Dysart Surgery

Quality Report

13 Ravensbourne Road
Bromley, BR1 1HN
Tel: 020 8464 4138
Website: www.dysartsurgery.co.uk

Date of inspection visit: 10 February 2015
Date of publication: 23/07/2015

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Good ●

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dysart Surgery on 10 February 2015.

Overall the practice is rated as Outstanding. Specifically we found the practice to be outstanding for providing effective, caring and responsive services. We found the practice to be good for providing safe and well led services.

We found the practice to be Outstanding for providing services to the population groups of older people, people with long term conditions, people whose circumstances may make them vulnerable, and families, children and young people. We found the practice to be good at providing services for Working age people (including those recently retired and students) and People experiencing poor mental health (including people with dementia).

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- 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
- The practice has been a training practice for over 30 years, and maintained a vision to deliver high quality care and promote good outcomes for patients.

We found the following areas of outstanding practice:

- We found Dysart Surgery to be particularly responsive to the needs of its patients. It acted on suggestions for improvements and changed the way it delivered services in response to improvement opportunities and feedback from its patients. In particular they had

Summary of findings

introduced Saturday morning nurse appointments to improve cervical screening uptake, they had made changes to the premises to improve privacy in the reception area, and they had further publicised the range of practice and online services they had available.

- We found the practice to be outstanding at providing services to the population groups of older people, people with long term conditions, people whose circumstances may make them vulnerable, and families, children and young people. Examples of what made the care outstanding for these groups included that all patients in the practice had a named GP, which meant they were supported to receive continuity in their care; the practice participated in projects such as the Happiness project and the Carers project to address isolation and support needs among vulnerable groups; the practice consistently delivered high performance under QOF with particularly low exception reporting when compared with local and national performance.
- The practice was engaged with the local community and presented health promotion sessions at local schools, and offered a special rapid access service to young people referred from a local agency offering free therapeutic support to young people between the ages of 0 -18 years.
- The practice was led by a dedicated and stable leadership team, many of whom had trained in the practice themselves.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice used every opportunity to learn from incidents, to support improvement. Lessons were learned and communicated widely to support improvement.

Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Outstanding

The practice is rated as Outstanding for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. Data showed patient outcomes were at or above average for the locality.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Outstanding

The practice is rated as Outstanding for providing caring services. Data showed that 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. We found positive examples to demonstrate how patient's choices and preferences were valued and acted on. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as Outstanding for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group

Summary of findings

(CCG) to secure improvements to services where these were identified. The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from their GP, patient surveys, incidents, comments and complaints.

Patients said they found it easy to make an appointment. All patients in the practice had a named GP, so there was continuity of care which many patients we spoke with or who provided feedback to us commented favourably about. Urgent appointments were available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. However the practice was exploring plans to develop and modernise the premises, or move to more modernised facilities.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was discussed with staff and changes implemented where necessary.

We found Dysart Surgery to be particularly responsive to the needs of its patients. It acted on suggestions for improvements and changed the way it delivered services in response to improvement opportunities and feedback from its patients. In particular they had introduced Saturday morning nurse appointments to improve cervical screening uptake, they had made changes to the premises to improve privacy in the reception area, and they had further publicised the range of practice and online services they had available.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear, stable and committed leadership team, and staff felt supported by management.

The practice had a number of policies and procedures to govern activity and there were lead responsibilities assigned to senior staff for each aspect of the practice's operations.

There were systems in place to monitor and improve quality. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

Dysart Surgery has been a training practice for more than 30 years and provided placements to GP registrars.

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

Outstanding ☆

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

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, including unplanned admissions avoidance scheme, dementia care and end of life care. The practice worked in multidisciplinary teams in providing care and treatment to older people with the most complex needs.

Quality and outcomes framework (QOF) data for the year ending 31 March 2014 showed that the practice performed well against indicators relating to the care of older people, achieving above the local area and national averages for diseases including hypertension, heart failure, osteoporosis, dementia and rheumatoid arthritis.

QOF data showed that 95.7% of the practice patients with rheumatoid arthritis had received an annual face to face review in the 12 months ending 31 March 2014. In addition, 96.4% of their patients with rheumatoid arthritis aged 50 or over and who have not attained the age of 91 had had a fracture risk assessment in the preceding 24 months before 31 March 2014. For these indicators the practice performance exceeded the local area and national averages.

The practice performance against indicators relating to the care of people with osteoporosis and dementia was also above the local area and national averages. For example, all of their recommended patients with osteoporosis were treated with an appropriate bone-sparing agent. Furthermore, 87.5% of their patients with dementia had received a face to face care review in the preceding 12 months, as well as range of physical health checks within six months of them entering the dementia register.

The practice had 216 patients on their Admissions Avoidance Register at the time of our inspection. Of these, 185 of them were over the age of 65 years and therefore fall into the older people population group. Between 1st July 2014 and 31st December 2014, there were 56 episodes where patients in this group were discharged from hospital. Of these, 52 patients were reviewed and had a follow-up consultation within 3 days of notification of the discharge. Attempts were made to contact all 56 of these patients but 4 were not contactable within 3 days.

