

Hetherington Group Practice

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

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?

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 Hetherington Group Practice on 30 March 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 however the systems in place for monitoring and recording significant events were not always effective.
- The majority of risks to patients were assessed and well managed. However the practice's recruitment and monitoring processes were not sufficiently robust and the practice did not have a full supply of medicines to deal with emergencies on the premises.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However there was an absence of some mandatory training for staff including fire safety, infection control and information governance.
- 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. However some of the complaints reviewed some did not have a formal written response and those which were responded to formally did not detail organisations patients could contact if they were unsatisfied with the response provided by the practice.
- Patients told us that they found it was difficult to get through to the practice on the telephone. The practice provided us with evidence of action they had taken to address the issue with telephone access. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

- The practice supported a number of community organisations that cared for patients in vulnerable circumstances. We spoke with the manager of one community service who told us that the practice had provided an excellent level of service.

The areas where the provider **must** make improvement are:

Put an effective system in place for analysis of significant events; ensuring that any action or learning from events is clearly documented and communicated to staff.

Ensure that the practice recruitment policies are implemented and that there are systems in place to review the professional registrations of clinical staff.

Ensure that there is a full stock of emergency medicines on site and that there are systems in place to replace medicines when required.

The areas where the provider **should** make improvements are:

Ensure complaints policy and responses comply with requirements of The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Ensure that all staff have received required mandatory training including fire safety, information governance and infection control.

Continue to review and monitor telephone and appointment access.

Consider drafting a formal strategic business plan.

Consider undertaking regular internal appraisals for salaried GPs and review the appraisal process for all staff.

Review patients with mental health concerns and put strategies in place to ensure that their alcohol consumption is discussed and recorded.

Continue to review patients to ensure that people with Coronary Heart Disease are identified.

Review the process of internal audit, clearly documenting the action taken to improve outcomes and consider putting this information into a structured written format.

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 requires good for providing safe services.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough and it was not always evident what lessons had been learned.
- Although the majority of risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe particularly in respect of recruitment, the supply of emergency medicines and the provision of fire safety training.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed that most patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, it was not always clear what actions had been taken to achieve this improvement or what the practice had learned from these audits and how it would be used to improve outcomes for other patients going forward.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Some staff had not been appraised within the last 12 months.
- Staff worked with multidisciplinary teams 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 higher than others for several aspects of care.

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.
- The practice had identified 5% of their practice population as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Though we saw evidence that there had been difficulties with patients accessing appointments by telephone the practice had undertaken steps to address concerns regarding access and appointments. They had not yet undertaken a review of this change.
- Urgent appointments were 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. While the practice handled complaints appropriately and sensitively they did not meet the requirements set out in complaints legislation. For example formal responses were not always provided when required and patients were not signposted to advocacy services and the Ombudsman if they were dissatisfied with the complaint outcome. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- There was an overarching governance framework however arrangements to monitor and improve quality and identify risk were not always effective particularly in respect of significant events, availability of emergency medicines, recruitment and training and learning from clinical audit.

Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients; though there was no documented business strategy in place which was regularly reviewed and monitored. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Though the practice's policy on complaints was not in accordance with legislative requirements.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held a “Yak and yarn” knitting group in conjunction with age concern for older people and carers.
- The practice’s outreach nursing team undertook holistic health assessments for patients over 65 who were housebound and those over 80 years old; ensuring that these patients had packages of care that addressed their health and social care needs.
- The practice ran a flu immunisation clinic.

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 and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with the national average. The practice had established formal links with local diabetic specialists.
- Longer appointments and home visits were available when needed.
- The practice supported patients to manage their own long term conditions.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice told us that 12.2% of the practice population had a care plan in place which addressed long term conditions.
- Patients who were at risk of a long term condition were regularly reviewed and identified using factors such as age, number of co-morbidities and unexpected admissions to hospital.

Summary of findings

Families, children and young people

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

Good



- 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months which included an assessment of asthma control using the 3 Royal College of Physician questions, was in line with the national average.
- 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 percentage of eligible women whose notes recorded a cervical screen having been completed in the last five years was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice held 8 week baby clinic and a child asthma clinic.

