

Cairngall Medical Practice

Quality Report

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Date of inspection visit: 1 February 2017
Date of publication: 31/03/2017

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?		Requires improvement	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cairngall Medical Practice on 1 February 2017. Overall the practice is rated as good.

This practice was previously inspected as part of the new comprehensive inspection programme. An announced comprehensive inspection was carried out on 28 January 2015 resulting in an overall rating of Requires Improvement. The ratings for the safe and caring domains were Requires Improvement and for the effective, responsive and well-led domains the rating was Good.

On 1 February 2017 our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, not all staff carrying out chaperone duties had received formal training for this role.
- Patients said they were treated with compassion, dignity and respect and were usually involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it difficult to make an appointment with a named GP and it was often difficult to book a routine appointment. However urgent appointments were available the same day through the morning walk-in service. Data from the national GP patient survey showed patients rated the practice below the local and national averages for how they could access care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had identified only 30 patients as carers (0.3% of the practice list).

Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- The provider should continue to monitor satisfaction rates regarding how patients can access appointments to ensure improvements are identified and implemented where appropriate.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- The provider should ensure that all staff are aware of and adhere to the requirements of the practice Chaperone Policy.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong, patients received reasonable support, truthful information and a written apology. They were informed of any actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. However, not all staff carrying out chaperone duties had received formal training for this role.
- Risks to patients were assessed and well managed. However, emergency medicines at the branch surgery did not include all recommended medicines and a risk assessment had not been undertaken to determine the risks this posed to patient care.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for most indicators were comparable to the local and national averages. The total QOF points achieved by the practice for 2015/16 was 99% compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The overall Clinical Exception Reporting rate of 6.5% was below the (CCG) average of 11% and national average of 9%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice as comparable to others for most aspects of care.
- 80% of patients said the nurse was good at listening to them compared to the local average of 88% and national average of 91%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 77% and national average of 81%.
- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 82% and national average of 86%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- Patients we spoke to said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained confidentiality of patient information.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Data from the national GP patient survey showed patients rated the practice below the local and national averages for how they could access care. For example,
- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and national average of 73%.
- 54% of patients said they were able to get an appointment the last time they wanted one compared to the CCG average of 70% and national average of 76%.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice were participating in the local Clinical Pharmacist scheme aimed at improving patient outcomes for admission avoidance, management of long-term conditions and treatment of minor ailments.

Requires improvement



Summary of findings

- Some patients said they found it difficult to make an appointment with a named GP but urgent appointments were available the same day through the daily walk-in service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. In the previous two years there had been a number of staff changes, including GP partners, the practice now appeared to be in a more stable position following the appointment of a new GP partner.
- The practice had a number of policies and procedures to govern activity and held weekly clinical governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for the reporting and investigation of incidents and information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and contributed to the development of the practice improvement programme.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

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

Good



People with long term conditions

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

- The Clinical Pharmacist and nursing staff worked closely with GPs and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority and their treatment reviewed as appropriate.
- The practice performance rate for the Quality and Outcomes Framework (QOF) diabetes related indicators was comparable to the local and national average.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. These patients were discussed at the monthly multi-disciplinary team meetings.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances and children who had failed to attend hospital appointments.
- Immunisation rates were comparable to the national average for all standard childhood immunisations.

Good



Summary of findings

- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national averages
- Appointments were available outside of school hours and the premises were suitable for children and babies. Priority was given to young children at the morning walk-in clinic.
- There were positive examples of joint working with midwives, who held an antenatal clinic at the surgery every week, and health visitors who attended monthly safeguarding meetings at the practice.

Working age people (including those recently retired and students)

The practice is rated as good for the the care of 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.
- Extended hours appointments were available at the surgery for one hour on Monday evening and Thursday morning and on Saturday morning between 8.30am and 12.30am.
- The practice was proactive in offering online services which included the 'ask a Doctor' email service for non-urgent queries and test result requests. Patients were sent texts to encourage attendance at booked appointments.
- A full range of health promotion and screening services were provided that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and annual reviews for patients with a learning disability. Of the 46 patients on the Learning Disability register 11 patients had received their annual review and 10 had booked appointments.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 97% and national average of 97%.
- 100% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 97% and national average of 93%.
- Exception reporting for both indicators was comparable with the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- A counsellor provided twice weekly clinics at the surgery.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below the local clinical commissioning group (CCG) and national averages. 265 survey forms were distributed and 113 were returned. This represented a response rate of 43% (1.2% of the practice's patient list).