Summary of findings

The practice offered additional review to patients with complex or multiple conditions. Data showed that 91% of patients who are on 4 or more prescribed medicines had had a medication review in the preceding 12 months.

Dysart surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Due its low rate of staff turnover, the practice was able to offer all its patients continuity of care, and all the practice patients had a named GP.

Whilst older people were a relatively lower proportion of the patient population, they remained a strong priority and the practice recognised that there was a high incidence of isolation and loneliness among this group. The practice participated in projects which focussed on the needs of certain older or vulnerable people: the Focus on Carers project and The Happiness project. The practice also advertised information about relevant support organisations that older people could reach out to.

The happiness project was a collaborative project between four local practices looking at an innovative way of supporting patients who are frequent attenders, in order to improve their quality of life as measured by a happiness rating scale. The project was motivated by the practice's recognition that many patients with long term conditions found themselves isolated and anxious about the future, and subsequently frequent users of health and social care services. The project trained a healthcare assistant to provide support to patients using motivational interviewing techniques, challenging incorrect health beliefs, and helping the patients set achievable health and wellbeing goals. The project included 20 patients and they each received six to eight support sessions.

The Focus on Carers project was set up in response to the practice recognising the key role that carers played in influencing the management of long term conditions among the vulnerable elderly population. To improve outcomes for patients, the practice developed a proactive approach of reviewing patients with the involvement of their carers as valued members of the team supporting the patient. The carers' needs were also prioritised, and a multidisciplinary approach was taken to support the patients and their carers. So far, the project has led to 94 patients and 94 carers being invited for review, and the reviews took place in patients' own homes. 94 patients and 80 carers were reviewed. The practice received positive feedback from patients and the carers about the project, although some carers were not interested in having their health reviewed. However as a result of the project, 25% of carers made contact with Carers Bromley.

Summary of findings

People with long term conditions

Outstanding 

The practice is rated as outstanding 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.

Longer appointments and home visits were available for people with complex long term conditions when needed. All patients had a named GP and a structured annual review to check that their health and medication needs were being met. Structured annual reviews were offered to patients with a range of long term conditions such as asthma, diabetes, epilepsy, rheumatoid arthritis and chronic obstructive pulmonary disease (COPD). The practice performance in the completion of these reviews was higher than the local and national averages for most conditions. For example, in the year ending 31 March 2014, 78.9% of patients with asthma had had an annual review of their asthma which included an assessment of asthma control; the local average was 75.5%.

Patients with long term conditions were encouraged to see their usual GP so that they received continuity of care. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice had 216 patients on the admissions avoidance scheme, and they received quarterly reviews of their health and care needs.

The practice participated in the Happiness project, motivated by their recognition that many patients with long term conditions found themselves isolated and anxious about the future, and subsequently frequent users of health and social care services. The project trained a healthcare assistant to provide support to patients using motivational interviewing techniques, challenging incorrect health beliefs, and helping the patients set achievable health and wellbeing goals. The project included 20 patients and they each received six to eight support sessions.

Government guidelines recommend that flu vaccinations are offered to certain at risk groups so that they are protected from the illness and developing serious complications. These groups include people aged 65 and over, pregnant women, people with certain medical conditions, carers and health and social care workers. The practice offered flu vaccines to these groups.

For the 2013 calendar year, 37.5% of their patients aged over 6 months to under 65 years in the defined influenza clinical risk groups had received the vaccination; this figure was below the national average of 52.3%. For the winter season of 2012 / 13, they had provided flu vaccinations to 68% of their patients aged 65 and

over, which was comparable to the national average of 73%. Of their diabetic patients, 76.5% had received flu vaccination in the year ending 31 March 2014, whilst the national average was 93.5% in the same period. The practice had carried out an audit in response to lower performance in its flu vaccination uptake and had made a number of changes particularly for diabetic patients for the 2014 / 15 year, which had led to an improvement in flu vaccination uptake among this group, to 86%.

Other key groups that the practice had provided flu vaccinations for during 2013 / 14 and 2014 / 15 flu seasons were patients with COPD and patients with Ischaemic Heart Disease (IHD). For the 2013 / 14 year, 83% of their patients with COPD and 80% of their IHD patients had received flu vaccinations. For the 2014 / 15 year, the practice had improved its flu vaccinations uptake among these groups to 86% of COPD patients and 85% of IHD patients.

The practice used the national Summary Care Records (SCRs) system to support patient care. SCRs are a copy of key information from patients' GP records which are provided to authorised healthcare staff when patients need unplanned care or when their GP practice was closed. 246 patients had opted out of having their information made available on the SCRs, but all other patients in the practice had up to date information made available to authorised staff about them through the SCR system.

Families, children and young people

Outstanding ☆

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. The practice told us they had a good working relationship with local school nurses and liaised with them on a case by case basis.

The practice undertook health promotion activities in local schools. Every year the GPS visit local primary schools to talk about different aspects of being a doctor and to support them in meeting the curriculum requirements. The aims of the visit were also to allay fears about going to the doctors, and to provide health promotion to the children, such as the importance of exercising and eating well. So far in 2015, GPs in the practice have been to two local primary schools.

