

# The Trafalgar Surgery

## Quality Report

10 Trafalgar Avenue  
London  
SE15 6NR

Tel: 020 7703 9271

Website: [www.thetrafalgarsurgery.co.uk](http://www.thetrafalgarsurgery.co.uk)

Date of inspection visit: 30 January 2018

Date of publication: 04/04/2018

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** The practice was previously inspected by the CQC on 25 April 2017. At that inspection the rating for the practice was Inadequate overall. This rating applied to Safe, Well- led and all six population groups. Safe, Effective and Responsive were rated as requires improvement and caring was rated as Good. Following the inspection the practice was placed into special measures for six months and warning notices were issued. The report stated that the practice must address the following issues:

- The practice did not discuss serious untoward incidents either in a designated meeting or as a standing item in clinical meeting. The policy had not been updated in line with the practice's own review timelines.
- Some equipment, specifically all but one of the blood pressure monitors, had not been calibrated in the last year.
- None of the staff who acted as chaperones had received chaperone training. They had not received DBS checks.
- The practice was clean. However, the practice did not have a cleaning checklist in place and sharps bins were not fixed or dated.
- All emergency drugs were stored outside of their boxes in small quantities, and as such it was

impossible determine the expiry dates of any medicines in pill form. The vaccine fridge was overstocked and medicines were pushed to the side and the back.

- The practice did not have a failsafe system for monitoring 2 week wait referrals.
- The practice did not have a system of audit in place outside of medicines audits requested by the CCG, and were not able to provide copies of completed audits.
- The practice received updates from NICE, MHRA and the GMC but there were no formal mechanisms to review them.
- The practice held MDT meetings with health visitors and had attempted to arrange regular meetings with district nurses. However, there were no meetings with palliative care or mental health team.
- There was no PPG in place, although the practice was small and had been trying (on an ad hoc basis) to recruit members for a meeting.
- Policies were overdue review and on the day of the inspection management staff were unable to locate policies and procedures quickly. Safeguarding policies and procedures were not available on the day of the inspection but were provide the following day.

# Summary of findings

- The practice was not fully advertising its complaints procedure. There had been no complaints in the last 18 months.

The areas where the provider should make improvements were:

- Improve the identification of carers among the patient list.
- Review accessibility of services for patients with a hearing disability and those patients that do not speak English as their first language.

We carried out an announced comprehensive inspection at The Trafalgar Surgery on 30 January 2018. We found that the practice had made improvements following the last inspection, and it is now rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at The Trafalgar Surgery on 30 January 2018 as part of our inspection programme. 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.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had implemented defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Information about services and how to complain was available.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Alert patients when the practice is closed for training events.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

# Summary of findings

## The six population groups and what we found

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

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

# The Trafalgar Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector and a GP specialist adviser observer.

## Background to The Trafalgar Surgery

The Trafalgar Surgery provides primary medical services in the London Borough of Southwark to approximately 4,180 patients and is one of 38 GP surgeries in Southwark Clinical Commissioning Group (CCG). The practice operates at 10 Trafalgar Avenue, London, SE15 6NR in the London Borough of Southwark. The practice is in premises converted from a residential property, and there are consulting rooms on two floors of the building, with a third floor used for administrative offices.

The practice population is in the second most deprived decile in England. The practice population's age demographic is broadly in line with the national average. However, there are proportionally more patients aged between zero and 49 years and proportionally fewer patients aged over 60.

The GP team at the surgery is made up of one practice principal GP and one locum GP. In total there is one female GP and one male GP working at the practice, providing a total of 17 GP sessions per week. There is one locum Practice Nurse (3 days a week) at the practice. The clinical

team is supported by a practice manager, an assistant practice manager, one secretary and four reception staff. The practice operates under a Personal Medical Services (PMS) contract.

The practice reception is open between 8:00am and 6:30pm Monday to Friday. Extended hours are available between 6:30pm until 7:30pm on Wednesdays. Appointments are from 9am to 1pm and from 2:30pm to 6:00pm on week days. When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as an individual provider with the Care Quality Commission to provide the regulated activities of family planning; treatment of disease, disorder or injury; diagnostic and screening services; maternity and midwifery services.