- 47% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and national average of 73%.
- 54% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 60% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and national average of 85%.
- 49% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 18 comment cards which were all positive about the standard of care received. However, seven cards also included negative comments regarding booking appointments, such as, difficulty getting through on the telephone; the waiting time for booking routine appointments and the lack of continuity of care. The

practice were aware of these issues which they felt had resulted from a lack of stability in the workforce in the preceding two years and problems with the current telephone system. There was evidence that staffing issues had now stabilised and the practice had purchased a new telephone system to be installed imminently. Patients described the care received as good and commented that staff were friendly and that patients were usually treated with courtesy and respect by staff

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

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

- November 2016 (196 patients surveyed – 49 responses) – 71% of patients were likely to recommend the practice.
- December 2016 (265 patients surveyed – 49 responses) – 84% of patients were likely to recommend the practice.
- January 2017 (186 patients surveyed – 49 responses) – 71% of patients were likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should continue to monitor patient satisfaction rates regarding how they can access appointments to ensure improvements are identified and implemented.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- The provider should ensure that all staff are aware of and adhere to the requirements of the practice Chaperone Policy.

Cairngall Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser, a second CQC Inspector and an Expert by Experience.

Background to Cairngall Medical Practice

Cairngall Medical Practice is based in a purpose built premises at 2 Erith Road Belvedere Kent DA17 6EZ within a predominantly residential area and close to a small local high street. The property comprises a large reception and waiting area and nine treatment and consultation rooms on the ground floor with the upper floors designated for staff offices and a meeting room. Services are also provided at a smaller branch surgery at 58 Cumberland Drive Bexleyheath Kent DA7 5LB which is 1.5 miles from the main surgery.

Both premises are located in the London Borough of Bexley with Bexley Clinical Commissioning Group (CCG) responsible for commissioning health services for the borough.

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

The practice is registered with the CQC as a Partnership, providing the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 9554 registered patients. The practice age distribution is similar to the national average. The surgery is based in an area with a deprivation score of 6 out of 10 (with 1 being the most deprived and 10 being the least deprived)

Clinical services are provided by two full time GP partners (male and female); two salaried GPs (1.3 wte) and three regular locum GPs (1.4 wte) providing a total of 44 sessions per week; one part-time Nurse Practitioner (0.7 wte); three part-time Practice Nurses (1.6 wte) and two part-time Health Care Assistants (0.5 wte).

Clinical services are also provided by a full-time Clinical Pharmacist employed by the practice as part of a four year pilot scheme funded jointly with the local clinical commissioning group.

Administrative services are provided by a Practice Manager (0.8 wte), Business Manager (0.4 wte) and reception and administrative staff.

Reception at the Erith Road main surgery is open from 8am to 7pm Monday; from 8am to 6.30pm Tuesday, Wednesday and Friday; from 7.10am to 6.30pm Thursday and from 8am to 1pm Saturday. Telephone lines are open from 8am to 6.30pm Monday to Friday.

Reception at the Cumberland Drive branch surgery is open from 8am to midday and 3.30pm to 6.30pm Monday to Friday. Telephone lines are open during reception opening times only and patients are instructed to contact the main surgery when reception is closed during the midday period.

Detailed findings

At the Erith Road surgery booked appointments are available with a GP or Nurse Practitioner from 8.30am to 12.30pm and 2pm to 5.30pm Monday to Friday and from 8.30 to 12.30pm Saturday.

Urgent consultations are available from 8am to 10.30 am Monday to Friday through the Walk-in service. Patients can be seen by a GP, Nurse Practitioner or Clinical Pharmacist.

At the Cumberland Drive branch surgery pre-booked and urgent appointments are available with a GP from 8.30am to 11.30pm and 3.50pm to 5.30pm Monday to Friday.

Appointments are available with the Practice Nurse at the Erith Road surgery from 8.30am to midday and 3.30pm to 6pm Monday; from 2.15pm to 6pm Tuesday; from 8.30am to midday and 2pm to 6pm Wednesday and Thursday and from 8am to midday and 1.30pm to 5pm Friday.

Appointments are available with the Practice Nurse at the Cumberland Drive surgery from 8.30am to 11.30am Thursday only.

Appointments are available with the Health Care Assistant at the Erith Road surgery from 9am to 12.30pm and 2pm to 7pm Monday and from 9am to 12.30pm and 2pm to 6pm Wednesday and Friday.

The practice is closed on Sunday.

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

This practice was previously inspected as part of the new comprehensive inspection programme. An announced comprehensive inspection was carried out on 28 January 2015 resulting in an overall rating of Requires Improvement.

The ratings from the previous inspection for the Safe and Caring domains were Requires Improvement and for the Effective, Responsive and Well-led domains the rating was Good.