Summary of findings

One of the GP partners is one of the local Programme Directors for GP training and through this has also been to Eltham College, along with GP trainees from the Bromley GP training programme and has facilitated a joint learning session about teenage health and has spoken to those interested in a career in Medicine.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The 2013 / 14 year's performance for childhood immunisations was variable. The practice performed at or above the local area average for some vaccinations, achieving 94.1% for Meningitis C at 12 months of age and 90.6% for Meningitis C booster at 24 months of age; the local area averages were 92.9% and 90.6% respectively. The practice performed above the local area average for some vaccinations recommended at five years of age, achieving 98.2% for Dt/Pol primary, Pertussis Primary and Infant Hib whilst the local area average for these was 96.7%. The practice achieved similar to the local area averages for Hib/Men C Booster and PCV Booster which were 92.6% and 89.5%. However, for some vaccinations - for example, PCV at 12 months of age and PCV booster at 24 months of age they were performing slightly below the local area average; the practice achieved 90.4% and 87.1% whilst he local area averages were 93.7% and 90% respectively. For Dtap/IPV Booster, which is recommended at five years of age they were performing far below the local area average, achieving 66.9% whilst the local area average was 81.6%.

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).

People of working age and young people were the largest group among the practice population. The practice had a higher than average young adult population, who were mainly professionals and clerical workers in London and were commuting daily. The practice also had a high 30 to 45 year old age band, made up of young families based locally with one or both parents working.

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 programmes that reflected the needs for this age group. NHS health checks were offered to patients aged between 40 and 74 years.

Summary of findings

Cervical screening was provided to patients in the practice, and 79.3% of eligible patients had been screened in the preceding five years to our inspection. The practice had carried out an audit of cervical screening after noting a fall in screening uptake from the previous year. Additional nursing hours were offered on Saturday mornings to encourage increase in uptake and improve access for patients who worked during routine surgery opening times. As a result of this change the practice saw cervical screening uptake increase from 78.6% to 79.3%.

People whose circumstances may make them vulnerable

Outstanding 

The practice is rated as outstanding 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, and those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received an annual follow-up. The practice had a record of scoring highly in the learning disabilities domain in QOF. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Whilst older people were a relatively lower proportion of the patient population, they remained a strong priority and the practice recognised that there was a high incidence of isolation and loneliness among this group. The practice participated in projects which focussed on the needs of certain older or vulnerable people: the Carers project and The Happiness project. The practice also advertised information about relevant support organisations that older people could reach out to.

Dysart surgery was one of four GP practices that had jointly set up The Happiness Project. Ten patients from the practice were receiving care and support through the project, which aims to tackle loneliness in older people and boost their mental health and wellbeing.

The practice had registered patients residing in one extra care unit and three wardens assisted housing units.

Summary of findings

All the residents in a housing unit for adults with severe learning disabilities (LD) were registered patients in the practice, and were registered with the same GP. The GP maintained a close working relationship with the local LD consultant in the planning and delivery of care to this group.

The practice supported people whose circumstances may make them vulnerable to access services. People who did not have a fixed abode were supported to register, and were able to access services to the same extent as all other members of the practice population. People who were of no fixed abode were able to register care of the practice's address, so all relevant medical correspondence came directly to the practice.

The practice had good links with Bromley Y, a local agency offering free therapeutic support to young people between the ages of 0 -18 years. The practice offered additional support to these young people, through a rapid access system. The practice have developed a relationship with Bromley Y and now are involved in a 'yellow card' system which means that they agree to see anyone who accesses their service with any concern relating to sexual health and /or contraception. The practice sees them regardless of whether or not they are registered with them.

Bromley Y give them a yellow card and signpost them to Dysart Surgery.

The practice told us they will always see these potentially vulnerable children on the day that they contact us and with consent will share details with their own GP practices.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All of their patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for 51 of its 71 patients with dementia. The practice told us that those that had not received the advance care planning were newly diagnosed, and with mild, early dementia.

The practice offered dementia screening for patients identified as being at increased risk. Alerts were placed on the notes of patients reminding clinical staff to offer these patients a memory test opportunistically when they attended the practice for routine

appointments. The healthcare assistant and sometimes the GPs carried out the memory tests with the patients. If the practice clinicians identified any concerns following the tests, the patients were referred to the community based Memory clinic.

Summary of findings

What people who use the service say

We received 23 CQC comment cards from patients, which were completed in the two weeks leading up to the inspection and on the inspection day itself. Twenty of the comments cards were entirely positive, with patients saying they received a consistently good service, felt well cared for, and that the staff team were helpful and attentive to their needs. All patients in the practice had a named GP and patients repeatedly commented about the high standard of care they received from them and the continuity in their care. Three of the comments cards also included less positive comments which related to delays in getting appointments, either generally or with their preferred GP.

We spoke with seven patients during our inspection. They all commented positively about their care and treatment experiences, and spoke well of the staff team in the practice. Two of the patients we interviewed also made slightly less favourable comments, one about the difficulty getting appointments and the second about the music that was sometimes being played in the reception area being slightly loud.

We spoke with two members of the practice patient participation group (PPG). They told us they enjoyed a good working relationship with the practice staff team, and that they felt supported in promoting the PPG's agenda and priorities. They told us they found the practice team open and transparent, and listened and responded to their feedback.

