

Lewisham 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lewisham Medical Centre on 7 December 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed, but there were some that were not well managed (prescription and smart card security and checks of the defibrillator). After the inspection, the practice sent us details of new arrangements for prescription security and for more frequent formal checks of the defibrillator, but not for smart card security.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they generally found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- Some patients told us they sometimes had to wait a long time after their appointment to be seen. Patients who responded to the national GP patient survey also reported waiting longer than those at other practices.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Evidence showed the practice responded to issues raised, but were not following their own policy or national guidance when responding, and information provided to patients about how to escalate complaints was incorrect.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure effective arrangements are in place to manage the security of NHS smart cards and that emergency equipment, including the defibrillator, is ready for use.

- Ensure that complaints are managed according to recognised guidance and contractual obligations, with full records kept of all communication.

The areas where the provider should make improvement are:

- Ensure effective security and monitoring arrangements for prescription forms.
- Monitor and act on patient feedback on waiting times after appointment time.
- Identify clear actions in all meeting minutes, so that follow-up can be checked.

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 improvement for providing safe services.

Requires improvement



- Most risks to patients were assessed and well managed, with the exception of: blank prescription and staff smart card security and checks of the defibrillator. After the inspection, the practice sent us details of new arrangements for prescription security and for more frequent formal checks of the defibrillator, but not for smart card security.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that on most indicators patient outcomes were at or above average compared to the national average. The practice had identified that the care of patients with diabetes was below average and had taken action to improve it. We saw evidence that suggested performance on the diabetes indicators would be comparable to or close to local and national average in 2016/17.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for the various aspects of care.
- 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.

Good



Are services responsive to people's needs?

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

- Evidence showed the practice responded to issues raised, but were not following their own policy or national guidance when responding, and information provided to patients about how to escalate complaints was incorrect.
- Some patients told us that they sometimes had to wait a long time after their appointment to be seen. Patients who responded to the national GP patient survey also reported waiting longer than those at other practices. The practice told us that reception staff advised patients when there was a delay, but we did not see this during the inspection.
- 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. The practice offered a minor surgery service, to avoid patients having the delay and inconvenience of hospital attendance.
- Patients said they generally found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff had an understanding of the practice's values.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings, although not all policies were well implemented and there was variation in how well the meetings were recorded.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, not all risks had been identified by these processes.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The patient participation group was active.
- There was a focus on innovation and 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 provider was rated as requires improvement for safety and responsiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- All of these patients had a named GP.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and responsiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 mixed, with some below the national average. The practice had identified that the care of patients with diabetes was below average and had taken action to improve it. We saw evidence that suggested performance on the diabetes indicators would be comparable to or close to local and national average in 2016/17.
- Longer appointments and home visits were available when needed.
- 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.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety and responsiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81%.
- 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.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and responsiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 provider was rated as requires improvement for safety and responsiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

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

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and responsiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 88% 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.
- Performance for other mental health related indicators was similar to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and seventy survey forms were distributed and 102 were returned. This represented under 1% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 85% of patients found it easy to get through to this practice by phone, compared to the local average of 67% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 71% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good, compared to the local average of 84% and the national average of 85%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 78% and the national average of 79%.

Thirty-five of the 38 patient Care Quality Commission 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. Three cards had mixed feedback, generally positive but with some criticisms.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients told us that they sometimes had a long wait after their appointment time to be seen.

Lewisham Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Lewisham Medical Centre

Lewisham Medical Centre has approximately 9234 patients and is in Lewisham, south east London. The surgery is purpose built premises, on the ground floor. The area is well served by public transport.

Compared to the England average, the practice has more young children as patients (age up to five) and fewer older children (age five – 19). There are more patients aged 20 – 44, and fewer patients aged 45+ than at an average GP practice in England.

The surgery is based in an area with a deprivation score of five out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Life expectancy in line with the national average.

Six doctors work at the practice: one male and five female. One of the doctors is a partner with the practice manager. Some of the GPs work part-time. Full time doctors work 8 sessions per week. The practice provides 32 GP sessions per week.

The (all female) nursing team is made up of two practice nurses and two health care assistants. There is also a pharmacist based in the practice, and a part-time phlebotomist.

The practice is open between 8am to 6.30pm Monday to Friday (until 8pm on Thursday) and 9am to 12pm on Saturday. Appointments with GPs are available in the morning from 9am to 12.20 on Monday, 8.30am to 12.20pm Tuesday to Thursday, 8.30am to 12pm on Friday and 9am to 12pm on Saturday. In afternoon, GP appointments are available from 2.50pm to 6pm Monday, Tuesday and Thursday, and 2.30pm to 6pm on Wednesday and Friday.

