

# Dr Mostafa Mostafa

## 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
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Mostafa Mostafa	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the surgery of Dr Mostafa Mostafa on 29 November 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 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.
- Patients said they were treated with compassion, dignity and respect and that the GP involved them in decisions about their care and 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 incidents.
- Patients said they were able 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 improvements are:

- The provider should continue to monitor performance against the Quality and Outcomes Framework and clinical audit for asthma and hypertension and implement improvements in the management of patient care as appropriate.
- The provider should record batch numbers of blank electronic prescriptions placed in individual printers.

# Summary of findings

- The provider should carry out regular fire alarm checks and fire evacuation drills.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to ensure 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 required to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for most indicators were comparable to the local and national averages. The percentage of the total QOF points achieved by the practice for 2015/16 was 90% compared to the clinical commissioning group (CCG) average of 89% and national average of 95%. The overall Exception Reporting rate of 6.5% was comparable to the (CCG) average of 7% and national average of 9.8%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for most aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available to them was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect and maintained confidentiality of patient information.

## 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.
- Patients said they were able to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The practice had systems in place for the reporting and investigation of incidents and information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients which it acted on.
- The patient participation group was active and contributed to the development of the practice improvement programme.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The Quality and Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register of housebound patients.

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 worked closely with GPs and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The practice performance rates for the Quality and Outcomes Framework (QOF) was comparable with local and national averages for most long-term conditions. However performance for diabetes related indicators of 66% was below the local average of 78% and national average of 90%. The practice were aware of this and had implemented improvements to try to address this.
- Longer appointments and home visits were available for patients who required them.
- Patients had a named GP and were offered a structured annual review to check that 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. These patients were discussed at the quarterly multi-disciplinary team meetings.

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 who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable with local averages for all standard childhood immunisations. The GP held a weekly baby clinic at both surgeries.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was 69% which was comparable to the local average of 71% and national average of 73%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with health visitors who attended meetings at the practice twice a year.

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

Good



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.
- Extended hours appointments were available three mornings a week from 7am to 8am.
- The practice was proactive in offering online services. Patients were sent text messages to remind them of appointments.
- A full range of health promotion and screening services were provided that reflected the needs for this age group.

## **People whose circumstances may make them vulnerable**

Good



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.
- The practice had 54 patients on the learning disability register. Patients on the register were offered an annual review.
- The practice offered longer appointments to patients as required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.



# Summary of findings

- The practice informed vulnerable patients 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.

## **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).

- 80% of patients diagnosed with dementia had their care reviewed in a face to face consultation in the preceding 12 months. This was comparable to the local average of 87% and national average of 84%.
- 90% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 82% and national average of 89%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and dementia. The practice carried out advanced care planning for patients with dementia.
- The practice informed patients experiencing poor mental health 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 had 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 published in July 2016 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages. Of the 359 survey forms distributed 109 were returned. This represented a response rate of 30% (1.8% of the practice's patient list).

- 89% of patients said they found it easy to get through to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and national average of 76%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 51 comment cards which were all positive about

the standard of care received. Patients described the care received as excellent and commented that staff were friendly and patients were treated with courtesy and respect.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to others.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- August 2016 - 463 patients were surveyed (155 responses) – 93% of patients stated they were likely to recommend the practice.
- September 2016 - 478 patients surveyed (92 responses) – 86% of patients stated they were likely to recommend the practice.
- October 2016 - 390 patients surveyed (95 responses) – 93% of patients stated they were likely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should continue to monitor performance against the Quality and Outcomes Framework and clinical audit for asthma and hypertension and implement improvements in the management of patient care as appropriate.
- The provider should record batch numbers of blank electronic prescriptions placed in individual printers.
- The provider should carry out regular fire alarm checks and fire evacuation drills.

# Dr Mostafa Mostafa

## 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 and an Expert by Experience.

## Background to Dr Mostafa Mostafa

The practice of Dr Mostafa Mostafa is based at 141 Plumstead High Street Plumstead SE18 1SE. The main surgery is based in a two-storey end of terrace house in the Royal Borough of Greenwich located on a busy high street within a predominantly residential area of Plumstead. The property has been converted for the sole use as a surgery and includes two consulting rooms, one treatment room, reception area, waiting room, administration offices and staff meeting room.

Services are also provided at a smaller branch surgery, one mile from the main surgery at 253 Wickham Lane Abbey Wood SE2 0NX in the Royal Borough of Greenwich.

Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the patient population of this practice.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are local agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and who can hold a contract).

