

Dr Vasanti Sandrasagra

Quality Report

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Date of inspection visit: 12 May 2016

Date of publication: 26/07/2016

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

We carried out an announced comprehensive inspection at Dr Vasanti Sandrasagra on 12 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment with GPs, but they rated the practice below average for several areas of consultations with the nurse.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs, but there were no baby changing facilities.
- There was a clear leadership structure and staff felt supported by management.
- The practice held regular governance and clinical meetings.
 - Practice specific policies were implemented and were available to all staff, but the business continuity plan was not comprehensive.
- 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.

We saw an area of outstanding practice:

Summary of findings

- The practice nurse had won an award from the Greenwich Stop Smoking Service for being the top smoking cessation advisor and for demonstrating enthusiasm and commitment in 2014/2015. The nurse had supported seven out of the 10 patients who signed up for this service to successfully stop smoking. This represented a success rate of 70%, which was above the national average of 51%.

The areas where the provider should make improvement are:

- Ensure all staff receive training on the use of the defibrillator.
- Continually monitor patient feedback, particularly in relation to consultations with nurses, to identify and act on further areas for improvement.
- Ensure regular fire evacuation drills are conducted.
- Ensure the business continuity plan is comprehensive.
- Ensure annual infection control audits are conducted and that they are documented.
- Review the need to have baby changing facilities available.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. At the time of our inspection there was no defibrillator for use in emergencies, but the practice purchased one in June 2016.
- The practice had a business continuity plan but it was not comprehensive.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with or above others for several aspects of care with the GPs and receptionists. Results were below average for satisfaction scores on the nurse; the practice had addressed this and discussed actions to make improvements.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in Greenwich clinical commissioning group's (CCG) Year of Care scheme, with an aim to improve outcomes for patients with chronic obstructive pulmonary disease, diabetes, heart failure, and hypertension.
- The practice had responded to feedback from patients by purchasing blood pressure monitoring equipment and by training a non-clinical staff member to become a phlebotomist to improve access to these services for their patients.
- Nationally published data showed patient satisfaction was significantly above average for access to appointments, the ease of telephone access and satisfaction with the experience of making an appointment at the practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and clinical 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 lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Annual health checks for patients aged over 75 years were provided by the practice nurse.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, 88% of patients with hypertension had well-controlled blood pressure. This was in line with the national average of 84%.
- The practice was responsive to the needs of older people, and offered longer appointments, home visits, and urgent appointments for older people, including those with enhanced needs.
- The practice offered an in-house phlebotomy clinic that could be used by older people who had difficulties in reaching other local services.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- Performance for diabetes related indicators was similar to the national average. For example, in the previous 12 months 81% of patients with diabetes had well-controlled blood sugar levels (national average 78%), and 79% of patients with diabetes had well controlled blood pressure (national average 78%).
- Longer appointments, home visits and telephone consultations were available when needed. Patients with enhanced needs, and those at risk of hospital admission were identified as a priority.
- All patients with a long term condition had a named GP, and most had a structured annual review to check their health and medicines needs were being met.
- 80% of patients with asthma had an asthma review in the previous 12 months. This was in line with the national average of 75%.

Summary of findings

- 100% of patients with chronic obstructive pulmonary disease had a review, including an assessment of breathlessness, in the previous 12 months. This was above the national average of 90%.
- For those patients with the most complex needs, the lead GP worked with relevant health and care professionals on a quarterly basis to deliver a multidisciplinary package of care.
- The practice participated in Greenwich clinical commissioning group's (CCG) Year of Care scheme, with an aim to improve outcomes for patients with chronic obstructive pulmonary disease, diabetes, heart failure, and hypertension.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours, and telephone consultations and longer appointments were available if required. Children with enhanced needs were prioritised for appointments.
- The premises were suitable for children and babies, with the exception of the absence of baby changing facilities.
- We saw positive examples of joint working with midwives and health visitors.
- 81% of women aged 25-64 had a cervical screening test in the previous five years. This was in line with the national average of 82%.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- Extended hours appointments were available from 6.30pm to 7.30pm on Wednesdays for patients that could not attend the practice during normal opening hours.
- The practice was proactive in offering online services such as appointment booking/cancellation, repeat prescription ordering and limited access to medical records.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered a weekly in-house phlebotomy clinic to facilitate access to this service by working patients.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Homeless people were able to register at the practice to receive on-going care.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for dementia related indicators was in line with the national average. For example, 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (national average 84%).
- Performance for mental health related indicators was above the national average. For example, 100% of patients with schizophrenia, bipolar disorder and other psychoses had a comprehensive, agreed care plan in the previous 12 months (national average 88%).

