had to wait a long time after their appointment to be seen, but felt that the GPs were very thorough when they were seen.

# St John's Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to St John's Medical Centre

St John's Medical Centre is based in purpose built premises in Lewisham, south east London. There is a ramp access into the building, and a lift to the doctors' rooms on the first floor. A hearing loop is in place. There is good access to public transport, and parking is available on nearby streets. A number of other health services are based in same building.

Eleven doctors work at the practice: three male and eight female. Three of the doctors are partners (with a management partner) and there are eight salaried GPs (one male, seven female). Some of the GPs work part-time. Full time doctors work eight sessions per week. The practice has 65 GP sessions per week.

The (all female) nursing team is made up of a nurse manager, three practice nurses and two health care assistants. Some of the nurses work part-time, with all of the nursing hours adding up to just over four whole time equivalents (or full-time roles).

The practice trains junior doctors as GPs, and takes nursing students for placements.

The practice is open 8 am to 6.30pm Monday to Friday. Appointments with GPs are from 8 am to 12 pm every

weekday morning (12.30 pm on Monday and Wednesday) and 2 pm to 6.30 pm every week day afternoon (apart from Wednesday when clinics begin at 2.30 pm). Extended hours appointments are offered from 7 am on Tuesday and 7.30 am on Wednesday, and until 7pm on Thursday. Appointments are also available on the first Saturday of the month from 8am to 11.30am.

When the practice is closed cover is provided by SELDOC, a GP co-operative that runs out-of-hours care.

There are approximately 13,725 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to four) and fewer older children (age 5 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

The surgery is based in an area with a deprivation score of four out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children.

The practice offers GP services under a Personal Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the first time that the CQC has inspected the practice.

## 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

# Detailed findings

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 21 September 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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, after a patient was diagnosed with chicken pox after waiting in the waiting room, the practice took advice from Public Health England and contacted patients who were at risk. Notices were added to the reception desk to tell patients to let reception know if they had a rash. The practice was planning to improve this sign with pictures.

### 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 all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3, health care assistants to level 2 and non-clinical staff to level 1.

- A notice in the waiting room, in multiple languages, 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine

## Are services safe?

including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Some of the files were not complete, but most of the missing documents were located when we asked for them. Two files did not have signed confidentiality agreements, which could not be located, but we were assured that they had been signed.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health 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.
- All staff received annual basic life support training.
- 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. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 (2014/2015) showed the practice had achieved 96% of the total number of points available, compared to the local average of 93% and the national average of 95%.

Data from 2014/15 showed that performance for diabetes related indicators was comparable to the national average:

- 70% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 73% and the national average of 78%.
- 76% of patients with diabetes had well controlled blood pressure, compared to the local average of 73% and the national average of 78%.
- 98% of patients with diabetes had an influenza immunisation, compared to the local average of 88% and the national average of 94%.
- 76% of patients with diabetes had well controlled total cholesterol, compared to the local average of 72% and the national average of 81%.

- 79% of patients with diabetes had a foot examination and risk classification, compared to the local average of 83% and the national average of 88%.
- Performance for mental health related indicators was comparable to the national average.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 84% and the national average of 88%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 87% and the national average of 90%.
- 74% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 85% and the national average of 84%.
- 90% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 92% and the national average of 94%.

The practice was an outlier for one indicator: the percentage of patients with Chronic Obstructive Pulmonary Disorder (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (78% compared to 91% locally and 90% nationally).

The practice was aware of their areas for improvement and had taken action to improve. To improve the identification and management of COPD, the practice obtained additional equipment and training for clinical staff. The practice had recruited a new practice nurse, who was being trained to provide specialist care for patients with diabetes.

The practice showed us their latest submitted QOF data (unvalidated), which showed that 82% of patients with COPD had an annual review in 2015/16.

The overall exception reporting rates were comparable to local and national averages (7% compared to 8% locally and 9% nationally). (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).



# Are services effective?

## (for example, treatment is effective)

Many of the exception reporting rates for individual indicators were lower than average, but some were above average:

- Percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months. Three hundred and forty eight patients were excepted (13%, compared to 2% locally and 1% nationally). The practice showed us evidence that this was likely to have been a coding error in 2014/15, and that only eight patients were excepted in 2015/16.
- Heart failure (22% compared to 6% and 9%), Stroke and transient ischaemic attack (24% compared to 9% and 9%), Cardiovascular disease - primary prevention (61% compared to 33% and 30%). The practice was uncertain what had caused these exception rates, but felt that they were probably linked to exception rates for flu vaccination. We were shown (unvalidated) data that showed that these exception rates reduced in 2015/16.

Between 2014/15 and 2015/16 the practice achieved a 2% reduction in A&E attendances.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Two of the four audits were prescribing audits required by the CCG, although one had been started before the CCG suggestions were received.
- In one example, the practice carried out an audit to check the prescribing and monitoring of venlafaxine (a medicine for treating depression and anxiety). Guidelines recommend that patients on this medicine have their blood pressure checked at least annually and that they have their heart rhythm (using an electrocardiogram or ECG) checked at least once whilst taking the medicine, so that any side effects can be found. Fifteen patients were identified who had not had the recommended checks and who were invited to the practice to discuss their treatment. Five patients accepted. One year later, when the audit was repeated, one patient had stopped taking the medicine and four patients had had an ECG. A note was added to the other

patients' records to ensure that their treatment was discussed when next they had a consultation and all GPs were made aware of the need to set up monitoring for patients who start taking venlafaxine.

### 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 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. 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.

### 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.



# 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.
- 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 at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice referred patients to education programmes to support self-management of diabetes and respiratory conditions.
- All clinical staff members had received training in collaborative care planning.
- A dietician and smoking cessation support was available on the premises.