Data from the national GP patient survey showed that the practice performed particularly well against the local average in terms of the quality of their GP consultations. For example, 90% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, whilst the local area average was 82%; 93% of respondents said the last GP they saw or spoke to was good at listening to them, the local average was 96%; and 90% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments, the local average was 84%. However, 62% of respondents were satisfied with the surgery's opening hours, whilst the local area average was 71%.

Data from the national GP patient survey showed that 87% of respondents described their overall experience of this surgery as good; the local and national results for this question were 82% and 86% respectively. In addition, 80% would definitely or probably recommend the surgery to someone new to the area; the local and national results were 76% and 78% respectively. Data from this source therefore suggested that the practice was performing slightly better than the local and national averages in terms of people's overall experiences.

Outstanding practice

- We found Dysart Surgery to be particularly responsive to the needs of its patients. It acted on suggestions for improvements and changed the way it delivered services in response to improvement opportunities and feedback from its patients. In particular they had introduced Saturday morning nurse appointments to improve cervical screening uptake, they had made changes to the premises to improve privacy in the reception area, and they had further publicised the range of practice and online services they had available.
- We found the practice to be outstanding at providing services to the population groups of older people, people with long term conditions, people whose circumstances may make them vulnerable, and families, children and young people. Examples of what made the care outstanding for these groups included that all patients in the practice had a named GP, which meant they were supported to receive continuity in their care; the practice participated in projects such as the Happiness project and the Carers project to address isolation and support needs among

Summary of findings

vulnerable groups; the practice consistently delivered high performance under QOF with particularly low exception reporting when compared with local and national performance.

- The practice was engaged with the local community and presented health promotion sessions at local schools, and offered a special rapid access service to young people referred from a local agency offering free therapeutic support to young people between the ages of 0 -18 years.
- The practice was led by a dedicated and stable leadership team, many of whom had trained in the practice themselves.

Dysart Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a **CQC Lead Inspector.** The team included a GP specialist advisor and a practice management specialist advisor. They are granted the same authority to enter registered persons' premises as the CQC inspector.

Background to Dysart Surgery

Dysart Surgery is located in Bromley Town Centre, in South East London.

The practice has been at its present premises since 1982 when it had a list size of 8000 patients. The practice population has been steadily growing over the years. The practice had 10660 registered patients at the time of our inspection.

The practice operates from converted premises with the ground floor comprising the reception and waiting areas, treatment and consultation rooms. The upper floor of the premises is designated for staff offices.

The staff team are six GPs, two of whom were male, and two female GP registrars (GP specialty trainees); two practice nurses and a healthcare assistant. They were supported by a practice management team that comprised of a practice manager, a reception supervisor, two secretaries and a team of administrative and reception staff. Two community nurses and two health visitors also worked closely with the practice team.

Dysart Surgery has been a GP training practice for over 30 years. There were two registrars in training at the practice at the time of our inspection, and there were three GPs who were approved trainers for the London Deanery GP Speciality Training Scheme.

The practice had a general medical services (GMS) contract for the provision of its general practice services.

Dysart Surgery is registered with the Care Quality Commission (CQC) to carry on the regulated activities of Diagnostic and screening procedures, Maternity and midwifery services, Family planning, and Treatment of disease, disorder or injury to everyone in the population.

The practice was open on weekdays between 8.30am to 6.30 pm. Consultation times were 08:50am to 11:45am, and then 2:40pm - 6:05pm on Mondays to Wednesdays, 09:30am to 11:45am and then 2:40pm to 6:05pm on Thursdays, and 08:50am to 11:45am and then 3:40pm to 6:05pm on Fridays. The practice offered pre-booked appointments during extended hours on Saturday mornings between 9.00am and 12noon, and Wednesday mornings between 7am and 8am.

The practice had opted out of providing out-of-hours services to their patients. The on call doctor led service they used was available to patients from 6.30pm during weekday evenings.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Detailed findings

This provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 February 2015. During our visit we spoke with a range of staff (GPs, nursing staff, administrative and reception staff, and practice management) and spoke with patients who used the service.

We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients.

We reviewed comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, knew how to and were encouraged to report incidents and near misses. The practice had a clear policy in relation significant events and accidents (SEAs), which defined what constituted an SEA, and there was a GP partner who was the lead for SEAs. Staff in the practice had recorded, investigated and learnt from a range of incidents that had constituted SEAs including incorrect record keeping, management of safeguarding concerns, and incidents where the practice staff had to deal with aggressive patients.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last 15 months preceding our inspection. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred, and we reviewed the records of incidents that were recorded during the last 15 months preceding our inspection. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.

We tracked two incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of learning and action taken as a result. For example, following an incident where a patient had experienced a medical emergency whilst in the practice, the staff identified a number of things that could have been done better including ensuring the emergency drugs trolley was being appropriately labelled, and protocols for the management of medical emergencies being readily available to staff.

Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken. We saw examples of this in the responses the practice had made to patient complaints and recorded incidents. This demonstrated that the provider had a culture of openness, transparency and candour with people who use services and other "relevant persons" (people acting lawfully on their behalf) in general in relation to care and treatment.