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. Two hundred and forty-seven survey forms were distributed and 119 were returned. This represented approximately 5% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Patients commented that staff had responded compassionately when they needed help, and that staff treated them with dignity and respect. There were two comments regarding difficulties with getting appointments.

We spoke with three patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the practice's friends and family test from April 2016 showed that out of 13 patients surveyed, all were either likely or extremely likely to recommend the practice to their friends or family. Comments highlighted that staff were patient, supportive and willing to help.

Dr Vasanti Sandrasagra

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP Specialist Adviser.

Background to Dr Vasanti Sandrasagra

The practice operates from one site in Eltham, London. It is one of 42 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 2,280 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include improving online access, influenza and pneumococcal immunisations, learning disabilities, patient participation, risk profiling and case management, rotavirus and shingles immunisation, and unplanned admissions.

The practice has an above average population of patients aged 50 to 85 years and over. Income deprivation levels affecting children and adults registered at the practice are below the national average.

The clinical team includes a female lead GP, a permanent long-term male locum GP, a female salaried practice nurse

and a female locum practice nurse. The GPs provide a combined total of 13 fixed sessions per week. The clinical team is supported by a practice manager, a senior receptionist, and two administrative/reception staff.

The practice is open from 8.00am to 6.30pm Monday to Friday, and is closed on bank holidays and weekends. Appointments with the GPs are available from 8.30am to 6.30pm Monday to Friday. Extended hours are available from 6.30pm to 7.30pm on Wednesdays. Appointments with the nurses are available from 9.00am to 12.00pm on Mondays, from 8.30am to 12.30pm on Tuesdays and Thursdays, and from 8.30am to 12.30pm and 3.00pm to 7.00pm on Wednesdays.

The premises are arranged over two floors of a converted house. There is a waiting area, a reception area, a consulting room, a treatment room and a toilet on the ground floor. There is a kitchen, an office and a consultation room on the first floor. At the time of our inspection, this consulting room was about to undergo refurbishment and was being used as additional office space.

There is on-street restricted car parking and disabled parking available. The practice's entrance and toilet are wheelchair-accessible but there are no baby changing facilities, and there is no lift to the first floor.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing urgent care out of normal hours to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on patients' medical urgency.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 May 2016.

During our visit we:

- Spoke with a range of staff including the lead GP, the practice manager, the practice nurse and administrative/reception staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording book available in the reception office.
- 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. This supported the management of 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).
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident involving missed test results, the practice investigated the incident, wrote to the patient explaining actions they had taken, and implemented a system where staff would contact patients to inform them of test results if they had not been collected within a month.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs told us they had not attended safeguarding meetings but they always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 3 and non-clinical staff were trained to level 1 or 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date infection control and prevention training. The practice told us they had conducted an infection control audit in 2015 but this was not documented. The last documented infection control audit was conducted in 2014 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicines to a pre-defined group of patients, without them having to see a GP).

Are services safe?

- We reviewed two 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 in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but they had not carried out regular fire drills. The practice informed us they had recently been made aware that this was necessary following fire safety awareness training, and their first drill was booked on 1 June 2016.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as for asbestos, infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), and asbestos. They had conducted risk assessments on individual products for the control of substances hazardous to health.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a buddy cover system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There were panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training.
- The practice had oxygen with adult and children's masks. At the time of our inspection the practice did not have a defibrillator available, but they purchased one in June 2016 after the inspection.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure, but it was not comprehensive as it did not cover a broad spectrum of incidents, for example, flood, loss of premises, gas supply, water supply, computer systems and telephone systems. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was in line with the national average. For example, in the previous 12 months 81% of patients with diabetes had well-controlled blood sugar levels (national average 78%), and 79% of patients with diabetes had well controlled blood pressure (national average 78%).
- Performance for mental health related indicators was above the national average. For example, in the previous 12 months 100% of patients with schizophrenia, bipolar disorder and other psychoses had a comprehensive, agreed care plan (national average 88%).

