

Stockwell Group Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stockwell Group Practice on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and but not always well managed. For instance the practice's recruitment processes were not robust and some members of staff had not completed certain mandatory training including child safeguarding.
- 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.
- 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, easy to understand but not easy to find. The practice leaflet advised patients to speak with reception who could provide copies of the complaints policy. However, when asked, reception staff were unable to access this policy.
- Patients said they sometimes found it difficult to make appointments in advance with a named GP but were able to access a walk in surgery which was held at the practice every afternoon. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The Areas where the provider must make improvement are:

- Ensure that all staff have undertaken appropriate mandatory training including infection control, information governance, basic life support, safeguarding, chaperoning and fire safety and that the frequency of this training is in accordance with best practice or current guidance.
- Put in place an effective system of Patient Specific Directions for healthcare assistants administering medicinal products.
- Ensure that appropriate recruitment checks are completed for all staff.

The areas where the provider should make improvement are:

- Review its practices around recording minutes from meetings which are regularly scheduled and/or significant.
- Consider having a fixed notice advertising chaperoning services in the waiting area.
- Consider documenting care plans for patients where appropriate; particularly those with palliative care needs.
- Consider having a documented business plan in place.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and when there were unintended or unexpected safety incidents, reviews and investigations were thorough enough and lessons learned and communicated widely to support improvement. People always received a verbal and written apology where appropriate.
- The practice was clean and there were appropriate infection control systems and protocols in place.
- Staff had basic life support training and knew how to respond in an emergency.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For instance, none of the practice's non clinical staff had received safeguarding training and one member of clinical staff did not have the appropriate level of safeguarding training. Though some non-clinical staff were aware of their safeguarding responsibilities some were not aware who the safeguarding lead within the practice was. No clinical staff had received fire safety or infection control training. The practice had not undertaken a fire drill within the last three year. There were no patient specific directions(PSDs) in place for the healthcare assistant who administered flu immunisations and vitamin B12 injections. The practice's recruitment systems were not robust with some staff not having had appropriate recruitment checks undertaken prior to commencing employment at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average with the exception of flu immunisations for patients aged over 65. The practice provided evidence of various initiatives they had piloted to increase uptake of the annual flu vaccine.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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 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.
- Patients said they could make an appointment with a named GP, though it could take between two and three weeks 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.
- The practice regularly hosted a member of staff from the citizen's advice bureau who provided patients with information on a range of social issues.
- The practice undertook holistic health assessments for elderly housebound patients.
- The practice offered translation facilities for people who were not fluent in English and offered double appointments for patients who required a translator.
- The practice had health promotion material translated into different languages to cater to the needs of the local population and utilised materials provided by the local Portuguese community project.

Good



Summary of findings

- Though information about how to complain was not easily accessible, evidence showed that when patients made complaints the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to 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.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All housebound patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with services based in the community to support older people in their homes.
- The practice undertook holistic health assessments for elderly and housebound patients.
- Extended appointments were available for elderly patients.

People with long term conditions

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

Good



- One of the nursing staff was specialised in diabetes and ran a diabetes clinic within regular surgery times, and patients at risk of hospital admission were identified as a priority.
- The practice held monthly palliative care meetings.
- GPs ran six monthly virtual clinics for patients with diabetes, chronic obstructive pulmonary disease (COPD) and blood pressure; receiving support from consultants at the local hospital.
- Performance for diabetes related indicators was similar to the CCG and national average. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 68.56% compared to a national average of 77.54%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 69.33% compared to 78.03% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 91.42% compared to 94.45% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 77.84% compared to 80.53% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89.59% compared to 88.3%

Summary of findings

nationally. The practice told us that they had a prevalence of diabetes 1.4 times higher than the national average. The practice referred patients to a local diabetes educational service.

- Longer appointments and home visits were available when needed.
- The practice had an on site dietician and podiatry service.
- Patients with long term conditions 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 72.96% compared to 75.35% nationally.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81.45% compared to 81.83% nationally.
- 57% of pregnant patients within the practice had received a seasonal flu vaccination compared with 30% within the CCG.
- 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.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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 including sexual health screening and contraceptive services.
- The practice provided an in house phlebotomy service three days per week.
- The practice did not offer extended hours appointments.
- Practice staff attended the residences of a local university once a year and encouraged students to register with the practice.

People whose circumstances may make them vulnerable

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and those with carers.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns though some non-clinical staff were not aware how to contact relevant agencies.
- The practice hosted a drug and alcohol addiction clinic with members of the local drug and alcohol service.

Good



People experiencing poor mental health (including people with dementia)

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

- 96.3% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84.01%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 85.54%

Good



Summary of findings

compared with the national average of 89.55%. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 97.03% compared to a national average of 94.1%.

- 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 organisation though we were unable to locate any health promotion material for those experiencing mental health problems in the practice waiting area.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted a counsellor on a weekly basis.
- Patients with mental health problems were offered longer appointments.
- One of the GPs worked closely with the residents of local sheltered accommodation for adults, many of whom had mental health problems.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and fifty two survey forms were distributed and 124 were returned. This represented a response rate of 27.4% and 0.4% of the practice list size.

- 85.7% found it easy to get through to this surgery by phone compared to a CCG average of 76.5% and a national average of 73.3%.
- 82.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.9%, national average 85.2%).
- 86.6% described the overall experience of their GP surgery as fairly good or very good (CCG average 83.4%, national average 84.8%).
- 76.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77.2%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, 25 of which were entirely

positive about the standard of care received. Patients said they felt the practice offered an excellent service, tailored to the needs of the individual patient and staff were helpful, caring and treated them with dignity and respect. Two other three comments cards also supported this view though one patients expressed distisfaction with the appointment system and the difficulty in getting a routine appointment and the other mentioned that they had trouble getting through on the telephone; however the patient stated that they raised their concerns with the practice and steps have since been taken to improve the situation. The last comment card raised concerns that they were not receiving advice or results when they were sent to the hospital for tests.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Negative comments made by patients concerned the length of time that patients had to wait when they attended for an appointment, difficulties in getting a pre bookable appointment and feeling rushed during consultations.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all staff have undertaken appropriate mandatory training including infection control, information governance, basic life support, safeguarding, chaperoning and fire safety and that the frequency of this training is in accordance with best practice and current guidance.
- Put in place an effective system of Patient Specific Directions for healthcare assistants administering medicinal products.
- Ensure that appropriate recruitment checks are completed for all staff.

Action the service **SHOULD** take to improve

- Review practices around minuting regularly scheduled and significant meetings.
- Consider having a fixed notice advertising chaperoning services in the waiting area.
- Considering documenting care plans for patients where appropriate; particularly those with palliative care needs.
- Consider having a documented business plan in place.

Stockwell Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stockwell Group Practice

The Stockwell Group Practice is part of Lambeth clinical commissioning group (CCG) and is based at 107 Stockwell Road, London, SW9 9TJ which is ranked within the second most deprived decile on the Index of Multiple deprivation scale. Forty percent of the practice population was not born in the UK and of those born abroad the majority are from Portugal or the Caribbean. It is registered to provide the following regulated activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The practice operates on a PMS contract and is contracted to provide the following enhanced services: Alcohol, improving online patient access, Childhood Vaccination and Immunisation Scheme, Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and Pneumococcal Immunisations, Learning Disabilities, Minor Surgery, Patient Participation, Remote Care Monitoring and Rotavirus and Shingles Immunisation and risk profiling and case management.

The practice is open from 8 am till 6.30 pm Monday to Friday. Surgery times are from 8 am till 12 pm and recommence at 3.30 pm until 6.30 pm. The practice runs an

emergency clinic from 3.30pm till 5.30 pm and these appointments cannot be booked in advance. Patients are directed to the local out of hours provider when the practice is closed.

There are seven female GPs, three male GPs, three female nurses and a female healthcare assistant.

The practice offered 62 GP sessions per week and 123 hours of nursing care; including three clinics.

The practice is a training practice.

The practice has a list size of approximately 13,011 patients. There are more working age people registered at the practice than the national average and a lower number of elderly patients. The number of infant patients registered at the practice is in line with national averages.

The practice is a member of a local GP federation North Lambeth Practices Ltd.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice had not been inspected previously by CQC.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2016. During our visit we:

- Spoke with a range of staff including GP partners, salaried GPs, a nurse, a healthcare assistant and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording book in reception or a significant event recording form for staff to complete.
- The practice carried out a thorough analysis of the significant events and held meetings three times a year to review, discuss and plan actions in relation to significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed.