The areas of concern in the Safe domain identified from the previous inspection on 28 January 2015 were:

- There were gaps in the implementation of improvements in response to incidents.
- Medicines were being issued on repeat prescriptions without due checks being carried out.

- Some patients who were prescribed medicines with serious side effects were not monitored regularly as recommended under national guidelines.
- Some medicines used to treat people in medical emergencies were expired.

We saw evidence during this inspection that these issues had been addressed by the provider and that appropriate systems, processes and practices had been implemented.

The areas of concern in the Caring domain identified from the previous inspection on 28 January 2015 were:

- Patient satisfaction rates from the national GP patient survey published in January 2015 showed that patients rated the practice lower than the local and national average for several aspects of care.

Data from the GP patient survey published in July 2016 showed sufficient improvement had been achieved in these areas.

Why we carried out this inspection

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

This practice was previously inspected on 28 January 2015, the report for which was published on 18 June 2015. Practices with an overall rating of Requires Improvement are inspected again to check whether the provider has made sufficient improvements to show they are meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide an updated rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 February 2017.

During our visit we:

- Spoke with a range of staff including GP partners, GP staff, nursing staff, practice managers, and reception/administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

This practice was previously inspected as part of the new comprehensive inspection programme. An announced comprehensive inspection was carried out on 28 January 2015 resulting in a rating of Requires Improvement for the Safe domain.

The areas of concern identified from the previous inspection were:

- There were gaps in the implementation of improvements in response to incidents.
- Medicines were being issued on repeat prescriptions without required checks being carried out.
- Some patients who were prescribed medicines with serious side effects were not monitored regularly as recommended under national guidelines.
- Some medicines used to treat people in medical emergencies were expired.

We saw evidence that the practice had implemented the following changes as a result:

- Learning from incidents were identified at weekly minuted clinical meetings. There was evidence that improvements identified were implemented and learning disseminated to all staff via monthly staff meetings.
- Prescriptions for medicines with serious side effects were no longer available via the repeat prescription process to ensure the GP assessed the need for monitoring prior to producing the prescription.
- All emergency medicines checked on the day of the inspection were in date and there was a procedure for checking this.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents. The incident reporting procedure supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident,

received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- The practice carried out a thorough analysis of significant events and an evaluation of the incident was discussed at weekly clinical meetings attended by the Practice Manager and clinical staff. Learning was shared with non clinical staff at monthly staff meetings. Minutes of meetings were recorded and made available to all staff. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a medicine placed on a repeat prescription for a patient had the dosage changed by the hospital but the item was not changed on the patient's records and was therefore included on the issued repeat prescription on three occasions following this. As a result of the incident, and subsequent investigations, the practice had revised their repeat prescription process. The process now included, repeat prescription request forms to include dosage of all medicines and the forwarding to a GP of all requests for changes to medicines as identified in hospital letters and repeat prescription requests from patients. This ensured the GP was responsible for taking action as appropriate.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when required and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities

Are services safe?

and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to Child Safeguarding level 3 and nursing staff to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. The Chaperone policy stated that all staff who acted as chaperones should be trained for the role but not all staff were aware of this and some staff had undertaken chaperone duties without formal training. All staff we spoke to were aware of the correct procedure to follow when chaperoning. All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- To ensure prescribing was in line with best practice guidelines for safe prescribing the practice carried out regular medicines audits with the support of the local clinical commissioning group (CCG) pharmacy teams and Clinical Pharmacist.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The Nurse Practitioner and Clinical Pharmacist had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the partners for this extended role.

- There was a system in place to check that all patients referred under the urgent two-week referral process had received and attended an appropriate hospital appointment.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer some medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses and Health Care Assistants to administer vaccines and medicines against a patient specific direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety.
- The practice had up to date fire risk assessments and carried out annual fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a rota system for all staffing groups to ensure sufficient staff were on duty. GP, nursing and administrative staff provided annual leave cover for colleagues.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Emergency medicines at the branch surgery did not include all recommended medicines and a risk assessment had not been undertaken to determine the risks this posed to patient care. However, the practice informed us that they took immediate action to ensure all recommended emergency medicines were now available at both sites.
- The practice had a business continuity plan for managing major incidents such as power failure or building damage. Emergency contact numbers for staff were available and relocation to the branch surgery would be arranged if required. Copies of the plan were kept off-site with the partners and Practice Manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results used by the CQC (2015/16) showed that the practice achieved 99% of the total number of QOF points available compared to a Clinical Commissioning Group (CCG) average of 97% and national average of 95%.