- Performance for dementia related indicators was in line with the national average. For example, 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (national average 84%).
- Performance for hypertension related indicators was in line with the national average. For example, 88% of patients with hypertension had well-controlled blood pressure (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years; four of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit on heart failure, conducted on 22 patients, identified patients who had not been given high enough doses of a medicine used to manage heart disease. A second cycle of this audit showed that all eligible patients received the higher medicine dose, the practice improved its coding to identify more patients at risk of heart failure and they improved their monitoring of these patients.
- The practice participated in local audits, national benchmarking, accreditation and peer review, but they did not participate in or conduct any research.

Information about patients' outcomes was used to make improvements. For example, the practice identified that there was a high demand for phlebotomy services in the locality due to a limited service being available from secondary care. The practice manager completed phlebotomy training in 2014 and the practice began an in-house phlebotomy service, which 1058 patients had used since it began.

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 confidentiality and the practice's processes. It did not cover topics such as safeguarding, infection prevention and control, fire safety or health and safety.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccines and performing cervical screening tests.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and external nurse's forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, infection control, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice also signed up to a virtual patient record system to enable hospital staff to directly access patients' records as part of their on-going or emergency treatment.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals every three months, when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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, weight management and substance abuse cessation. Patients were signposted to the relevant service.
- The nurse provided smoking cessation advice to patients who required it, and she had won an award from the Greenwich Stop Smoking Service for being the top smoking cessation advisor and for demonstrating enthusiasm and commitment in 2014/2015. The nurse had supported seven out of the 10 patients who signed up for this service to successfully stop smoking; this was a success rate of 70%.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the local Clinical Commissioning Group average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Are services effective?

(for example, treatment is effective)

- The practice ensured a female sample taker was available.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- 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.

Childhood immunisation rates for the vaccinations given to children aged under two years ranged from 82% to 95%, and for five year olds from 88% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- There were no curtains in consulting rooms but the practice manager provided evidence, after the inspection, that privacy screens were in place to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This service was not advertised.

We spoke with three patients, and reviewed 43 patient Care Quality Commission comment cards. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the practice's patient participation group (PPG) to seek their views on their experience of the service. They told us they were very satisfied with the care they had received, particularly from the lead GP who they described as very caring. They also told us they found all practice staff to be helpful and took time to listen to them.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to local and national averages for its satisfaction scores on consultations with GPs, and above average on satisfaction with receptionists. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 86% of patients said the GP gave them enough time (CCG average 81%, national average 87%).

- 92% of patients said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 83% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 86%).

However, patients rated the practice significantly below local and national averages for some satisfaction scores on consultations with nurses.

- 67% of patients said the last nurse they spoke to was good at listening to them (CCG average 86%, national average 91%).
- 75% of patients said the last nurse they spoke to gave them enough time (CCG average 87%, national average 92%).
- 60% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average of 91%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published on 7 January 2016 showed patients gave mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for consultations with GPs. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 81% and the national average of 86%.

Are services caring?

- 78% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).

Results were below local and national averages on consultations with nurses. For example:

- 63% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 85%, national average 89%).
- 59% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%).

We raised the survey results with the practice. They informed us they had reviewed the results and they provided us with evidence that the results had been discussed with staff to identify areas for improvement. They had identified that the nurse frequently carried out more treatments than scheduled, such as opportunistic blood tests or vaccinations, during appointments in order to accommodate patients' needs or fit them in at short notice. The practice told us this may have impacted adversely on the amount of time the nurse was able to spend with each patient. They had implemented an action plan to prevent this from re-occurring, and to improve patient satisfaction; the plan included reducing unscheduled treatments during consultations and giving patients more time to discuss their views and opinions.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There were notices in the waiting area informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers (Approximately 3% of the practice list). The practice manager received training in 2015 on supporting carers. They fed this training back to other colleagues at the practice in order to help them identify patients who might be carers. Written information was available to direct carers to the various avenues of support available to them, and the practice referred carers to a local carer's hub.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in September 2015 the practice signed up to participate in Greenwich CCG's Year of Care scheme with an aim to improve the diagnosis and management of patients with chronic obstructive pulmonary disease, diabetes, heart failure and hypertension. At the time of our inspection, the practice had not assessed the impact of the scheme on outcomes for patients but they told us patients had responded positively to it.