National patient safety alerts were disseminated by the lead GPs and practice manager to practice staff.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding children and adults. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible. There were policies and procedures in place relating to the safeguarding of vulnerable people.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

The practice held quarterly child safeguarding meetings which were attended by the clinical team and the community health visitor.

Clinical staff in the practice were subject to enhanced Disclosure and Barring Service (DBS) checks as part of the recruitment process. Non clinical staff had basic DBS checks complete for them prior to their employment. Records were maintained verifying these checks had been completed.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to

make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans, people who were housebound, or people with learning disabilities.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Only clinical staff acted as chaperones in the practice, and they had been subject to relevant background checks as part of their regular role requirements.

Medicines management

1. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were in date and suitable for use. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy. However we found that a drug cupboard and the medicines fridges were not locked, so there was a risk of the medicines stored in them being accessible to unauthorised people. Immediately following our inspection, the practice obtained a padlock to lock the cupboard where the medicines were stored, and installed a combination lock for the nursing room door (where the medicines fridges are located) so that the door would be locked at all times when not in use but would remain easily accessible to authorised staff.

1. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
2. The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines. A member of the nursing staff was qualified as an independent prescriber and she received regular supervision and support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.
3. All prescriptions were reviewed and signed by a GP before they were given to the patient. We found that there was a process to track and keep secure the prescription paper used to print prescriptions from the practice's computers. For handwritten prescriptions, we found that there was no tracking process in place for the blank prescription pads. Immediately following our inspection, the practice provided us with a copy of the log they had developed for hand written prescriptions, which they informed us they kept in a locked draw in the practice manager's desk.

Cleanliness and infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

We saw that cleaning records were not maintained, but the practice developed a template for recording this information and provided us with this information within two days of our inspection.

The practice had a lead for infection prevention and control (IPC), the practice nurse prescriber, who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received infection prevention and control training and annual updates.

The practice had been received annual IPC audits from its clinical commissioning group. Their last IPC audit was completed on 27 November 2014. The practice was received an IPC assessment on 05 February 2015 by their local Infection Prevention/Health Protection Adviser. They were addressing the actions set following the audit and assessment. The practice manager carried out monthly audits of the standards of general cleaning, and records were maintained of these audits.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Good

Are services safe?

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested annually and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's absences.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support, and the last training session held in the practice was on 20 November 2014. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The notes of the practice's significant event meetings showed that staff had discussed a medical emergency concerning a patient that had occurred and that practice had learned from this appropriately.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. For example the practice had made arrangements with a local practice to use any available unused consultation and treatment rooms if their premises could not be used.

The practice had fire safety arrangements in place. These included fire safety training for all staff, weekly fire alarms testing, and periodic fire drills.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The practice partners told us that GPs were allocated guidelines to champion, monitor and share information about with the practice team as required. The implications for the practice's performance and patients of new guidelines were discussed and required actions agreed.

We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. GPs told us they continually reviewed and discussed new best practice guidelines for the management of different conditions. Our review of the clinical meeting minutes confirmed that this happened.

All GPs we spoke with used national referral standards. For example patients with suspected cancers were referred and seen within two weeks.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then used in carrying out clinical audits and other quality monitoring activities.

The practice had a system in place for completing clinical audit cycles. Audits were triggered for a range of reasons including new guidance and monitoring of compliance with existing guidance, observed underperformance and safety alert information. The practice showed us brief outlines of 17 clinical audits that had been undertaken between January 2014 and January 2015. They provided us with the summaries of two clinical audits they had carried out in the last year preceding our inspection. Following each clinical audit, changes to treatment or care were made where needed.

The first audit investigated the practice adherence to the current NICE guidance on the post natal management of gestational diabetes. The objectives of the audit were to check that patients diagnosed with gestational diabetes had had fasting blood glucose at six weeks postnatal and annual fasting blood glucose, and yearly thereafter including fasting blood glucose or HbA1c's performed. The first cycle of the audit demonstrated that of the 28 patients who met the inclusion criteria for the audit, eight had had a six weeks post natal fasting glucose level recorded, two patients had had annual fasting blood glucose levels since diagnosis and one patient had had annual HbA1c levels taken. The practice concluded that they were not meeting the standards set and put in place recommendations to improve their performance. These included increasing familiarisation among the clinical team of the set guidelines and discussing the topic at the practice meeting, set up a system to remind patients diagnosed with gestational diabetes to be invited to complete a blood test prior to their postnatal check appointment and annually thereafter, and educating patients about the tests that they would be required to undertake at the time of their diagnosis. The practice attempted a second cycle of the audit in December 2014 but they had no new patients identified with gestational diabetes at the time, so planned to re-audit in May 2015.

The second audit was on the uptake of flu vaccination in patients diagnosed with diabetes. The audit aimed to improve the uptake of flu vaccinations in this patient group having noted their performance of 76% during the 2013 / 14 year was below the national standards set, 90%. The practice made a number of changes ahead of the 2014 / 15 flu vaccination season, which included ongoing live system monitoring to identify patients who had not had the vaccination, telephone calls to follow up on patients who had not attended their flu vaccination appointment, and providing additional flu vaccination clinics specifically for diabetic patients. These changes led to a significant increase, to 84%, in their flu vaccination performance

among diabetic patients during the 2014 / 15 year. An additional benefit to patients of this audit was that housebound patients were being offered and provided flu vaccinations by their GPs on routine visits. The practice intended to build on the improvements they had seen as a result of the changes they made this season by arranging for their practice nurses and healthcare assistant to offer and administer flu vaccinations to housebound patients early in the next flu season and continuing with the use of their recall system and live monitoring of vaccination uptake.