- The practice had installed a machine in the waiting room to support patients to self-monitor their blood pressure, height and weight. In 2015/16, 92% of patients aged over 45 had had their blood pressure checked.

The practice's uptake for the cervical screening programme was 80%, which was comparable to 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 information in different languages and 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.

There was no consistent system to check that patients who were referred for urgent tests received their appointment. Each GP carried out their own checks and some did not take action until the report did not arrive. After the inspection, the practice send us details of a new system where patients would be called within two weeks of the referral, to check that an appointment date had been received.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 3% to 91% (local rates from 7% to 93%) and five year olds from 75% to 95% (local rates from 71% to 93%).

73% of patients aged over 65 received a flu vaccination in 2015/16, compared to the local average of 69%. Eighty percent received a pneumococcal vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients 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.

Ten of the 14 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. Four did not comment on the care received, apart from waiting times.

We spoke with five patients and two members 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. Comment cards highlighted that staff responded compassionately when patients 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 90% of patients said the GP was good at giving them enough time, compared to the CCG average of 83% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 87% and the national average of 87%.

The practice had used a "priority patient" note on the computer system to identify those patients that needed especially careful treatment, for example those at increased risk of hospital admission, who had received a difficult diagnosis or were receiving palliative care.

### 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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 83% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the local average of 79% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the local average of 81% and the national average of 85%.

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

## Are services caring?

- 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.
- Leaflets were available in several languages.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 209 patients as carers (just over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. GPs referred patients to Carers

Lewisham and to social services for assessment for respite support where appropriate and with patient consent. The practice also referred patients at risk of isolation to local social groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. The practice had leaflets about bereavement support in reception.

There were secure systems in place to inform staff about patients who had suffered a bereavement, a miscarriage or who were experiencing severe acute mental health problems, so that these patients could be treated with special care.

Counselling was available in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had signed up to provide a number of services not covered by their standard contract, for example minor surgery and joint injections, to avoid patients having to travel to hospital to receive these services.

- The practice offered evening appointments on a Thursday (until 7pm), early morning appointments from 7am on a Tuesday, 7.30am on Wednesday, and 8am - 11.30am on the first Saturday of the month, for school aged children and working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice made special seating arrangements for patients who found it difficult to wait in the waiting room with other patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice guaranteed a same day appointment to any patient who asked at the reception desk.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- To support families the practice ran a 'one stop shop' for mothers' postnatal and new baby checks with a GP and a health visitor. These were booked automatically based on the hospital notes.
- There were disabled facilities, a hearing loop and translation services available.
- One GP acted as the lead for end of life care.
- The practice serves a large West African population. In 2014, the practice developed a policy for the handling of suspected cases of Ebola, based on the risk that a

patient might return infected with the disease. In addition to specific instructions for staff, the practice created an isolation room and kits of protective equipment.

### Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday. Appointments with GPs were from 8 am to 12 pm every weekday morning (12.30 pm on Monday and Wednesday) and 2 pm to 6.30 pm every week day afternoon (apart from Wednesday when clinics began at 2.30 pm). Extended hours appointments were offered from 7 am on Tuesday and 7.30 am on Wednesday, and until 7pm on Thursday.

In addition to pre-bookable appointments that could be booked up to 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.

- 86% of patients were satisfied with the practice's opening hours, compared to the local and national average of 76%.
- 72% of patients said they could get through easily to the practice by phone, compared to the local average of 67% and the national average of 73%.

The practice had taken action to improve patient access, including employing an extra GP and making all GP appointments on a Monday morning bookable only on the day (the time of highest demand). They had also increased the number of staff who answered the phones from three to five.

Negotiations were underway with another practice to purchase a system to allow patients to book appointments by telephone at any time.

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

Several patients told us that they sometimes had to wait a long time to be seen after their appointment time. In the national GP patient survey, 54% of patients said that they felt they didn't normally have to wait too long to be seen, compared to 53% locally and 58% nationally, and 57% said that they usually wait 15 minutes or less after their appointment time to be seen, compared to 60% locally and

# Are services responsive to people's needs?

(for example, to feedback?)

65% nationally. Patients told us that when they were seen, they were given plenty of time by the GP, so understood that this might result in delays. Practice staff told us that they were aware of this issue and were considering how to reduce waiting times without reducing patient satisfaction with consultations.

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

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, in a poster and leaflet in reception.

We looked at 10 complaints received in the last 12 months and found that these were satisfactorily handled, although not all of the documentation was stored together. There was no review of complaints to allow analysis of any trends. After the inspection we were sent details of a new system for managing complaints correspondence to make it easier to manage and monitor the documentation. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint from a mother about access to post-natal checks led to identification of more staff who could perform these and therefore more flexibility for other patients.

After feedback from patients, the practice employed an Operations Manager to improve management and training of reception staff. Seven members of the reception team held an NVQ level two in customer service.

# 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.

- Staff knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was heavily involved in the CCG and planning, with other practices, to create a model for sustainable patient care.
- Members of the practice team held a number of leadership roles in the Clinical Commissioning Group, the BMA Local Medical Committee and the GP federation.

### 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
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 representatives we met told us that they had been involved in the development of extended hours opening.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

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

## Continuous improvement

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

The practice was a training practice for junior doctors becoming GPs, and hosted medical and nursing students, and students on work experience. We heard how this promoted a culture of learning, with students and doctors

in training encouraged to share the latest thinking on aspects of patient care. The practice had trained two health care assistants and two practice nurses and was training a pharmacist.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example online appointment booking and the 'telehealth' scheme for electrocardiogram tests to be performed in the practice and sent electronically for analysis.

The practice featured in a 'behind-the-scenes' television programme. Partners told us that this was part of their work to promote the work of GPs, which also included developing materials with the Royal College of GPs.