The practice clinical exception reporting rate was 6.5% which was lower than the CCG average of 10.6% and the national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from (2015/16) showed:

- Performance for diabetes related indicators of 92% was comparable to the CCG average of 91% and national average of 90%.
- Performance for asthma related indicators of 100% was comparable to the CCG average of 98% and national average of 97%.

- Performance for mental health related indicators of 100% was comparable to the CCG average of 97% and national average of 93%.

Exception reporting for these indicators was comparable with local and national averages.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

We looked at two clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, one completed audit was carried out following a consultation with a patient with a history of prostate cancer during which it was identified that the patient had not been followed up appropriately by the hospital or GP service in the preceding two years. In order to ensure other patients had been followed up in line with current guidelines an audit was carried out to identify all patients with the same diagnosis (60 patients identified) for whom a record was not available of the required annual blood test result in the preceding 12 months. Of the 29 patients identified, further investigation confirmed that 28 were still receiving follow-up by the hospital service and the remaining patient was requested by the practice to undergo the appropriate blood test monitoring. As a result of the audit, the practice have implemented a regular six-monthly audit to be carried out by the administration staff to ensure all patients with a history of prostate cancer receive the appropriate follow-up.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and through discussion and support from colleagues.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support, information governance, Mental Capacity Act and infection control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and internal shared information system.

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

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and recorded the outcome of the assessment.
- Written consent was obtained and retained in patient records for minor surgery and vaccinations.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. The practice sent texts to patients who did not attend for their cervical screening test to remind them of its importance and followed this with a letter to patients who did not respond. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Immunisation rates for the vaccinations given to children were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 91% and five year olds from 84% to 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

This practice was previously inspected as part of the new comprehensive inspection programme. An announced comprehensive inspection was carried out on 28 January 2015 resulting in a rating of Requires Improvement for the Caring domain.

The areas of concern identified from the previous inspection were:

Patient satisfaction rates from the national GP patient survey published in January 2015 showed that patients rated the practice lower than the local and national average for several aspects of care. For example:

- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 82%.
- 47% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 57% and the national average of 64%.
- 66% of patients said the nurse was good at listening to them compared to the CCG average of 78% and the national average of 79%.
- 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and the national average of 74%.
- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 82%.

We saw evidence that the practice had made sufficient improvements in most of these areas. For example, results from the national GP patient survey published in July 2016 showed that patients rated the practice comparable to the local and national average for most aspects of care:

- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 80% of patients said the nurse was good at listening to them compared to the CCG average of 89% and the national average of 91%.

- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the most recent national GP patient survey published in July 2016 showed that the practice was comparable to the clinical commissioning group (CCG) and national average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 78% of patients said the nurse gave them enough time compared to the CCG average of 89% and the national average of 92%.

Are services caring?

- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.
- 60% of patients said their overall experience of the surgery was good compared to the CCG average of 80% and national average of 85%.
- 49% of patients stated that they would recommend the practice to someone who had moved to the area compared to the CCG average of 73% and national average of 80%.

The practice were aware of the areas where patient satisfaction scores were lower than average and were making efforts to improve the patient experience and continued to monitor the issues raised.

Care planning and involvement in decisions about care and treatment

Results from the GP patient survey suggested that not all patients felt involved in decision making about the care and treatment they received. For example:

- 64% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified only 30 patients as carers (0.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them and carers meetings were arranged by the practice to offer both practical and emotional support for this group of patients.

Staff told us that if families had suffered bereavement a letter of condolence was sent and a consultation was offered at a flexible time and location to meet the family's needs. Advice on how to access support services was provided as required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- For patients who could not attend during normal opening hours the practice offered extended hours on a Monday evening between 6.30pm and 7.30pm; Thursday morning between 7am and 8am and Saturday between 8am and 11.30am.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available through the daily walk-in service for patients with medical problems that required a same day consultation. Priority was given to babies and young children to ensure they were seen promptly.
- Telephone consultations with a GP were available daily and on-line services included the 'ask a doctor' email service for non-urgent queries and test result requests.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patient facilities were on the ground floor at both sites. A toilet, accessible for patients in a wheelchair, was available at the main site only. The branch surgery premises did not have sufficient space to accommodate this.
- Interpreting services were available for patients who required it. There was information on the website and in reception informing patients of the service.
- A phlebotomy service was available at the main surgery on Tuesday and Thursday mornings.
- The practice hosted a weekly anticoagulation clinic at the main surgery which was available to all patients in the locality.

Access to the service

Main surgery (Erith Road)

Reception was open from 8am to 7pm Monday; from 8am to 6.30pm Tuesday, Wednesday and Friday; from 7.10am to 6.30pm Thursday and from 8am to 1pm Saturday.