The practice is registered with the CQC as an Individual. Dr Mostafa joined the practice as a partner in 2007 and became an individual provider in 2009. The provider is registered to provide the Regulated Activities of treatment of disease, disorder and injury and diagnostic and screening procedures. The practice also provides services falling under the regulated activity of maternity and midwifery services and took immediate action to apply to CQC to have this regulated activity added to their registration.

The practice has 6416 registered patients. The practice age distribution is slightly higher than average for patients in the 0 to 50 year age group and lower than average for the patient population in the 50+ year age group. The surgery is based in an area with a deprivation score of 4 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by the male lead GP (1 wte) and three long-term locum GPs, one male and two female (1.5 wte); one part-time Practice Nurse (0.8 wte); one locum Practice Nurse (0.1 wte) and one part-time Health Care Assistant (0.6 wte).

Administrative services are provided by a Practice Manager (1.0 wte), Assistant Practice Manager (1 wte); Administrator (0.43 wte) and seven administration/reception staff (5.79 wte). The practice also employs two junior receptionists as part of an apprenticeship scheme.

#### Reception

- Reception at the Plumstead High Street Surgery is open between 8am and 6.30pm Monday to Friday with an extended hour on Thursday between 7am and 8am.
- Reception at the Wickham Lane branch surgery is open from 8am to 6.30pm on Monday; from 8am to 5pm on Tuesday; from 7am to 2.30pm on Wednesday; from 8am

# Detailed findings

to 1pm on Thursday and from 7am to 2.30pm on Friday. During normal surgery hours (8am to 6.30pm) telephone lines are automatically diverted to the Plumstead High Street site when the branch surgery is closed.

## GP Appointments

- At the Plumstead High Street surgery pre-booked and urgent appointments are available with a GP from 9.30am to 6pm Monday and Tuesday; from 9am to 4.30pm on Wednesday; from 7am to 6pm on Thursday and from 9am to 6pm on Friday.
- At the Wickham Lane surgery pre-booked and urgent appointments are available with a GP from 9am to 3pm on Monday; from 9am to 5pm on Tuesday; from 7am to 11.30am on Wednesday; from 9am to midday on Thursday and from 7am to 12.30pm on Friday.

## Practice Nurse Appointments

- At the Plumstead High Street surgery appointments are available with the Practice Nurse from 9am to 5.30pm on Wednesday; from 9am to 5pm on Thursday and from 10am to 5pm on Friday.
- At the Wickham Lane surgery appointments are available with the Practice Nurse from 9am to 5pm on Monday and from 9am to 5.30pm on Tuesday.

## Health Care Assistant (HCA) Appointments

- At the Plumstead High Street surgery appointments are available with the HCA from 9am to 1pm on Monday, Tuesday and Friday.
- At the Wickham Lane surgery appointments are available with the HCA from 9am to 1pm on Wednesday and Thursday.

A phlebotomist is employed to provide a clinic at the main surgery each Friday from 8.30am to 11.30am.

The practice is closed at weekends.

Extended hours appointments are also available to patients at sites in Eltham and Thamesmead through the local Greenwich Health Hub service. These appointments are made available to practices on Friday mornings to book for their patients over the coming weekend. The appointment allocation to practices is approximately one appointment per 1,000 patients. Appointments are available on Saturday morning and afternoon and Sunday morning.

When the surgery is closed urgent GP services are available via NHS 111.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 November 2016.

During our visit we:

- Visited both the main and branch surgery.
- Spoke with a range of staff including the GP provider, Practice Nurse, Health Care assistant, Practice Manager, Assistant Practice Manager and reception staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Observed how staff communicated with patients and staff.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients 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?

# Detailed findings

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 (QOF) data, this relates to the most recent information used by the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was an incident recording form available on the practice computer system. The incident reporting procedure 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 improvements required to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and an evaluation of the incident was discussed at the monthly clinical meetings. Learning was shared with staff at monthly administration meetings and monthly clinical governance meetings. Sharing of learning and implementation of changes that required urgent action was disseminated immediately. A summary and trend analysis was discussed at the annual practice meeting attended by all staff.

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, an alternative method of communicating an urgent two week waiting time referral was identified and implemented following the temporary failure of the nhs.net email system.