The service was previously inspected on 25 April 2017 where the overall rating was found to be Inadequate. At that inspection it was found that the practice must make improvements in the following areas:

- Develop effective systems and processes to ensure safe care and treatment including ensuring that staff have access to safeguarding policies and significant event processes are clear and are reviewed. This should also include ensuring that clear risk management is in place (including in relation to infection control), and improving medicines management processes and medicines storage.
- Develop effective systems and processes to ensure good governance including development of formal recall systems, development of quality improvement systems, a clearer complaints service, an improvement of the governance framework (including clarifying access to policies and procedures) and developing patient participation.

# Are services safe?

## Our findings

At our previous inspection on 25 April 2017, we rated the provider as Inadequate for providing safe services in respect of:

- Serious Untoward Incidents - The practice did not discuss serious untoward incidents either in a designated meeting or as a standing agenda item in clinical meetings. The policy had not been updated in line with the practice's own review timelines.
- Equipment – All but one of the blood pressure monitors had not been calibrated in the last year.
- Chaperones – None of the staff who acted as chaperones had received chaperone training. They had not received DBS checks.
- Infection control – The practice was clean. However, the practice did not have a cleaning checklist in place and sharps bins were not fixed to the wall or dated.
- Medicines management – All emergency medicines were stored outside of their boxes in small quantities, and as such it was impossible to determine the expiry dates of any medicines in tablet form. The vaccine fridge was overstocked and medicines were pushed to the side and the back.

**At this inspection we found that all of these areas had been specifically addressed by the practice, and we rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had implemented full safety policies since the previous inspection. These policies had regular review dates and were communicated to staff through e-mail and practice meetings. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff, including administrative staff who acted as chaperones. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. The practice had cleaning schedules in place and had completed infection control audits.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste, and waste boxes were secured where required.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The service had been attempting to recruit to a vacancy for a salaried GP. They had covered this post with a long term locum while attempts to recruit continued.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

# Are services safe?

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Since the previous inspection the practice had purchased a second vaccine refrigerator to ensure that vaccines were stored safely. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Fire alarm checks were in place and all clinical and non-clinical equipment had been calibrated as required. All staff had completed training in basic life support and infection control.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Following an error where a safeguarding referral had not been issued in a timely fashion, the incident was fully investigated and it was apparent that not all staff were aware of the need for such referrals to be fast tracked. The practice staff had met to discuss this and safeguarding referrals were discussed with all staff, including the reasons why such referrals must be forwarded to the relevant authorities on the same day. Action taken included the review of the safeguarding referral processes to avoid the same thing happening again.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 25 April 2017, we rated the provider as Requires improvement for providing effective services in respect of:

- Audit – The practice did not have a system of audit in place outside of medicines audits requested by the CCG, and were not able to provide copies of completed audits.
- Alerts - The practice received updates from NICE, MHRA and the GMC but there were no formal mechanisms to review them.
- Governance meetings – The practice held MDT meetings with health visitors and had attempted to arrange regular meetings with district nurses to discuss the quality of care and services provided to patients in the community. However, there were no meetings with palliative care or mental health teams
- Referrals – The practice did not have a failsafe system for monitoring 2 week wait referrals.

**At this inspection we rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was in line with both the CCG and national averages.
- The number of antibacterial prescription items prescribed per Specific Therapeutic was in line with both the CCG and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.

- All indicators for the management of long term conditions at the practice were in line with CCG and national averages.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was in line with local and national averages. For example,
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 81%, similar to the CCG and national averages of 83%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.



# Are services effective?

## (for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 83%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 75% of patients diagnosed with dementia (three out of four patients) had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 85% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 85%; CCG 90%; national 92%).

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The practice provided a recently completed audit of the appropriate use of antibiotics in the management of urinary tract infections. The results and findings were discussed at a clinical meeting. The first part of this two cycle audit had been completed with targets for the second cycle.

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 95%. The overall exception reporting rate was 5% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for diabetes related indicators was similar to the national average. The practice had scored 89% for diabetes related indicators in the last QOF which is similar to the national average of 89%. The exception reporting rate for diabetes related indicators was 6%, lower than the national average of 11%.
- Performance for mental health related indicators was similar to the national average. The practice had scored 94% for mental health related indicators in the last QOF, which was similar to the national average of 95%. The exception reporting rate for mental health related indicators was 3%, lower than the national average of 11%.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

# Are services effective?

(for example, treatment is effective)

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice had developed a formal system for the management of urgent referrals and we saw that these referrals were expedited in time.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and thirty one surveys were sent out and 79 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 82% of patients who responded said the GP gave them enough time compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG – 95%; national average – 96%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 82%; national average – 85%.

