

# New Eltham Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 New Eltham Medical Centre and Blackfen Medical Centre on 5 November 2015. Overall the practices are rated as requires improvement.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had not proactively sought feedback from patients.

### The areas where the provider must make improvements are:

- Ensure staff receive appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure that health and safety building checks are undertaken and staff are adequately trained and updated in Fire safety.

### In addition the provider should:

# Summary of findings

- Ensure they have systems to monitor and record all staff training undertaken and staff meetings.
- Ensure that there is clear designation of staff lead roles.
- Ensure the practice develop systems that offer support to staff to provide cover.

**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 a system in place for reporting and recording significant events. However on speaking to staff we learnt that some incidents that had occurred should have been reported and discussed.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- However we found that staff had not undertaken fire training and no regular fire drills were being conducted.

### Are services effective?

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

Requires improvement



- Data showed patient outcomes were at or above average for the locality.
- 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.
- However staff had not had appraisals in the last 12 months and therefore no personal development plans had been identified.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that 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 that 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 requires improvement for being well-led.

- It 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 this.
- There was a clear leadership structure. However some staff felt that management were not supportive. The practice had a number of policies and procedures to govern activity.
- 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 knowing about notifiable safety incidents
- However staff had not had regular appraisals and performance reviews. The practice held staff meetings but these were not always recorded.

Requires improvement



# 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 requires improvement for the care of older people.

The practice was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for diabetes related indicators was better to the CCG and national average. (practice 92%; national 83%)

**Requires improvement**



### People with long term conditions

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

The practice was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

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

The practice was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours including Saturday mornings and the premises were suitable for children and babies.
- We saw good examples of joint working with health visitors and school nurses.

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

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

The practice was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Requires improvement**



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

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

The practice was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

**Requires improvement**



# Summary of findings

- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

The practice was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 for the most recent data showed the practice was performing in line with local and national averages. There were 119 responses and a response rate of 37%.

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 77% found the receptionists at this surgery helpful (CCG average 87%, national average 86%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 87%, national average 91%).

- 66% described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards and spoke to 10 patients who were all positive about the standard of care received. All were complimentary about the practice, staff who worked there and the quality of service and care provided. Patients felt that they were provided with good quality care; they were listened to and had good continuity of care as they normally saw the same GP.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure staff receive appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure that health and safety building checks are undertaken and staff are adequately trained and updated in Fire safety.

### Action the service **SHOULD** take to improve

- Ensure they have systems to monitor and record all staff training undertaken and staff meetings.
- Ensure that there is clear designation of staff lead roles.
- Ensure the practice develop systems that offer support to staff to provide cover.

# New Eltham Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and two practice manager specialist advisors.

## Background to New Eltham Medical Centre

The practices are located in the London Borough of Greenwich, and provide a general practice service to around 6800 patients from two purpose built buildings.

The practices are registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; and maternity and midwifery services at two locations.

The practices have a Personal Medical Services (PMS) contract and provide a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practices have three GP partners and three locum GPs representing four full time GPs. There is a good mix of female and male staff. The practices have two part time practice managers; the rest of the practice team consists of one full time practice nurse, one part time sessional

practice nurse and eight administrative staff consisting of medical secretaries' reception staff, clerks and typist. The two practices operate on a rotational basis and staff work across both sites.

The New Eltham Medical Centre is currently open five days a week from 08:00 - 18:30 on Monday, Tuesday, Wednesday and Friday, and from 8.00am - 13.30 on Thursday. There is no surgery on Thursday afternoon. In addition, the practice offers extended opening hours from 08:00 to 12:30 on Saturday mornings. Consultation times are 08:30 until 11:30 and 15:30 until 18:30. On Thursday afternoon when the practice closes at 13:30, patients can be seen at the Blacken Medical Centre. The Blackfen Medical Centre is open five days a week from 08:30-18:30 on Monday and Friday and 09:00-18:30 on Tuesday, Wednesday and Thursday. Consultation times are 09:00-13:00 and 16:00-18:30.

When the practices are closed, the telephone answering service directs patients to contact the out of hours provider.

There were no previous performance issues or concerns about this practice prior to our inspection.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 November 2015. During our visit we:

- Spoke with a range of staff including three senior two GP partners, two practice managers, and practice nurses and an administrative staff, and spoke with patients who used the service. and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. However staff told us of an incident that had occurred at the Blackfen Medical Centre involving staff feeling overwhelmed whilst working at the reception area. This incident had not been recorded and discussed. We spoke to both practice managers and they were aware of the incident and had dealt with it at the time though it was not formally recorded.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident had occurred at the practice where a baby had been given an extra set of immunisations. This incident was discussed with the practice team and to avoid future occurrence a new safety net check system was introduced and was being used by staff carrying out childhood immunisations.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and the practice nurses were trained to level 2.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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. However the practice did not have a clearly designated infection control lead. The practice reported that the nurse was the lead for infection control but when we spoke to the nurse they felt that they had taken on this role informally and they had not been nominated. Regular infection control audits were undertaken by the CCG and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found that 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

The practice had some systems, processes and practices in place to keep people safe, but improvements were needed.