The practice offers GP services under a Personal Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the first time the CQC has inspected the practice.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 December 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient did not get a timely appointment following an urgent referral, the practice changed their process to ensure that patients received written information and that all referrals were followed up. The practice then audited its urgent referrals to check that the new process was working.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and non-clinical 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 (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.
- Most, but not all, arrangements for managing medicines, including emergency medicines and vaccines, worked well to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice employed their own pharmacist, who checked all repeat prescribing to ensure adherence with guidelines. In a three month period, the pharmacist identified one prescription with an incorrect dosage, two instances of patients not taking their medicines according to the prescription, and two cases where a hospital consultant had asked the practice to prescribe a medicine that guidelines say should only be prescribed by a hospital. 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. 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

Are services safe?

individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- The main practice supply of blank prescription forms and pads were securely stored and there were systems in place to monitor their use, however blank forms were left in printers in consultation rooms overnight. We also saw that staff did not always remove their smart cards or lock their consultation rooms when they went elsewhere, so rooms were left unlocked with blank prescription forms in printers and smart cards in computers when patients were in the practice. After the inspection, the practice sent us information about new procedures for locking away blank prescription forms overnight, but not for smart card security. In response to the draft report, the practice told us that on one of the occasions that a clinical room was unlocked with a smart card in the PC reader, the GP had been called out to deal with an urgent matter. The practice told us that GPs often have to leave their rooms to deal with urgent matters, and that it was not always practical for staff to remove their smart cards from the PC readers when they leave their rooms. The practice told us that guidance states that smart cards should be removed at the end of a session. The national guidance says that NHS smartcards must be kept at all times with the user and should not remain in the smart card reader when the workstation is unattended by the user.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out 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 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 enough staff were on duty.

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. A first aid kit and accident book were available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There were arrangements in place for regular formal checks of the emergency oxygen and emergency medicines, and annual checks by an external company of the defibrillator. The check list used by practice staff did not include a check of the defibrillator.

In response to the draft report, the practice told us that the defibrillator was checked every day as it was in a central position in the reception area.

The practice told us that the defibrillator was fully automatic, and would raise an audible alarm and display a red light if there was any fault. The practice sent us an email from the defibrillator manufacturer, which stated that the machine was equipped with a

Are services safe?

self-test mechanism, but that the device should be visually inspected regularly to check no error was displayed and that electrodes remained within their expiry date.

After the inspection, the practice sent us details of new arrangements to check and record the functioning of the defibrillator with the other emergency equipment.

- 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, compared to local average of 94% and national average of 95%.

Data from 2015/16 showed:

- Performance for diabetes related indicators was mixed, with some below the national average.
- 75% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 71% and the national average of 78%.
- 64% of patients with diabetes had well controlled blood pressure, compared to the local average of 71% and the national average of 78%.
- 96% of patients with diabetes had an influenza immunisation, compared to the local average of 89% and the national average of 95%.
- 74% of patients with diabetes had well controlled total cholesterol, compared to the local average of 71% and the national average of 80%.

- 65% of patients with diabetes had a foot examination and risk classification, compared to the local average of 82% and the national average of 89%.

The practice had identified that the care of patients with diabetes was below average and had taken action to improve it, for example providing more training for staff on how to do assessments. We saw evidence that suggested performance on the diabetes indicators would be comparable to, or close to comparable to local and national averages in 2016/17. For example, on the date of the inspection, 79% of patients with diabetes had a foot examination and risk classification.

- Performance for mental health related indicators was similar to the national average.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 89% and the national average of 88%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 87% and the national average of 89%.
- 88% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 85% and the national average of 84%.
- 94% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 94% and the national average of 95%.

Rates of exception reporting were in line with average. (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).

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. In one example, the practice audited prescribing of antibiotics for urinary tract infections in pregnant patients and found that 15% of prescriptions complied with all of the published guidelines. The

Are services effective?

(for example, treatment is effective)

practice developed an action plan and shared it with staff. A year later, the practice re-audited and found that adherence with guidelines had increased to 45% of prescriptions issued, and a further action plan was put in place.

Effective staffing

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

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises on alternate weeks and smoking cessation advice was available from practice staff. In 2015/16, 26 of the 50 patients supported quit smoking.
- The practice had identified patients with pre-diabetes and was offering focussed advice and 6 monthly testing to support this group to avoid developing diabetes.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for

Are services effective?

(for example, treatment is effective)

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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice 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 averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 7% to 93% and five year olds from 75% to 98%. Local childhood immunisation rates for the vaccinations given to under two year olds ranged from 10% to 93% and five year olds from 71% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

Thirty-five of the 38 patient Care Quality Commission 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. Three cards had mixed feedback, generally positive but with some criticisms about access to appointments.

We spoke with eight patients during the inspection. All eight patients said they thought staff were approachable, committed and caring. We spoke with three members of the patient participation group (PPG). 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 in line with average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP was good at giving them enough time, compared to the CCG average of 84% and the national average of 87%.

- 87% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 91% and the national average of 92%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 87% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey 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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 83% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 79% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 81% and the national average of 85%.

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

- 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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 135 patients as carers (1% of the practice list). 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a minor surgery service, to avoid patients having the delay and inconvenience of hospital attendance.