Telephone lines were open from 8am to 6.30pm Monday to Friday.

Booked appointments were available with a GP or Nurse Practitioner from 8.30am to 12.30pm and 2pm to 5.30pm Monday to Friday and from 8.30 to 12.30pm Saturday. Urgent consultations were available through the Walk-in service from 8am to 10.30 am Monday to Friday.

Appointments were available with the Practice Nurse from 8.30am to midday and 3.30pm to 6pm Monday; from 2.15pm to 6pm Tuesday; from 8.30am to midday and 2pm to 6pm Wednesday and Thursday and from 8am to midday and 1.30pm to 5pm Friday.

Appointments are available with the Health Care Assistant at the Erith Road surgery from 9am to 12.30pm and 2pm to 7pm Monday and from 9am to 12.30pm and 2pm to 6pm Wednesday and Friday.

The Clinical Pharmacist provided patient consultations daily for medication reviews, reviews for long-term conditions and the management of minor ailments.

Branch surgery (Cumberland Drive)

Reception was open from 8am to midday and 3.30pm to 6.30pm Monday to Friday. Telephone lines were open during reception opening times only. Patients were instructed to contact the main surgery between midday and 3.30pm.

Booked appointments (both urgent and routine) were available with a GP from 8.30am to 11.30pm and 3.50pm to 5.30pm Monday to Friday.

Appointments were available with the Practice Nurse from 8.30am to 11.30am on Thursday.

In addition to GP appointments that could be booked up to four weeks in advance the walk-in GP service was available each morning at the main surgery for people who required an urgent appointment.

Telephone appointments with the GP were available daily.

On-line services included 'ask a Doctor' email service for non-urgent queries and test result requests.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and national average of 73%.
- 54% of patients said they were able to get an appointment the last time they wanted one compared to the CCG average of 70% and national average of 76%.
- 43% of patients described the experience of making an appointment as good compared to the CCG average of 65% and national average of 73%.
- 35% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 66%.

People told us on the day of the inspection that it was sometimes difficult to get an appointment when they needed one and comments from the CQC patient comment cards reflected this. The practice were aware of the issues raised by patients and in response had recruited a new salaried GP who was due to commence the following month. They had also purchased a new telephone system which was due to be installed the week following the inspection. The system included a call analysis facility to enable the practice to monitor and evaluate calls in the future.

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

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at ten complaints received in the last 12 months and found that these were satisfactorily handled in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care provided. For example, the majority of the complaints related to the attitude and provision of care by GPs during consultations. The complaints had been responded to by the individual GPs who apologised for their actions and acknowledged the need for improvements.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategy and supporting plans which reflected the vision and values and were regularly monitored. However, the results of the national GP patient survey showed patients rated the practice below the local and national averages for how they could access care and treatment.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff via the practice shared drive system.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The current partnership consists of two partners. Following the retirement of two of the previous partners the senior partner had been managing the practice as an individual provider since October 2014. In July 2016 a new partner had joined the practice. The partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff.

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

requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff on communicating with patients about notifiable safety incidents.

The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence to support this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to develop the practice and the partners encouraged members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with two members of the PPG who told us that the current PPG had been introduced nine months ago. It consisted of a membership of fifteen patients, two members had been appointed as Chairs and two patients identified as minute-takers. They held monthly meetings which were attended by the senior partner. They told us that they felt the practice were keen to improve the services it provided and acted on the suggestions of the PPG. They told us that there had been noticeable improvements in the service over the past year.

Are services well-led?

Good 

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

Examples of changes they felt had been implemented by the practice following feedback from patients included changes to the telephone system, changes to the practice website and the introduction of more staff.

The PPG had carried out a patient survey in September 2016 to monitor patient satisfaction in the areas of concern as highlighted in the GP Patient Survey (26 responses had been received):

- 70% of patients rated consultations with GPs as Good to Excellent
- 77% of patients rated consultations with nurses as Good to Excellent
- 69% of patients rated their satisfaction with the quality of services as Good to Excellent
- 53% of patients rated their ability to get through to the practice by telephone as Good to Excellent
- 34% of patients rated their satisfaction with the choice of appointment times as Good to Excellent
- 53% of patients rated their satisfaction with the opening hours as Good to Excellent

The practice had gathered feedback from staff through staff meetings, annual staff appraisals and discussion at staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice continued to participate in the four year Clinical Pharmacist pilot scheme and was working with scheme's Senior Clinical Pharmacist, who was based in the surgery, to further develop the role and evaluate its impact on the management of long-term conditions, hospital admission avoidance and the daily walk-in service.