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).

Good



- 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 of this age group.
- The practice offered extended hours access for working people on Tuesdays and Saturdays.

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



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice ran a clinic to review learning disabled patients.
- The practice supported a number of community organisations that cared for patients in vulnerable circumstances. We spoke with the manager of one community service that temporarily supported people in vulnerable circumstances with complex health and social problems which was located out with the practice's catchment area. They told us that the practice had provided excellent care overall; agreeing to register all of their residents which no other GP surgery had been willing to do. The manager informed us that the residents thought highly of the service received from the practice with one patient recently telling her that they were considering moving to the area to ensure that they did not lose the support offered by the practice.

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).

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice were in line with national targets for mental health and dementia patients except in respect of recording the alcohol consumption of mental health patients which was 62.62% compared with a national average of 89.55% and a CCG average of 86.7%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

- 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.
- The practice hosted a counsellor and psychologist.
- The practice had identified 5% of their population as having schizophrenia and 5% as having depression. The practice registered challenging patients that other practices in the area had been unable to support.
- The practice ran a reading group for mental health patients as part of a study which aimed to assess the therapeutic benefit of group reading.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and twelve survey forms were distributed and ninety six were returned. This represented a 23.3% response rate and 1.1% of the practice's patient list.

- 58% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 83% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards. Eight of which were positive about the standard of care received. Two of the comment cards also expressed concerns about difficulties in getting through on the telephone. One of the comment cards was not positive and detailed an incident about challenges getting a repeat prescription. We reviewed the practice's systems and process in this regard and found no concerns.

We spoke with 13 patients during the inspection. All 13 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Again the only issue of concern which was raised by six of the patients we spoke with were difficulties in getting an appointment.

Hetherington Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Hetherington Group Practice

Hetherington Group Practice is part of Lambeth CCG and serves approximately 8600 patients. The practice is registered with the CQC for the following regulated activities Diagnostic and Screening Procedures, Family Planning, Maternity and Midwifery Services, Surgical Procedures and Treatment of Disease, Disorder or Injury.

The practice population is in the fourth most deprived decile on the index of multiple deprivation. The practice has a significantly higher proportion of working age people. The practice has a slightly lower than the national average proportion of older people and children.

The practice is run by three male partners and five salaried GPs of mixed gender. The practice is a training practice and currently has an two trainee GPs. There are six nurses; two of which do work exclusively in the community.

The practice is open between 8 am and 6.30 pm Monday to Friday except Tuesdays when the practice stayed open till 8 pm. The practice was also open on Saturdays 9 am till 12 pm. Appointments were available 8 am and 12 pm and 3 pm till 6 pm Monday to Friday except Tuesdays when surgery commenced at 9 am till 12 pm and then resumed

from 5 pm till 8 pm. The practice offers 47 sessions per week with booked and emergency appointments five days per week and only pre booked appointments were available between 9 am and 12 pm on Saturdays.

Hetherington Group Practice operates from 18 Hetherington Road, Clapham; London, SW4 7NU which are purpose built premises which are rented from NHS Property Services. The service is accessible for people with mobility issues. The practice is based over three floors and there is a lift on site. We were told that patients with mobility issues tended to be seen on the ground floor only.

Practice patients are directed to contact local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Learning Disabilities, Minor Surgery, Rotavirus and Shingles Immunisations and Unplanned Admissions

The practice is part of a GP federation.

The practice was previously inspected under our previous methodology and was found to be compliant in all areas.

Why we carried out this inspection

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

Detailed findings

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 30 March 2016. During our visit we:

- Spoke with a range of staff GPs, Nurse, a healthcare assistant and reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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

The systems in place for reporting and recording significant events were not always effective.