The practice had also recently acquired a 24 hour ambulatory blood pressure monitoring machine through funding from the CCG. Patients could avoid the six week wait for this service from secondary care by booking the machine directly from the practice to monitor their blood pressure over a 24 hour period, and returning to the practice for their results to be analysed and discussed with them. At the time of the inspection, the machine was being calibrated to ensure it operated at maximum accuracy.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Patients were able to access a range of online services including appointment booking/cancellation and repeat prescription requests.
- There was a weekly in-house phlebotomy service provided by the practice manager who had undertaken phlebotomy training.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS; they were directed to other clinics for vaccines available privately.
- There were wheelchair-accessible facilities and translation services available.

- There was no hearing loop for patients who had hearing difficulties; staff told us they could arrange a basic sign language interpreter for these patients.
- The lead GP had received training to enable them to identify and manage patients who were at risk of self-harm and suicide.
- The practice manager and senior receptionist had received training on improving customer care in 2014, which they shared with other staff members to improve patients' experience of the service. The practice was rated above local and national averages for patients' satisfaction with the receptionists.

Access to the service

The practice is open from 8.00am to 6.30pm Monday to Friday, and is closed on bank holidays and weekends. Appointments with the GPs are available from 8.30am to 6.30pm Monday to Friday. Extended hours are available from 6.30pm to 7.30pm on Wednesdays. Appointments with the nurses are available from 9.00am to 12.00pm on Mondays, from 8.30am to 12.30pm on Tuesdays and Thursdays, and from 8.30am to 12.30pm and 3.00pm to 7.00pm on Wednesdays.

Pre-bookable appointments could be booked up to two weeks in advance, and daily urgent appointments were available for people that needed them.

Results from the national GP patient survey published on 7 January 2016 showed that patients' satisfaction with telephone and appointments access was above local and national averages. Patients' satisfaction was average for the practice's opening hours.

- 77% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone (CCG average 73%, national average 73%).
- 94% of patients were able to get an appointment the last time they tried (CCG average 71%, national average 76%).
- 93% of patients described their experience of making an appointment as good (CCG average 70%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

All of the three patients we spoke with during the inspection told us that they were able to get appointments when they needed them. Of the 43 Care Quality Commission comment cards we reviewed, two mentioned difficulties getting appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

They carried out these assessments by contacting the patient or their carer in advance of the home visit to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the 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 three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, following a complaint from a patient regarding a long wait after arriving for an appointment, the practice gave the patient a full apology and the complaint was discussed with relevant staff to prevent a similar re-occurrence.

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 provide their patients with good quality, personalised healthcare with well trained and motivated staff. Staff members we spoke with were clear on the practice's vision.

- The practice had a mission statement. It was not displayed in the waiting areas but all staff we spoke with knew and understood its values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by all staff and they had addressed areas in which they were performing below local or national averages.
- There was a programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. At the time of our inspection, the practice did not have a defibrillator for use in emergencies, but they purchased one in June 2016 after the inspection.

Leadership and culture

On the day of inspection the lead GP and management staff demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular minuted team meetings, and clinical meetings.
- Staff told us there was a friendly and 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. We noted that staff attended annual Christmas and summer celebrations.
- Staff said they felt respected, valued and supported by the lead GP and management team. All staff were involved in discussions about how to run and develop the practice, and the practice leaders encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice manager had recently been promoted from a receptionist role; the practice's business/operations consultant provided information technology training for the practice manager after identifying that it would be beneficial in their new role.

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

Are services well-led?

Good 

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

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 active patient participation group (PPG) and through surveys and complaints received. The PPG consisted of 10 patients that met regularly. They carried out patient surveys and submitted proposals for improvements to the practice management team, which the practice responded to. For example, in response to feedback received from their patient survey, the practice ordered blood pressure monitoring equipment for the practice to avoid the long wait for patients to use this service in secondary care. Following feedback from the PPG regarding waits of up to five hours for blood tests at the local hospital, the practice trained the practice manager to become a phlebotomist in 2014 so that they could offer this service in-house to patients; 1058

patients had used this service since it began. The practice also signed up to a virtual patient record system to enable hospital staff to directly access patients' records as part of their on-going or emergency treatment.

- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. 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, and the practice demonstrated how they had acted on feedback from staff. For example, the practice had responded to feedback received from a recently recruited receptionist, on the benefits of the use of defibrillators on patients experiencing cardiac arrest, by purchasing a defibrillator for use in the practice in June 2016.