- 81% of patients who responded said the nurse was good at listening to them; (CCG) – 85%; national average – 91%.
- 81% of patients who responded said the nurse gave them enough time; CCG - 87%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 80% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG – 86%; national average – 90%.
- 88% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

The practice said that their own surveys relating to the slightly lower scores relating to nurse care had highlighted that the treatment room in the surgery was laid out such that the nurse's back was to the patient when using the computer. They had said that they had considered a redesign of the room but they had yet to address the problem.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The principal GP spoke several languages and was able to support patients.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- A hearing loop was in place in the reception area.
- Staff helped patients and their carers find further information and access community and advocacy services.

## Are services caring?

The practice identified patients who were carers opportunistically. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (approximately 1.2% of the practice list).

- Leaflets were available to provide carers with information about support available to them.
- Staff told us that if families had experienced bereavement, they followed the practice's policy to support bereaved patients and their families. When the practice is notified of a patient death, staff send a condolence card to the bereaved patient inviting them to contact the surgery and give them advice on how to find a support service.

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

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 90%.

- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG – 80%; national average – 85%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG – 85%; national average – 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG – 80%; national average – 85%

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- The practice's arrangements in respect of nurse consultations in the treatment room were not sufficient because the room layout was unsuitable.
- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 25 April 2017, we rated the provider as requires improvement for providing responsive services in respect of:

- Complaints – The practice was not fully advertising its complaints procedure.

**At this inspection we rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice was an active member of the local GP Federation and staff attended CCG meetings where local care issues were discussed.

- The practice understood the needs of its population and tailored services in response to those needs. (For example the practice provided appointments outside of the usual opening hours on Wednesday evenings (until 7.30 pm) and online services such as repeat prescription requests.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients could receive consultation and treatment on the ground floor of the building.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice provided a blood test service for the elderly and frail patients so that they did not have to attend the local hospitals to have bloods taken.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had an access policy to co-ordinate care for patients with complex needs or patients in vulnerable circumstances, including people with cancer diagnosis. Longer appointments were available with a GP and with the practice nurse.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- There is no health visitor available at the practice at the present time and the practice does not hold a baby clinic at the surgery but at a nearby practice.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offers extended opening hours on Wednesdays until 7.30pm.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people,

# Are services responsive to people's needs?

## (for example, to feedback?)

travellers and those with a learning disability. At the time of this inspection, there are 9 people on the practice learning disability register and all had been reviewed.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. If a GP's surgery is running late, a message flags this up on the touchscreen. Reception staff we spoke with told us that they let patients know when a GP is running late, when they arrive at the practice.
- The Practice Manager told us that one afternoon a month the practice closed for training and care was transferred to the local out of hours service. However, the practice did not notify patients of when this was due to take place.
- Patients with the most urgent needs had their care and treatment prioritised. Between 6.30pm and 8.00am and on weekends and Bank Holidays the surgery is covered by South East London Doctors On Call (SELDOC).
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local

and national averages. This was supported by observations on the day of inspection and completed comment cards. 331 surveys were sent out and 79 were returned. This represented about 1% of the practice population.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 84% of patients who responded said they could get through easily to the practice by phone; CCG – 75%; national average – 70%.
- 65% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 73%; national average – 75%.
- 70% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 80%.
- 75% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.

The service was aware that some rates were below the national average but was actively looking to recruit to address these issues.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The policy and procedure for managing complaints had been formalised, and information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. At the previous inspection the complaints procedure was less clear and was not adequately advertised to patients. No complaints were received in the last year. The Practice Manager is the lead for managing complaints.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 25 April 2017, we rated the provider as inadequate for providing well led services in respect of:

- PPG – There was no patient participation group (PPG) in place, although the practice was small and had been trying (on an ad hoc basis) to recruit members for a meeting.
- Policies – Policies were overdue review and on the day of the inspection management staff were unable to locate policies and procedures quickly. Safeguarding policies and procedures were not available on the day of the inspection but were provided the following day.

**At this inspection we rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice principle and managers in the service had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- There were positive relationships between staff and the leadership team.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

# Are services well-led?

Good 

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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Since the previous inspection the practice had developed and integrated policies and protocols in all areas.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- Since the last CQC inspection, the practice had actively recruited to its patient participation group (PPG). A virtual group was in place, and a re-launch of formal meetings was scheduled to commence two weeks after the inspection. The practice manager told us that at least one patient had confirmed that they would attend.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.