## Are services safe?

- There were some 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. The practice had up to date fire risk assessments but had not carried out regular fire drills for over a year and staff had not received refresher fire training. The practice had also not carried out regular building health and safety checks. When we spoke to the practice they advised us that they had recently nominated a new staff to take on this role who would be responsible for undertaking regular 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for GP staff and administrative staff. However we were told that the sessional nurse was off sick but no arrangements had been put in place to offer support to the nurse. The practice GPs told us that they were taking on some of the appointments for flu vaccines and we saw these booked in but the nurse advised us that they were working beyond their time and did not feel supported.

### **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 any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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 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 peoples' 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 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 97% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF clinical targets. Data showed;

- Performance for diabetes related indicators was better than the CCG and national average. (practice 92%; national 83%)
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. (practice 89%; national 83%)
- Performance for mental health related indicators was better than the CCG and national average. (practice 96%; national 88%)
- The dementia diagnosis rate was below the CCG and national average. (practice 72%; national 83%).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and

monitored. For example recent action taken had resulted in the practice confirming that 91% of their asthmatic patients were on the correct inhalers and using them appropriately.

- The practice participated in applicable local audits, benchmarking and peer review. Findings were used by the practice to improve services. For example, action taken as a result included discussing the practice's referral policy with clinical staff and informing them about community services available for specific referral pathways such as diabetes and chronic obstructive pulmonary disease.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, although staff training in some areas required updating and improvements were required in relation to appraising staff.

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were not always identified. The practice held meetings but these were not always recorded. We also found that non-clinical staff including the practice manager had not had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. However all staff had not had fire procedures training updates. We saw that the practice had arranged for this training to be undertaken via an online portal since August 2015. However none of the staff had accessed this and this had not been followed up.

### 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.

# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary communications took place on a regular basis and that care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were below CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 56% to 100% and five year olds from 47% to 56%. Flu vaccination rates for the over 65s were 75 %, and at risk groups 73%. These were comparable to CCG and national averages.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 that 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 32 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with ten patients, They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice was below average for some of its satisfaction scores on consultations with doctors and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 84% and national average of 86%.
- 77% said the GP gave them enough time (CCG average 79%, national average 85%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 92%, national average 95%).

- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84, national average 90%).
- 78% said they found the receptionists at the practice helpful (CCG average 86%, national average 86%)

### Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded slightly negative 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 example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room 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 5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was offering enhanced services for diabetic patients at the practice reducing the time patients spent travelling to hospitals for follow up.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on Saturday mornings for patients who could not attend during the usual opening hours.
- There were longer appointments available for people with a learning disability and the elderly.
- Home visits were available for older patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions including telephone consultations.
- There were disabled facilities and translation services available.
- The practice were able to register patients with temporary addresses.
- Patients had a choice of seeing male or female staff.

### Access to the service

The New Eltham Medical Centre is currently open five days a week from 08:00 - 18:30 on Monday, Tuesday, Wednesday and Friday, and from 8.00am - 13.30 on Thursday. There is no surgery on Thursday afternoon. In addition, the practice offers extended opening hours from 08:00 to 12:30 on Saturday mornings. Consultation times are 08:30 until 11:30 and 15:30 until 18:30. On Thursday afternoon when the practice closes at 13:30, patients can be seen at the Blacken Medical Centre. The Blackfen Medical Centre is open five days a week from 08:30-18:30 on Monday and Friday and 09:00-18:30 on Tuesday, Wednesday and Thursday. Consultation times are 09:00-13:00 and 16:00-18:30.

When the practices are closed, the telephone answering service directs patients to contact the out of hours provider. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were were able to get appointments when they needed them.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 74%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 65% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 79% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 64%).

### Listening and learning from concerns and complaints

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

- The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was included in the practice information leaflet and displayed in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Requires improvement 

(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 mission statement which was displayed in the waiting areas and staff knew and understood the 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. However the practice nurse was not aware that they were the appointed infection control lead for the practice. We also found that the practice's management did not always take the lead when required. For example the outstanding fire refresher training had been arranged via on-line access in August 2015. However staff had not completed the management had not followed up on this.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions though the practice had not always recorded some incidents that had occurred at the practice.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice. However some staff told us that they did not always feel supported by the leadership of the practice. They told us they had spoken to the practice relating to the increasing workload

but this was not being addressed. When we spoke to the practice management they were aware of the workload issues some were staffing experiencing and they were working to support these staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings however the practice told us minutes were not always recorded. The practice were aware of the need to improve their recording systems.
- Generally staff said they felt respected, valued and supported, particularly by the partners in the practice. However some staff told us they were not involved in discussions about how to run and develop the practice, and were not encouraged 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff through staff meetings. However no appraisals had taken place for non-clinical staff in the last year. The

# Are services well-led?

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practice management were aware of this and they explained the delay was to do with a new form that had been designed to be used for appraisals that was still being developed.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity  | Regulation  |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good governance</p> <p>How the regulation was not being met:</p> <p>17 (b).assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</p> <p>Systems were not in place to ensure premises used by the service provider were safe. Premises were not properly assessed. Health and Safety building checks and Fire risk assessments were not carried out routinely. The practice were not carrying out regular fire drills according to their policy.</p> |
| Regulated activity  | Regulation  |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 Staffing.</p> <p>How the regulation was not being met</p> <p>2 (a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Non clinical staff had not received appraisals in the last 12 months.</p>   |

This section is primarily information for the provider

## Requirement notices

Staff had not undertaken fire procedures training updates.