- Staff told us they would inform the practice manager of any incidents and there was an incident book in reception to document any events. The practice was formally recording the information on DATIX which is a software system that enabled other services who may have been involved in the event to comment on the significant event. However the practice informed us that they had been unable to use Datix since September 2015 due to technical problems. The practice's internal systems for reporting significant events were not sufficiently robust to allow for review and further learning. For example there was a significant event documented relating to a cervical screening sample that was incorrectly labelled. There was no further information about this incident and it was unclear what action, if any, was taken to address the concern. One of the GPs gave an example of an event concerning a patient who had suffered internal bleeding stemming from the medication they had been prescribed. We checked the patient's notes and found that this information was not documented in the patient's records; though this was added when we pointed out the omission.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. The minutes of patient meetings were sparse; containing only a list of the patients discussed together with their ID numbers, and not the specifics of any concerns or incidents. We asked to see the notes of a patient discussed to see if there was any note of the significant event in their records, but were unable to find any detailed information which explained the nature of the incident.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

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 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, Nurses to level 2 and administrative and reception staff to level 1.
- 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 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We were told that curtains in the practice were laundered annually and not every six months. However we observed the curtains to be clean and were told that any soiled curtains were immediately sent for dry cleaning.
- The arrangements for managing medicines, including emergency medicines and vaccines, 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. The practice had employed a pharmacist

Are services safe?

who worked one a day a week and focused on medicines optimisation and cost reduction. Prescription 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 are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises. A PSD is the traditional written instruction signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed six personnel files and found that practice had undertaken some recruitment checks prior to employment. For example, proof of identification, qualifications. However we found that the system in place for checking the professional registrations of GPs and nurses was not sufficiently robust and there were no documented checks for one GP and one nurse; though these checks were completed on the day of our inspection. The practice's recruitment policy did not specify the number of references required. The practice had completed Disclosure and Barring Service checks for all staff; however we found that one of these had expired in November 2015. The practice has since supplied confirmation that a new DBS has been requested.
- 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.

Monitoring health and safety risk to patients and ensuring adequate staffing

Health and safety risks were assessed and most were well managed and there adequate numbers of staff in place to meet patient needs.

- 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 and carried out regular fire drills. However, there was no evidence of fire safety awareness training for the majority of staff. The practice have provided evidence since our inspection that this has been completed for all staff. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and reception and administrative staff were trained in aspects of each other's roles to ensure that staff were able to cover absences.

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. The practice had paid for software which placed a green panic button on all computer screens.
- 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. A first aid kit and accident book were available. The practice was able to provide us with an example of where they had successfully revived a patient using the defibrillator. However, this incident was not dealt with under the practice's significant event policy.
- 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 did not have diazepam for

Are services safe?

emergencies, although we were subsequently provided with evidence that this was ordered on 13 April 2016. The practice also said that they did not have diclofenac on site as there was no clinical indication however there was no formal risk assessment to support this.

- 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 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 peoples' needs.
- The practice monitored that these guidelines were followed through 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 88.9% of the total number of points available, with 8.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was previously noted as being a high prescriber of Cephalosporins or Quinolones. The practice told us that they had worked with the pharmacist to reduce this and provided statistical evidence to show that they were below the national average in the latter half of 2015.

The practice has a lower than average prevalence of Coronary Heart Disease. The practice informed us that they were now using an online tool which contained an algorithm which enabled GPs to identify patients who were at risk.

This practice was an outlier in respect of the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 63% compared with a national average of 90% and a CCG average of 87%. The practice attributed this to the fact that a large

percentage of their patient population had mental health problems and that it was often difficult to get these patients to engage. The practice's exemption of mental health patients was lower than the national average; 7% compared with 11%.

All of the other QOF figures aligned with national or locality averages. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For instance the percentage of diabetic patients whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 76% compared to the national average of 81%. Those patients with a record of a foot examination and risk classification within the preceding 12 months was 74% compared to a national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less 77% compared with 84% nationally.
- Performance for other mental health related indicators were similar to the CCG and national average. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 76% compared to the national figure of 84%. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 90% compared with the national average 94%

Clinical audits demonstrated quality improvement though it was not always what action had been taken to improve patient outcomes.