- The practice offered evening appointments on a Thursday and appointments on a Saturday morning for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice clinical pharmacist saw patients for medication reviews, was available to answer medicine queries and offered contraceptive pill checks and flu jabs. In addition to providing an extra resource for patients, this freed up appointments with doctors and nurses to see other patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had an arrangement with a local mental health charity to use the practice as an exhibition space for photographs and pictures.
- The practice looked after patients at a residential rehabilitation unit for patients with poor mental health. In addition to ad hoc appointments when required, GPs met with residents and staff every six months to review care plans for the most vulnerable patients.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday (until 8pm on Thursday) and 9am to 12pm on Saturday. Appointments with GPs were available in the

morning from 9am to 12.20 on Monday, 8.30am to 12.20pm Tuesday to Thursday, 8.30am to 12pm on Friday and 9am to 12pm on Saturday. In afternoon, GP appointments were available from 2.50pm to 6pm Monday, Tuesday and Thursday, and 2.30pm to 6pm on Wednesday and Friday.

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 most aspects of how they could access care and treatment was comparable to or above local and national averages.

- 75% of patients were satisfied with the practice's opening hours, compared to the local average of 77% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone, compared to the local average of 67% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 71% and the national average of 76%.
- 56% of patients with a preferred GP said that they usually get to see or speak to that GP, compared to the local average of 50% and the national average of 40%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Some patients told us that they sometimes had to wait a long time (maximum estimates given ranged from 20 – 60 minutes) after their appointment time to be seen. The practice told us that reception staff advised patients when there was a delay, but we did not see this during the inspection. In the national GP patient survey, 53% of patients said that they usually waited 15 minutes or less after their appointment time to be seen, compared to the local average of 60% and the national average of 65%.

After the inspection, the practice told us of plans to discuss waiting times with the patient participation group and look at upgrading the patient information display screen in the reception area, so that waiting time information could be displayed. In response to the draft report, the practice told us that action had now been taken to improve waiting times and the information available to patients, and that patient feedback had improved.

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice was not dealing with complaints in line with recognised guidance and contractual obligations.

The complaints policy was not in line with recognised guidance and contractual obligations for GPs in England. The policy stated that final responses would include details of NHS England, for the patient to contact if they were dissatisfied with the practice's response. Patients can complain to NHS England as an alternative to complaining directly to a GP practice. NHS England's published guidance says that it will not be able to investigate complaints that have already been reviewed by a GP practice. If a patient is dissatisfied with the outcome of a complaint they can take it to the Health Service Ombudsman, and GP practices are expected to advise patients of this right.

The practice policy stated that complaints made in writing would receive a written acknowledgement within three working days and a timely written response, and that the response would include NHS England details. We were given a folder of printed complaints and correspondence and chose five at random. None of the complaints we looked at had complete records.

- Two of the five written complaints had no acknowledgement on file.
- Three of the five written complaints had no final response.
- Neither of the two final responses had details of who patients could contact if still dissatisfied with the practice's response.

- One of the final responses was sent nearly six weeks after the complaint was received, with no record of communication with patient to explain the delay.

After the inspection, the practice said that complaints with missing correspondence were acknowledged or closed by telephone, and that three of the complainants would have been handed copies of the complaints leaflet (which has details of NHS England and the NHS Ombudsman, although the process for accessing the Ombudsman is incorrectly explained) when they visited the practice after making their complaints. The practice policy stated that the record kept of complaints will include all contacts and action taken. The complaints file had no record of telephone or face-to-face conversations for the five complaints we reviewed.

The practice told us that in future, patients would be sent a copy of the complaints leaflet with the final response to their complaint. The practice told us that they avoid the "unnecessary use of emails letters and paperwork" as patients "find this intimidating".

The practice also told us after the inspection that complaints were logged on the surgery software system so that they could be tracked and managed in the absence of the managing partner. We were not shown this during the inspection, just the paper file of documents.

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, for example a poster in reception and information on the practice website, but this information was incorrect as it advised patients that if they were unhappy with the practice's response they needed to escalate any complaint to NHS England before taking it the Ombudsman.

Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, after complaints about issues that arose during clinics not being followed up in a timely way, the practice introduced a shared 'duty book' on the practice network, which all staff could access and which was monitored.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff had an understanding of the practice's values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and were available to all staff, but they were not all well implemented. Complaints were not being handled in line with the practice policy.
- An understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these were not comprehensive. The risks associated with weakness in prescription form security and infrequent formal checks of the defibrillator had not been identified and managed.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. The partners also ran three other practices. In addition to practice-based support, nursing staff received education supervision with other nursing staff from the group from the senior partner. We looked at minutes of meetings and found them to be clear, but not all meetings had well-documented actions to allow for follow up.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and discussed improvements with the practice management team. For example, the practice worked with the PPG to develop the extended hours appointment system.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on innovation and improvement within the practice. The practice employed their own pharmacist to support prescribing, and was supporting the pharmacist to develop new services to support patients. In response to

previous issues with telephone access, the practice introduced a new telephone system that allowed administrative staff at the other sites to answer telephone calls at times of highest demand (as there was not space for more staff at this location). Two GPs were training to teach junior doctors who were working towards becoming GPs. The practice was working with the clinical commissioning group on a project to digitise medical records to save space and make them easier to use.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The risks associated with weakness in smart card security and infrequent formal checks of the defibrillator had not been identified and managed.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The practice was not following their own policy or national guidance in responding to complaints.</p> <p>This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |