

# Crayford Town Surgery

## 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?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Crayford Town Surgery on 11 February 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 system for learning from significant events needed to be more robust.
- Risks to patients were assessed and mostly well managed. Some mandatory training had not been completed by one non-clinical member of staff; however, this training was booked shortly after our inspection. Annual infection control audits had not been conducted since 2013, but the practice conducted a new audit shortly after our inspection.
- 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.
- Nationally published data showed patient outcomes were mostly above or in line with the locality and nationally. Although some audits had been conducted which led to quality improvements, there was no evidence of a continuous cycle of audits.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Information about services and how to complain was available and easy to understand, and there was an effective system in place for managing complaints.
- The majority of patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; however, results from the national GP patient survey showed the practice was rated below average for consultations with GPs.
- Most patients said they found it easy to make an appointment and urgent appointments were available the same day, but continuity of care was not always available and they had experienced continuing difficulties accessing the practice via telephone. The practice had discussed plans to make improvements.

# Summary of findings

- 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, and they provided positive examples of how staff had been involved in their vision.

The areas where the provider should make improvement are:

- Ensure all staff are up to date with any outstanding training.

- Review the systems in place for learning from significant events, the completion of annual infection control audits and a second cycle is completed on all clinical audits.
- Continually monitor patient feedback regarding consultations with GPs and telephone access and make any necessary improvements to improve patient experience.
- Consider displaying/providing information on the different avenues of support available to carers, and formalise a system for identifying carers.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice but in some instances, learning or action points from significant events were not thorough enough.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed in most instances. A non-clinical member of staff had not completed some up-to-date mandatory training but the practice manager told us they had been booked to receive this training in March 2016. Annual infection control audits had not been conducted; an infection control audit was last conducted in 2013, and was repeated in February 2016 after our inspection.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with or above average local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. A nurse had completed mental capacity training.
- Although some audits had been conducted, only one was a two cycle completed audit and we saw limited evidence that clinical audits were driving quality improvements at the practice.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice below others for several aspects of consultations with GPs.
- The majority of patients told us 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; however there was no formal system in place to identify or support patients who had caring responsibilities.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was one of six surgeries selected to pilot a Health Champion scheme where trained volunteers based at the surgery could signpost any patient to one of over 500 charitable organisations within Bexley.
- Patients said they did not always find it easy to make an appointment with a named GP and continuity of care was not always available, but urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered drug rehabilitation counselling every Thursday.
- The practice participated in a pilot for the Hurley Web GP programme which allowed patients to check symptoms and possible management options for simple illnesses online and leave enquiries for a GP via email which would be answered by the end of the next working day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this, and we saw positive examples of where they had been involved in the development of the practice's motto and practice information leaflet.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active but they told us they did not feel listened to by the practice. The GP partners told us they had not always been able to achieve the expectations of the PPG and we saw that some of their suggestions had been implemented by the practice.

# 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, 100% of patients aged over 75 years with a fragility fracture were being treated with an appropriate bone sparing agent. This was above the local Clinical Commissioning Group average of 98% and the national average of 93%.
- The practice was responsive to the needs of older people. They offered home visits by the GP and nurse practitioner and urgent appointments for those with enhanced needs, and this was acknowledged positively in feedback from patients.
- One of the practice's nurse practitioners was the palliative care lead for patients on end of life care and several patients gave positive feedback about the level of service they had received.
- The practice had improved on its out of hospital deaths by eight percent since the previous year.

### People with long term conditions

Good



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

- 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 mostly in line with local Clinical Commissioning Group (CCG) and national averages. 81% of patients with diabetes had well-controlled blood pressure (CCG average 81%, national average 78%). 87% of patients with diabetes had well-controlled blood sugar levels (CCG average 82%, national average 78%).

# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and they were offered annual reviews in their birthday month to check their health and medicines needs were being met.
- 95% of patients with asthma had an annual review in the previous 12 months, which was above the CCG average of 73% and the national average of 75%.
- 91% of patients with chronic obstructive pulmonary disease had a review in the previous 12 months, which was above the CCG average of 89% and the national average of 90%.
- 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.

## Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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. A young patient told us of an occasion where a receptionist had encouraged them to attend the practice to receive a vaccine.
- The practice's uptake for the cervical screening programme was 84%, which was slightly above the CCG average of 81% and the national average of 82%.
- 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.



# Summary of findings

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours opening on Thursday evenings from 6.30pm until 8.00pm.
- 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.
- Health promotion advice was offered and there was accessible health promotion material available throughout the practice.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people 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. Four patients had successfully completed the methadone rehabilitation programme at the practice in its first year of service.
- 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.