### 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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies for safeguarding adults and children 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 provider was the practice lead for safeguarding. GPs 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. All GPs and Nurses, including locum staff, were trained to Child Safeguarding Level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All reception staff acted as chaperones and were trained for the role. All staff 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 recently appointed infection control clinical lead for the practice and had been booked to attend a two-day Infection Control course to ensure she had the skills and knowledge required for this role. There was an infection control protocol in place, which included the undertaking of an annual audit. All staff had received up to date training. An infection control audit had been undertaken at both surgeries in the preceding 12 months and appropriate action had been taken to address outstanding issues where required.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccines, kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal. The practice had recently reviewed and revised their processes for handling repeat prescriptions and high risk medicines in order to improve patient safety.
- The practice carried out regular medicines audits with the support of the local clinical commissioning group (CCG) pharmacy team 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 the use of prescription pads. However, a record was not kept of batch numbers of blank prescriptions placed in printers.
- The locum Practice Nurse who reviewed the practice diabetic patients was a qualified Independent Prescriber and had undertaken additional training in the

## Are services safe?

management of diabetes. She could therefore prescribe medicines for diabetic patients as appropriate and received mentorship and support from the medical staff for this extended role.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer some 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).
- Patient Specific Directions (PSDs) had been adopted by the practice to allow the Health Care Assistant to administer vaccines and medicines against a patient specific direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency 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 of recently recruited staff including locums. For example, proof of identification, references, and qualifications. Evidence of registration checks with the appropriate professional body and checks through the Disclosure and Barring Service was available for all staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with an advice poster in the staff kitchen area.
- The practice had up to date fire risk assessments but had not carried out regular fire evacuation drills or fire alarm checks. However, the provider had recently arranged for two members of staff to undertake fire marshal training to ensure practice procedures were in line with current fire safety guidelines in the future.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was calibrated and working properly.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all staffing groups to ensure sufficient staff were on duty. GPs and administrative staff provided annual leave cover for colleagues.

### 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 all computers which alerted staff to an emergency. Staff were aware of the protocol to follow if the alarm was activated.
- The practice had a programme of annual basic life support training in place for all staff and staff administering injections had received anaphylaxis training.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All emergency medicines checked were in date and stored securely.
- A first aid kit and accident book were also available.
- The practice had a comprehensive business continuity plan for managing major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a relocation address if required. Copies of the plan were also kept off-site.



# 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 clinical audits.

### 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 care in general practice and reward good practice). The most recent published results used by the CQC (2015/16) showed that the practice achieved 90% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 89% and national average of 95%.

The practice exception reporting rate of 6.5% was comparable to the CCG average of 7% and the national average of 9.8%. (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).

QOF data from (2015/16) showed that the practice performance rate was comparable to the CCG and England average for most indicators. For example:

- Performance for asthma related indicators of 97% was comparable to the CCG average of 93% and national average of 97%.
- Performance for mental health related indicators of 96% was comparable to the CCG average of 84% and national average of 93%.

The practice performance rate was below the CCG and national average for two indicators:

- Performance for diabetes related indicators was 66% compared to the CCG average of 78% and national average of 90%.
- Performance for hypertension related indicators was 81% compared to the CCG average of 91% and national average of 97%.

The practice were aware of the need to make improvements in these areas and had implemented a management strategy to address the issues. For example, the practice now employed a diabetes specialist nurse for one session a week to review the management of diabetic patients only.

The practice participated in local audits, accreditation and peer review. The practice also participated in research with the South London Clinical Research Network (part of the National Institute for Health Research). There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

We looked at two clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, an audit was carried out to ensure patients were receiving treatment for asthma in line with current guidelines. Part of the audit looked at the number of children with asthma who were underusing or under ordering inhaled corticosteroid (ICS) preventer inhalers. The baseline audit identified that 100% of patients were underusing or under ordering treatment. All patients in this group were invited to attend for an asthma management review where appropriate advice was given and changes to treatment implemented. The re-audit undertaken six months later identified an improvement of over 30% in the number of children now using their ICS preventer inhalers in line with current guidelines.

### 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, practice nurses reviewing patients with



# Are services effective?

## (for example, treatment is effective)

long-term conditions received appropriate training and updates for the disease areas they reviewed and staff with lead roles received additional training to support them in their enhanced role.

- 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 through discussion and support from colleagues.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had a programme of annual appraisals in place.
- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff, including long-term locums, received mandatory training that included safeguarding, fire safety awareness, basic life support, information governance, Mental Capacity Act and infection control.
- Staff had access to and made use of external training courses funded by the provider, 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 internal shared drive system.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly 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.
- Written consent was obtained for some procedures as appropriate and retained in patient records.

### 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 offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake rate for the cervical screening programme was 76%, which was comparable to the CCG and national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme 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.

Immunisation rates for the vaccinations given to children were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 85% and for five year olds 80%.

## Are services effective? (for example, treatment is effective)

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

NHS health checks for patients aged 40 to 74 years. 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 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 and 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.

All of the 51 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they felt valued and listened to by the provider.

Results from the most recently published national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and the national average of 97%.
- 81% 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%.

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to 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.