- We reviewed four clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example the practice had reviewed hypertensive patients with the assistance of a consultant in a virtual clinic with a view to reducing their blood pressure (BP) to within normal range. Patients were identified who had a particularly high BP and actions were taken to address their high blood pressure including referrals to clinics and medication changes. Four out of the 15 patients reviewed saw an improvement as a result of the actions taken. The

Are services effective?

(for example, treatment is effective)

practice also audited patients who had not been reviewed during the virtual clinic. Again actions were implemented resulting in a reduction in blood pressure for the majority of patients. However, it was not clear what actions had been taken to achieve these results.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It covered such topics as safeguarding, the significant event procedure and basic life support training.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to local organised training.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All non-clinical and nursing staff had had an appraisal within the last 12 months. The non-clinical appraisals were lacking detail and it was sometimes unclear what objectives had been set or whether there were any areas for development. The salaried GP appraisal that we reviewed was dated 2014. However we were provided with evidence that this was completed after our inspection.
- Staff received training that included: safeguarding and basic life support. However there were a number of clinical and non-clinical staff who had not completed

information governance awareness, infection control and fire safety training. This training was completed after our inspection. 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. Information, such as NHS patient information leaflets, was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a regular basis including weekly health visitor meetings, quarterly meetings with the palliative care team and meetings with staff at the residential care homes that practice staff supported. We saw evidence that care plans were routinely reviewed and updated on the basis of these meetings.

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.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.
- The practice would provide patients with advice on diet and smoking cessation and would refer patients to support services where necessary.

The practice's uptake for the cervical screening programme was 80%, which was comparable to 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

and they ensured a female sample taker was available. 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 98% and five year olds from 88% to 99%.

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 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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards. Eight of which were positive about the standard of care received. Two of the comment cards also expressed concerns about difficulties in getting through on the telephone. One of the comment cards was not positive and detailed an incident about challenges getting a repeat prescription. We reviewed the practice's systems and process in this regard and found no concerns.

We spoke with 13 patients during the inspection. All 13 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Again the only issue of concern which was raised by six of the patients we spoke with was in respect of the difficulties in getting an appointment.

We spoke with two members of the patient participation group. 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.

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

- 83% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%).
- 81% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

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 on the comment cards we received was also positive and aligned with these views.

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

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (national average 85%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice identified patients who required the use of a translator and provided patients with a registration forms that were translated into numerous languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 and 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 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 the practice's outreach nursing team undertook holistic health assessments for patient over 65 that were housebound and those over 80 years old; ensuring that these patients had packages of care that addressed their health and social care needs.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, people with hearing problems and people with vision impairments
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The reception desk could be lowered to allow easier access for wheelchair users.
- Patients with long term conditions or mental health problems were identified by the practice and received annual reviews of their care.
- The practice had systems in place to identify patients at risk of stroke or cardiovascular disease.
- The practice had a monthly diabetic clinic between its senior nurses and a diabetic specialist from Guy's hospital.
- A reading group had been set up by the practice for patients experiencing poor mental health.
- The practice was hosting a weekly "yak and yarn" meeting at the practice, for older people and carers to get together to help fight loneliness.
- The practice had registered patients living in a care home outside the established practice area, a nearby hostel and an assisted living service. Annual health checks and home visits were carried out for these patients.

- The practice held a weekly specialist clinic on Tuesday mornings offering advice for people with drug or alcohol problems.

Access to the service

The practice was open between 8am and 6.30pm on Monday, Wednesday and Friday; between 8am and 8pm on Tuesdays and between 7.30am and 6.30pm on Thursdays. Appointments were from 8am to 12pm every morning and 3pm to 6pm every afternoon. Extended surgery hours were offered between 6.30pm and 8pm on Tuesdays and every Saturday between 9am and 12pm. In addition to pre-bookable appointments that could be booked up to six 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 in some areas but below in others.

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 72% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 76%).
- 58% of patients said they could get through easily to the surgery by phone (national average 73%).
- 20% of patients said they always or almost always see or speak to the GP they prefer, this is below the national average of 36%.