# Summary of findings

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

Good



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

- Performance for dementia related indicators was average. 81% of patients with dementia had a face-to-face review of their care in the previous 12 months (CCG average 81%, national average 78%).
- Performance for mental health related indicators was above average. 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan in their records (CCG average 94%, national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of people 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. They had received training in dementia awareness from a dementia support group.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing below local and national averages. Three hundred and fifty-two survey forms were distributed and 103 were returned. This represented approximately 1% of the practice's patient list.

- 50% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 62% and a national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 75%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 63% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were mostly positive about the standard of care received. Comments included positive examples where members of staff had shown compassion and provided support during periods of ill health or stress and most patients said the practice offered a good service.

We spoke with 10 patients including three members of the practice's patient participation group during the inspection. The majority of these patients said they were happy with the care they received and they thought most staff were approachable, committed and caring. There were two comments regarding dissatisfaction with the attitude of reception staff. Four out of 10 patients told us they had faced difficulties getting through to the practice by telephone to book appointments, particularly in the morning, and four had found it difficult to get appointments when they needed them.

# Crayford Town Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

ACQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Crayford Town Surgery

The practice operates from a single location in Crayford, Bexley. It is one of 42 GP practices in the Bexley clinical commissioning group (CCG) area. There are approximately 7500 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a general medical services (GMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours access, dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, rotavirus and shingles immunisation and unplanned admissions.

The practice has a higher than average population of patients aged zero to 20 years and 25 to 40 years. It has higher than the national average income deprivation levels affecting children and adults.

The clinical team includes a female GP partner, a male GP partner, two female salaried GPs, three female nurse practitioners, two practice nurses (one of whom is a nurse prescriber), and a health care assistant. The GPs work a total of 21 combined sessions per week. The clinical team is supported by a practice manager, five receptionists/administrators, two secretaries and a finance/operations manager.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 6.30pm to 8.00pm Thursday. Appointments are available from 8.00am to 6.00pm Monday to Friday. There are seven consulting/treatment rooms, all of which are on the ground floor. There is wheelchair access throughout, and baby changing facilities.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to call the out-of-hours number 111. Patients who called this number would be directed to a local OOH service, or to Accident and Emergency, depending on the urgency of their medical need.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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 11 February 2016. During our visit we:

- Spoke with a range of staff including two GPs, nursing staff, the practice manager and receptionists. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events but the recording of meetings where these were discussed needed to be improved.

- Staff told us they would inform the practice manager or the GPs of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out analyses of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, but they were not always documented appropriately and learning points were not always thorough enough. For example, minutes from significant event meetings held in May and December 2015 did not contain details of attendees and on three minutes, sections for the meeting date and the type, date, time and category of the event had not been completed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. Following an incident where a practice nurse identified that a vaccine had been given to a patient at the wrong interval, the nurse immediately contacted the patient to inform them of the error, gave them a full apology and an explanation of any possible side effects. We saw that this incident was discussed and learning points were shared at a subsequent practice meeting.

### 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 were clinical and

non-clinical lead members 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 and nurses were trained to Safeguarding level 3 and non-clinical staff were trained to level 1.

- A notice in the waiting room and at the entrance of every consulting/treatment 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 all staff except a receptionist had received up to date training. After our inspection, the practice manager informed us this training would be received in March 2016. The practice manager and nurse informed us they had carried out an informal infection control audit in May 2015 using a toolkit provided by the Bexley Clinical Commissioning Group (CCG) infection control team; however, we observed that the toolkit had not been completed and other documentation to support this was not comprehensive enough to represent a full audit. The practice manager informed us annual audits had not been completed due to the absence of the local CCG's infection control lead. The practice provided us with an audit from 2013 for its previous premises, and a new audit was conducted in February 2016 for the new premises after our inspection.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out weekly medicines audits with the support of the local CCG pharmacy teams who visited the practice once a week, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription

## Are services safe?

pads were securely stored and there was a system in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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.
- There were 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 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 and a poster was available in the reception office to identify local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Most staff had received fire safety training. Outstanding training for one receptionist was booked shortly after our inspection, to be received in March 2016.
- 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.

The practice manager informed us that documentation for a previous risk assessment for legionella could not be found, and that they had arranged for a new test to be completed in February 2016 (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 buddy cover system in place for all the different staffing groups to ensure that 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 were panic buttons in all the consultation/treatment rooms and in the reception office which alerted staff to any emergency.
- Most staff except had received annual basic life support training. Outstanding training for one receptionist was booked shortly after our inspection, to be received in March 2016. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage but it needed to be updated with contact details for some contractors. The plan included emergency contact numbers for staff. All staff were encouraged to keep their colleagues' contact numbers on their mobile telephones.