The GPs told us clinical audits were also linked to medicines management information, or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, the practice had carried out an audit of cervical screening after noting a decrease in screening uptake from the previous year. Additional nursing hours were offered on Saturday mornings to encourage increase in uptake and improve access for patients who worked during routine surgery opening times. As a result of this change the practice saw cervical screening uptake increased from 78.6% to 79.3%.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice held quality meetings every two months where they reviewed their performance in chronic disease management including QOF. . The 2013/ 2014 QOF data for this practice showed it was performing better than the local and national average results. The practice achieved 97% overall for QOF in the year ending 31 March 2014, which was 4.6% above the local average and 3.5% above the national average. At 3.9%, the clinical exception reporting rates in the practice were also 2.5% below the local and 4% below the national averages. For the year ending 31 March 2015, the practice QOF performance was as follows: Clinical Domain – 423.78 / 435, Public Health domain – 122.52 / 124 and overall – 546.30 / 559.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GPs were prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice carried out a range of clinical and general audits to monitor and improve health outcomes for their patients and ensure a quality service. Triggers for the audits included new published guidance and identified areas for improvement in the practice.

Since 01 April 2014, the practice had been accredited by NHS England to provide the Minor Surgery Direct Enhanced Service. Doctors in the surgery undertook minor surgical procedures in line with their registration and NICE guidance. GPs carrying out minor surgeries were appropriately trained and kept up to date with their training and latest guidelines in minor surgeries. They regularly carried out clinical audits of their procedures and used the findings in their learning and development.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support, information governance, equality and diversity, and safeguarding

children from abuse. We noted a good skill mix among the doctors. All the GPs had additional diplomas in specialisations including obstetrics and gynaecology and sexual and reproductive health.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses. As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support and protected time for tutorial learning. We received positive feedback from the GP registrar we spoke with during our inspection.

Practice nurses performed defined duties and were able to demonstrate that they had additional training which supported them to do so; for example, in administration of vaccines and conducting cervical cytology. The nursing team was multi skilled in chronic disease management, and the senior nurse was a nurse prescriber. The nursing team saw patients with long-term conditions such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and coronary heart disease and were also able to demonstrate that they had appropriate training to fulfil these roles.

The practice clinical staff team led on specific areas both within and external to the organisation, according to their strengths and interests. One of the practice GPs was involved with the steering group for the formation of the GP federation in the local area.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had protocols in place outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice was commissioned for avoiding unplanned admissions enhanced service. (Enhanced services require a higher level of service provision than what is normally required under the core GP contract). Staff we spoke with and example records we were shown indicated that patients with complex needs, and often at risk of unplanned admissions, were seen for regular reviews by their GPs.

The practice held multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs and safeguarding meetings to discuss vulnerable patients. These meetings were attended by external colleagues such as district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.

The practice had signed up to the electronic Summary Care Record most of the practice patients had opted into the system. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). Special

notes such as summaries of any special needs were shared with out of hours and emergency services, so that they had suitable and relevant information to help them provide the care patients needed.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 (MCA 2005), the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, we saw evidence that the practice had followed the principles of the MCA 2005 and had ensured appropriate processes were followed so that decisions were made in the best interest of the patient. We saw that records were maintained of how patients had been supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

When asked about Gillick competencies, the clinical staff we spoke with demonstrated a clear understanding of its use. (Gillick competencies assessments are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

Health promotion and prevention

It was practice policy to offer a health check with the health care assistant to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 74 years. Practice data showed that 29% of patients in this age group had been offered an NHS Health Check, and 27% of these (or 233 patients) had taken up the offer of the health check. Patients were followed up if they had risk factors for disease identified at the health check and were scheduled for further investigations.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of patients with a learning disability and they were all offered and received an annual physical health check.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The 2013 / 14 year's performance for childhood immunisations was variable. The practice performed at or above the local area average for some vaccinations, such as Meningitis C at 12 months of age, Meningitis C booster at 24 months of age, and a range of vaccinations recommended at five years of age. However, for some vaccinations - for example, PCV at 12 months of age, PCV booster at 24 months of age they were performing slightly below the local area average. For Dtap/ IPV Booster, which is recommended at five years of age they were performing far below the local area average.

For the year ending 31 March 2014, 79% of the practice patients aged 25 or over and who have not attained the age of 65 had recorded in their patient notes that a cervical screening test has been performed in the preceding 5 years; this was similar to the national average of 81.9%.

There was a clear policy for following up non-attenders at health screening and health promotion appointments, such as vaccinations and cervical screening, by the named practice nurse.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The practice provided a smoking cessation service, which was run by the healthcare assistant.

The practice provided chlamydia screening to patients under the age of 25, as part of the national government programme. During the last quarter prior to our inspection, the practice was one of the top three highest performers in the local area for chlamydia screening.

Within their local area, the practice worked with local schools to deliver health promotion programmes; as well as in the wider local community to deliver national health promotion programmes. The practice had good links with Bromley Y, a local agency offering free therapeutic support to young people between the ages of 0 -18 years.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey (published on 08 January 2015), and a survey of 127 patients undertaken by the practice between November 2013 and January 2014. The evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Data from the national GP patient survey showed that the practice performed particularly well in comparison to the local average in terms of the quality of their GP consultations. For example, 90% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, whilst the local area average was 82%; 93% of respondents said the last GP they saw or spoke to was good at listening to them, the local average was 96%; and 90% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments, the local average was 84%.

The results of the practice survey showed that 86% of respondents were satisfied with the care they received at the surgery.

We received 23 CQC comment cards from patients, which were completed in the two weeks leading up to the inspection and on the inspection day itself. Twenty of the comments cards were entirely positive, with patients saying they received a consistently good service, felt well cared for, and that the staff team were helpful and attentive to their needs. All patients in the practice had a named GP and patients repeatedly commented about the high standard of care they received from them and the continuity in their care. Three of the comments cards also included less positive comments which related to delays in getting appointments, either generally or with their preferred GP.

We spoke with seven patients during our inspection. They all commented positively about their care and treatment experiences, and spoke well of the staff team in the practice. Two of the patients we interviewed also made slightly less favourable comments, one about the difficulty getting appointments and the second about the music that was sometimes being played in the reception area being slightly loud. The staff explained that music was played in the reception area to help minimise conversations in the reception desk being overheard, and that they had lowered the volume in response to patient feedback.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. In response to patient feedback, the practice had also installed noise reducing seals at the bottom of consultation room doors to further minimise any possibilities of conversations being overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk, in an administrative room behind the reception area which was only accessible to staff. Music was also played in the reception area to help minimise conversations in the reception desk being overheard.

The clinical staff (GPs and nursing staff) came out into the waiting area and called their patients in for their appointments.

Care planning and involvement in decisions about care and treatment

The national GP patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national GP patient survey showed 77% of practice respondents said the GP involved them in care decisions and 86% felt the GP was good at explaining treatment and results. Both these results were above average compared to the local area and national results.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received were mostly positive and aligned with these views.

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 patents this service was available.

Patient/carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting room and on the practice website also told patients how to access a number of support groups and organisations.

Patients with caring responsibilities were encouraged to identify themselves to the practice team, so that they could be offered additional support if they needed it. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

The practice had protocols in place to offer acknowledgment and support to their patients at a time of bereavement. These protocols had been recently updated in response to a patient complaint that they had not been offered condolences for their recent bereavement when they had had a recent appointment. News of bereavement were now promptly shared with the staff team. On some occasions where the practice staff had been closely involved with the family or relatives they wrote personal letters to them. Condolence cards were personally sent by the patient's doctor if deemed appropriate to do so.

We found that the practice clinical team showed focus and investment in people's emotional wellbeing, not just their physical health. This was demonstrated in projects they were involved in including their collaboration with Bromley Y, their schools outreach, and their Carers and Happiness projects.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a Patient Participation Group (PPG) that had been in operation for about six years. The practice had involved the PPG in the development of their in-house surveys, reviewing the feedback they received from various sources and preparing action plans and service priorities.

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example their appointments availability had been designed around their patients' needs, and services such as phlebotomy, child and antenatal clinics, sexual health services and travel health, were provided around the needs of their populations. The practice also recognised and adapted to the needs of particular groups, such as older people, people of no fixed abode and young people.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patient surveys, incidents, comments and complaints. For example they had taken steps to minimise patients being overheard in the reception area in response to survey feedback, and they now kept waiting patients updated about any delays to them being seen.

The practice had carried out an audit of cervical screening after noting a decrease in screening uptake from the previous year. Additional nursing hours were offered on Saturday mornings to encourage increase in uptake and improve access for patients who worked during routine surgery opening times. As a result of this change the practice saw cervical screening uptake increased from 78.6% to 79.3%.

Tackling inequity and promoting equality

The practice had access to online and telephone translation services.

The practice provided equality and diversity training as part of their mandatory training.

The premises and services had been adapted to meet the needs of patients with mobility difficulties. There was a ramp access leading into the building entrance and automated opening doors to aid access.

The practice premises comprised a ground and first floor, with patient areas on the ground floor, and the first floor dedicated for staff use only. There was no lift access between floors in the building.

We saw that the waiting area was large enough to accommodate patients with wheelchairs. Patients were asked to leave prams and buggies in a dedicated covered area outside the practice premises. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice supported people whose circumstances may make them vulnerable to access services. People who did not have a fixed abode were supported to register, and were able to access services to the same extent as all other members of the practice population. People who were of no fixed abode were able to register care of the practice's address, so all relevant medical correspondence came directly to the practice.

The practice had good links with Bromley Y, a local agency offering free therapeutic support to young people between the ages of 0 -18 years. The practice offered additional support to these young people, by operating a system whereby those referred though Bromley Y were able to get rapid same day access to GP appointments.

Access to the service

The practice was open on weekdays between 8.30am to 6.30 pm. Consultation times were 08:50am to 11:45am, and then 2:40pm - 6:05pm on Mondays to Wednesdays, 09:30am to 11:45am and then 2:40pm to 6:05pm on Thursdays, and 08:50am to 11:45am and then 3:40pm to 6:05pm on Fridays. The practice offered pre-booked appointments during extended hours on Saturday mornings between 9.00am and 12noon, and Wednesday mornings between 7am and 8am.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with their named GP or a nurse. Home visits were made to those patients who needed one. All the practice GPs carried out daily home visits, and wherever possible the patient's usual GP carried out their home visits.

Patients we spoke with and those who completed our comments cards were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice had a 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, the practice manager, who coordinated all complaints in the practice. A senior GP partner oversaw all complaints and the complaints procedure.

We saw that information was available to help patients understand the complaints system in the form of a complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the 11 complaints received in the practice verbally and in written form in the last 12 months preceding our inspection. We found the complaints had been satisfactorily handled, dealt with in a timely way, and that there had been openness and transparency with dealing with the complaints.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review which showed that with the exception of one complaint, all complaints received in the preceding year were related to organisational matters rather than a perceived failure of clinical care. Themes noted in the complaints related to problems surrounding prescriptions, difficulty in booking appointments, and the attitude of reception staff. Key learning identified from the complaints included improved communication required from the reception team with patients.

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

Dysart surgery is led a dedicated and stable leadership team, many of whom had trained in the practice themselves. This ensured continuity of care for patients, good governance and there was a strong commitment to the development and support of the staff team.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found the practice's vision and values were clearly outlined in their Statement of Purpose. The practice vision, aims and objectives centred on providing the best care and improving patients' health and wellbeing.

From our interviews with staff at all levels during our inspection, we found that the practice vision and aims formed the basis of their day to day work, and the practice was run by a patient centred team, who were committed and proud of the work they did.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a number of these policies and procedures and most staff had completed a cover sheet to confirm that they had read the policy and when. All the policies and procedures we looked at had been reviewed within their specified review period and were up to date.

There was a clear leadership structure with named members of staff in lead roles internally, as well as external engagement on behalf of the practice. For example, there was a lead nurse for infection control, a senior GP was the lead for Quality and Outcomes Framework (QOF), and a senior partner was the lead for safeguarding. One of the senior GPs was took an active role in the steering group for the federated working of Bromley GPs. Other staff attended local network meetings in the local CCG.

The practice used the QOF to measure its performance. The 2013/ 2014 QOF data for this practice showed it was performing better than the local and national average results. The practice achieved 97% overall for QOF in the year ending 31 March 2014, which was 4.6% above the local average and 3.5% above the national average. At 3.9%, the clinical exception reporting rates in the practice were also 2.5% below the local and 4% below the national averages. The practice held quality meetings every two months where they reviewed their performance in chronic disease management including QOF.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Recent audits that had been undertaken in the practice included an audit of the uptake of flu vaccination in diabetic patients, and an audit on the practice adherence to the current NICE guidance on the post natal management of gestational diabetes. Both audits had led to changes in practice to improve health outcomes for patients.

Leadership, openness and transparency

Staff we spoke with told us they felt supported by their colleagues and managers in the practice. Newer members of staff spoke of having suitable training, support and mentoring to help them in their new roles.

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through national and in-house patient surveys, comments and complaints. The practice's most recent in-house survey had focused on communication and appointment times to address issues which had been raised through the NHS choices website. Respondents rated the practice highly in terms of the care they received, with 86% indicating they were satisfied with the care at the practice, and 80% agreed that the surgery provided information which was easy to understand and met their needs. However the results showed that 33% and 37% of respondents accessed information about the practice via their website and telephone respectively. The practice staff were now publicising the services available online and in the practice through the reception team.

The practice had an active patient participation group (PPG). The PPG met every quarter in a meeting space provided for them within the practice. The practice

Are services well-led?

Good

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

manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

The practice had gathered feedback from staff through a range of staff meetings, individual appraisals and discussions. Meetings held in the practice included clinical, reception and whole practice staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan.

The practice had been a GP training practice for more than 30 years. The practice was last re—approved on 07 February 2015. It was approved for four years and this is due for review on 06 February 2019.

The practice partnership team included two GP appraisers and three GP trainers. Weekly tutorial meetings were held between the practice registrars and the GPs, as part of the training and development for the registrars.

Clinicians in the practice attended external professional development and training events relevant to their roles. For example, the practice had two GPs that carried out minor surgeries and they had attended a minor surgeries training course run by the Royal College of General Practice (RCGP). The clinicians carrying out minor surgeries also attended regular update sessions with the local hospital's orthopaedic team.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients.

Staff were supported and encouraged to develop within and beyond their roles. The practice healthcare assistant had originally joined the practice as a receptionist.

The practice clinical team attended academic half days, organised by their local clinical commissioning group (CCG), every two to three months. Locum GPs were used to cover the practice appointments so that all members of the clinical team were able to benefit from these learning opportunities.

The practice nurses met with the GPs once a month to discuss clinical practice and share learning. Regular nurses' meeting took place in the practice.

Non clinical staff received relevant training for their roles. For example the reception team had completed training in information governance and on the electronic records system in use in the practice.