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 comparable to local clinical commissioning group (CCG) and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatment compared to the CCG average of 83% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in the waiting room on a variety of health related subjects.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

We were told that if families known to the practice had suffered a bereavement the GP contacted them and offered a consultation at a flexible time and location to meet the family's needs or by giving them advice on how to access a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on three mornings a week between 7am and 8am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who requested them.
- 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 an urgent consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities such as toilets accessible for patients in a wheelchair and a ramp to access the premises.
- Interpreting services were available for patients who required it.

### Access to the service

In addition to GP appointments that could be booked up to four weeks in advance, urgent appointments were available on the same day for people who needed them.

### Main Surgery (Plumstead High Street)

- Reception was open between 8am and 6.30pm Monday to Friday with extended hours on Thursday morning between 7am and 8am.
- Advance booked and urgent appointments were available with a GP from 9.30am to 6pm on Monday and Tuesday; from 9am to 4.30pm on Wednesday; from 7am and 6pm on Thursday and from 9am to 6pm on Friday.
- Appointments were available with the Practice Nurse from 9am to 5.30pm on Wednesday; from 9am to 5pm on Thursday and from 10am to 5pm on Friday.
- Appointments were available with the Health Care Assistant (HCA) from 9am to 1pm on Monday, Tuesday and Friday.

- The HCA held a phlebotomy clinic on Thursday from 8.30am to 11.30am.

### Branch Surgery (Wickham Lane)

- Reception was open from 8am to 6.30pm on Monday; from 8am to 5pm on Tuesday; from 7am to 2.30pm on Wednesday and Friday and from 8am to 1pm on Thursday.
- Advance booked and urgent appointments were available with a GP from 9am to 3pm on Monday; from 9.30 to 5pm on Tuesday; from 7am to 11.30am on Wednesday; from 9am to midday on Thursday and from 7am to 11am on Friday.
- Appointments were available with the Practice Nurse from 9am to 5pm Monday and Tuesday.
- Appointments were available with the Health Care Assistant (HCA) from 9am to 1pm on Monday, Tuesday and Friday.

During normal surgery hours when the branch surgery was closed telephone lines were automatically diverted to the Plumstead High Street surgery.

Telephone consultations with the GP were available during every GP session.

The practice was closed at weekends.

At weekends, extended hours appointments were also provided at sites in Eltham and Thamesmead through the local Greenwich Health Hub service. These appointments were made available to practices on Friday mornings to book for their patients over the weekend. The appointment allocation to practices was one appointment per 1,000 patients. Appointments were available on Saturday morning and afternoon and Sunday morning.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

People told us on the day of the inspection that they were usually able to get an appointment when they needed one.

# Are services responsive to people's needs?

(for example, to feedback?)

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit, alternative emergency care arrangements were made.

## **Listening and learning from concerns and complaints**

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

- The practice 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 two complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and an appropriate response was provided. Action was taken as a result of complaints to improve the quality of care provided. For example, a patient had complained that the nurse appointments were running late and she had not been informed. As a result, administrative staff were reminded to inform patients on arrival if appointment times were running late. They would also offer an alternative appointment if delays were significant.

# 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 values.
- The practice had a robust strategy and supporting business plans which reflected their vision and values and these were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff via the practice shared drive.
- A comprehensive understanding of the performance of the practice was maintained. For example, in response to the practice's below average performance rate for the management of patients with diabetes the provider now employed a diabetes specialist nurse for one session a week to review the management of diabetic patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements in place for identifying, recording and managing risks and concerns and for implementing mitigating actions.

### Leadership and culture

On the day of the inspection the provider demonstrated he had the experience, capacity and capability to run the practice and ensure high quality care. He told us he prioritised safe, high quality and compassionate care. Staff told us the provider was approachable and always took the time to listen to 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 for all staff on communicating with patients about notifiable safety incidents.

The provider encouraged a culture of openness and honesty. The practice had systems 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 and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw evidence to support this.
- 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 by the practice management.
- Staff were involved in discussions about how to develop the practice and were encouraged to identify opportunities to improve the services delivered.

### 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 had been introduced four years ago and met four times a year. There was a membership of approximately seven patients. They told us that they felt valued and listened to and that the provider was keen to improve the services provided and acted on the suggestions of the PPG where appropriate. Anonymised information on complaints and incidents were shared with the group including improvements identified as a result of investigations.

# Are services well-led?

Good 

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

Examples of changes that had been implemented by the practice following feedback from the PPG included improvements in the appointment system and promotion of the on-line appointment booking service.

The practice had gathered feedback from staff through staff meetings, annual staff appraisals and discussion at staff

meetings. 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.