# 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 we saw evidence to demonstrate that they used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits, but they did not conduct 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 99.5% of the total number of points available, with 19.4% 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 exception reporting rate was above the Clinical Commissioning Group (CCG) average of 10.2% and the national average of 9.2%. We raised this with the practice manager who informed us the GPs had a protocol of exception reporting patients after three reminder letters to attend review appointments had been sent to patients. They informed us they had implemented a new protocol whereby patients would only be exception reported at the end of every QOF year.

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

- Performance for diabetes related indicators was mostly in line with local Clinical Commissioning Group (CCG) and national averages.

81% of patients with diabetes had well-controlled blood pressure (CCG average 81%, national average 78%).

87% of patients with diabetes has well-controlled blood sugar levels (CCG average 82%, national average 78%).

95% of patients with diabetes had received the annual flu vaccine in the previous 12 months (CCG average 95%, national average 94%).

- Performance for hypertension related indicators was above average. 88% of patients with hypertension had well-controlled blood pressure (CCG average 84%, national average 83%).
  - Performance for mental health related indicators was above average. 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan in their records (CCG average 94%, national average 88%).
  - Performance for dementia related indicators was average. 81% of patients with dementia had a face-to-face review of their care in the previous 12 months (CCG average 81%, national average 78%).
- There was evidence of clinical audits demonstrated quality improvement.
- There had been three clinical audits conducted in the previous two years, one of which was a completed two-cycle audit where the improvements made were implemented and monitored.
  - Findings were used to improve outcomes for patients. For example, an audit was conducted in 2014 on 221 patients who were taking a standard version of a medicine used in the management of cardiovascular disease. This audit identified 45 patients who needed to change to a soluble version of the medicine in order to reduce the risk of stomach ulcers, in line with current prescribing guidelines. One patient had been identified with a documented intolerance to the standard version. The practice discussed the audit, guidelines and action plan with relevant colleagues and a second cycle of the audit conducted in 2015 identified that 34 of these patients had received the required intervention. In addition, they had identified a further nine patients with a documented intolerance to the standard version of the medicine.



# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, and internal peer review, but they did not conduct 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, 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, such as 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 online 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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 were 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 on-going 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 monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence of mental capacity training for a practice nurse. 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management.
- Smoking cessation support was provided by the practice's health care assistant. Weight management and alcohol cessation advice was provided by the practice nurses and patients who required more enhanced support were signposted to the relevant services.

## Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 81% and the national average of 82%. There was a policy to offer written and telephone reminders for patients who did not attend for their cervical screening test. The practice 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 averages. For example, childhood immunisation rates for the vaccinations given to children aged below two years ranged from 80% to 100%, and for five year olds from 65% to 89%.

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, and they could occasionally offer them a private room to discuss their needs.

We spoke with 10 patients including three members of the patient participation group. There were three comments regarding reception staff being rude or unhelpful on occasions but the majority of the patients told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Seven comment cards contained very positive comments regarding the practice's palliative care lead nurse with specific examples of how she had provided support for family members who had been on end of life care. Other cards gave examples of how various members of staff had demonstrated compassion during periods of ill health or stress, and a young patient with learning difficulties described how they had been persuaded by a receptionist to receive a vaccine.

Results from the national GP patient survey published in January 2016 showed most patients felt they were treated with compassion, dignity and respect but the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them compared to the Clinical Commissioning Group average of 85% and national average of 89%.

- 76% said the GP gave them enough time (CCG average 83%, national average 87%).
- 83% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 79% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

The practice told us these scores may have been a lasting effect of a previous walk-in service where patients regularly saw locum staff without continuity from a regular GP. They informed us they would review their performance to assess where improvements could be made.

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

All but two of the patients we spoke with told us they felt involved in decision making about the care and treatment they received. All patients told us they felt listened to and supported by staff, and all but one had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Two patients said they were not given options for their treatment and that the benefits and side effects of medicines prescribed to them had not been explained by the GP or nurse. Patients' feedback on the comment cards we received was more positive in comparison to 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:

- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

## Are services caring?

However, results were below local and national averages in the following area:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.

Staff told us that translation services were available for patients who did not speak or understand English. We saw a notice in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations, such as those for breastfeeding mothers, dementia support, sexual health, smoking cessation, long term conditions, healthy eating and local council schemes.

The practice did not have a register for carers and they had identified approximately one percent of the practice list as carers. The practice manager and a partner told us they were in the process of creating a formal register. There was no written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a GP called them to offer their condolences and support, giving them advice on how to find a support service. Information on bereavement support services was available in the waiting area.

# 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 was one of six surgeries selected to pilot a Health Champion scheme where trained volunteers based at the surgery could signpost any patient to one of over 500 charitable organisations within Bexley.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 8.00pm, daily telephone consultations for working patients who could not attend during normal opening hours.
- The practice had a website where patients were able to access online facilities for appointment booking and repeat prescription ordering.
- There were longer appointments available for patients with a learning disability and any other patient who needed one. We observed alerts on the records of patients with a learning disability which highlighted to staff that these patients required extended appointments.
- 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 vaccines available on the NHS and they were directed to other clinics for vaccines which were only available privately.
- There were baby changing and wheelchair accessible facilities, a hearing loop for patients who had hearing difficulties, and translation services available.
- There was a 'signpost' drug rehabilitation programme available every Thursday. Four patients had successfully completed the methadone programme in this service's first year of operation.
- The practice participated in a local pilot programme which allowed patients to check symptoms and possible management options for simple illnesses online and leave enquiries for a GP via email which would be answered by the end of the next working day. At the time of our inspection, the practice had not assessed the impact of this service on patient outcomes.

- Some non-clinical staff had undertaken customer service training in order to improve patients' experience of the service.
- All staff had received training in dementia awareness.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.00am to 6.00pm Monday to Friday. Extended surgery hours were offered from 6.30pm to 8.00pm Thursday. The practice was closed at weekends and on Bank holidays. 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 published in January 2016 showed that patients' satisfaction levels on access to care and treatment were mostly below local and national averages. For example:

- 50% patients said they could get through easily to the surgery by phone. This was below the CCG average of 62%, and significantly lower than the national average of 73%.
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 59%).

Results were above the local CCG average and in line with the national average in the following area:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.

Four out of 10 patients told us on the day of the inspection that they had faced difficulties getting through to the practice by telephone to book appointments, particularly in the morning, and four had found it difficult to get appointments when they needed them. Three patients said they felt the practice needed more GPs and two patients (one of whom was aged over 75 years) described issues they had had in making an appointment with a GP.

The practice told us they were aware of difficulties with telephone access and that there had been problems with the phone system disconnecting calls. They provided us with evidence that they had contacted their phone provider to explore how the system could be improved. A GP partner informed us it had been difficult to maintain continuity of

# Are services responsive to people's needs?

(for example, to feedback?)

care due to the loss of four clinical members of staff in 2015. They had recruited an additional female GP in August 2015 in an attempt to improve the availability of appointments for patients.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that a poster was available in the waiting area to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found they were dealt with in a timely manner, with openness and transparency and apologies were given where appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint regarding what a patient had perceived to be the poor attitude of reception staff, the practice manager acknowledged the complaint in writing the following day. They took action to manage the performance of the relevant staff members and apologised to the patient within 10 working days.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values. It was not displayed in the waiting areas but the practice had displayed the practice's motto of 'Care Through Service'.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical audits had been conducted where improvements had been made to patient outcomes but there was no evidence that a programme of continuous clinical audit was in place. A second cycle had not been conducted for two out of three audits we reviewed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but some of these needed to be more robust in relation to the recording of and action/learning points identified from significant events, the lack of annual infection control audits and outstanding mandatory training for one member of staff. The practice manager had put adequate plans into place to improve some of the management of most of these risks.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice. They told us they prioritised 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 practice manager had been in post for seven months and they had implemented several changes at the practice such as improving the monitoring of the appointments system and making improvements to the working processes 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 and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They felt confident in doing so and felt supported if they did. The practice did not hold team away days but they attended social outings on special occasions including an annual Christmas celebration meal.
- 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 its patient participation group (PPG) and

# Are services well-led?

Good 

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

through surveys and complaints received. There was an active PPG of eight members which met every three months with the practice manager and GP partner, and approximately 57 virtual PPG members who liaised with other members via an online social group. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team, some of which the practice had responded to. For example, in February 2015 the practice implemented additional telephone appointments and introduced a Duty Doctor in an effort to improve access to appointments for patients. The PPG had also fundraised for a children's television to be installed in the waiting area. The PPG informed us they did not always feel listened to by the GP and they were disappointed that the practice had not implemented certain suggestions for improvements at the practice. We raised this with the partners who informed us that the PPG's expectations were different from what the practice had been able to achieve.

- The practice had gathered feedback from staff through regular informal discussions, staff meetings and annual appraisals. All of the staff members we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and they felt involved and engaged to improve how the practice was run. The practice's prescription clerk had developed the practice's motto of 'Care Through Service' and at the time of our inspection, he was in the process of developing a practice information leaflet which would include information about staff, opening hours and the services available.
- Practice management had responded to staff feedback by allocating secretaries quiet offices to allow them to complete their duties with minimal interruptions.