The practice demonstrated that they have made efforts to respond to low levels of patient satisfaction with telephone access to the surgery, by employing an external company to review their appointment booking system. This had led to changes in the distribution of GP sessions throughout the week, an increase in the number of telephone lines coming in to the practice, and a change to the booking system. The practice had also purchased software which automatically identified individual patient records based on the telephone number of the incoming calls, which was intended to improve the efficiency of telephone contacts. Clinical staff told us that they used telephone consultations to estimate the length of time required for any subsequent face to face contact; enabling them to more effectively manage their time.

Are services responsive to people's needs?

(for example, to feedback?)

Most people told us on the day of the inspection that they were able to get appointments when they needed them, although three patients said they had previously experienced long waiting times to contact the practice by telephone. Members of the practice patient participation group (PPG) told us that the practice had listened to their concerns about booking appointments.

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 not 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 including a poster on display in reception and a complaints leaflet.

We looked at 4 complaints received in the previous 12 months and found these were satisfactorily handled and dealt with in a timely way, demonstrating openness and transparency with dealing with the complaint.

Many complaints did not appear to have formal responses following an initial acknowledgement. In many cases the practice demonstrated that these complaints were resolved during a follow up consultation. In other cases evidence was seen of follow up correspondence with patients but this was not kept with the original complaints. For those complaints where a formal response was seen, these did not contain information about patient advocacy or the health service ombudsman.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care, in particular those relating to booking appointments. Complaints monitoring information was also shared with the PPG.

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.

- Practice demonstrated that there was a strategic vision for the practice however this was not supported by any documented strategic plans.

Governance arrangements

The practice had an overarching governance framework however in certain respects this was not sufficiently robust to support the delivery of good quality care. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However the staff appraisal process was not effective as a number of appraisals did not specify development needs or objectives.
- Practice specific policies were implemented and were available to all staff though arrangements for managing risks, learning from incidents were not sufficiently robust. The process for recording and analysing significant events did not always ensure that incidents were learned from and action was taken to address concerns. The practice's recruitment and training policies and processes were not effective enough to ensure that satisfactory recruitment checks were completed and reviewed and that all staff had undertaken mandatory training as required. The practice did not have robust enough procedures to ensure that there was a supply of all emergency medicines at all times.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice had a programme of clinical and internal audit in place though it was not always clear how this was being used to monitor quality and to make improvements.

Leadership and culture

The partners in the practice had 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 and staff told us they were approachable and always took the time to listen to all members of 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 gave affected people reasonable support, truthful information and a verbal apology. We saw instances where the practice did not issue formal written responses but dealt with concerns during clinical consultations.
- They 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 team meetings and we reviewed some of the notes from clinical and team meetings. However, it was not always clear exactly what had been discussed. For example the notes from clinical meetings listed the record numbers of patients and did not detail the subject matter of the discussion.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. The PPG staff told us that they had often raised the issue of access to appointments and difficulties getting through on the telephone and the practice has now introduced a new appointment system with the aim of addressing these concerns.
- The practice had gathered feedback from staff through staff meetings and appraisals. 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. For example, at the suggestion of a member of the administrative team a form was

available to reception staff to give to patients who told them that they were pregnant. This detailed a variety of options available and allowed patients to indicate the options that they were considering. This enabled reception to inform the GP prior to consultation.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; the practice hosted a reading group which was targeted at patients with chronic pain. This was part of a study which aimed to assess the benefits of group reading had on the mental wellbeing of these patients. The practice was also the first practice in the area to pilot the local care record which facilitates the sharing of information between primary and secondary care services.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Good Governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have effective systems in place to assess, monitor and improve the quality and safety or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users in that:</p> <ul style="list-style-type: none">• The practice did not have adequate systems to identify, review and learn from significant events• They did not have systems in place for monitoring the professional registrations of clinical staff at time of appointment.• Did not have effective systems in place to ensure all required emergency medicines were available on the premises. <p>This was in breach of regulation 17(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>