One of the GP partners was the lead for safety alerts and updates. They reviewed all alerts and updates, decided if action was required and then provided instruction to the practice manager. The practice manager then cascaded relevant alerts to staff affected and set actions to be completed. Updates were stored on the practice's shared computer drive.

- Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was de-registered and then re-registered with a new NHS number. One of the GPs who knew the patient well realised that a lot of information from the patient's old files had not been transferred across to their new records. The issue was discussed in a practice wide meeting and staff were reminded of the importance of linking re-registering patient's previous records to their new records. After this issue was raised the practice manager contacted NHS England help prevent similar issues from happening in other practices.

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.

Overview of safety systems and processes

The practice did not have sufficiently clear processes and practices in place to keep patients safe and safeguarded from abuse, for example:

- There were limited arrangements in place to safeguard children and vulnerable adults from abuse. The practice had both adult and child safeguarding policies. There was a lead member of staff for safeguarding although a number of non-clinical staff were not aware of who this was. We saw no evidence that GPs attended regular safeguarding meetings. We were informed that it was difficult for GPs to attend safeguarding case conferences as these meetings were held within surgery hours but that GPs would submit multi agency reporting forms when required for safeguarding case conferences. None of the non-clinical staff had received formal child safeguarding training though some staff knew their responsibilities and advised that a member of the clinical staff held a safeguarding training session annually; though there was no evidence to support this. Although most GPs were trained to Safeguarding level 3 we identified one GP who had only received level 2 child safeguarding training. Evidence was provided to show that this training had subsequently been completed on 7 March 2016. The practice was able to provide us with detailed examples of where the practice had identified safeguarding concerns and had responded appropriately to ensure that patients were protected.
- There was no fixed notice in the waiting room to advise patients that chaperones were available if required. Staff told us that their chaperoning service was advertised on the electronic digital display screen in the waiting room. However a member of our inspection team was based in the reception area for most of the day and, though advised that this information would be displayed on electronic screen, did not see information about the practice's chaperoning service once. We were also informed that clinicians would routinely ask patients if they wanted a chaperone. None of the staff who acted as chaperones were trained for the role though all 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 had a chaperone policy in place however it was apparent from speaking to non clinical staff that they were not performing their duties as chaperones in accordance with current guidance.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

Are services safe?

be clean and tidy. The practice manager was the infection control lead who liaised with the infection control team within the locality and updated the practice's policies where necessary. There was an infection control protocol in place but not all 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. The practice manager informed us that reusable curtains within clinical areas were washed on an annual basis, unless soiled, and that disposable curtains were changed every three months. All curtains within the practice appeared to be clean. The practice had a comprehensive cleaning schedule in place which detailed frequency of cleaning but there were no logs to evidence that cleaning tasks had been carried out.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice met with the Clinical Commissioning Group (CCG) medicines management team every six months and benchmarked prescribing against other practices in the CCG. The practice discussed prescribing quarterly during their weekly practice meetings and we saw an example of where the practice had taken action to reduce prescribing costs. The practice had a comprehensive medicines reconciliation policy regarding medicine that was changed or prescribed in a secondary care setting. The practice had a dedicated prescriptions clerk who would update any changes in the patient's records and workflowed these changes to the patient's named GP or duty doctor.
- Prescription pads were securely stored and there were systems in place to monitor their use. The practice was in the process of training one of their nurses to be an Independent Prescriber to enable them to prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice did not have Patient Specific Directions (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) in respect of the flu vaccinations or vitamin B12 injections that the Health Care Assistant administered. However the healthcare assistant had been trained on how to administer these and only did so when a doctor or nurse was on the premises.

- We reviewed five personnel files and found that the recruitment process was not sufficiently robust. For example there was no proof of identity checks completed for two GPs, a nurse and a receptionist and no references were on file for one of the salaried GPs. The practice did have evidence of qualifications, registration with the appropriate professional body and every member of staff had a Disclosure and Barring Service check.
- 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 has systems in place to monitor inadequate smear specimens.

Monitoring risks to patients

Risks to patients were assessed and well managed in most respects.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and three members of staff were designated as fire marshals. A fire drill had not been completed within the past three years though a weekly alarm test was carried out. No clinical staff had completed fire safety training. 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

Are services safe?

place for all the different staffing groups to ensure that enough staff were on duty. Although some staff stated that it would be desirable to have additional staff, the practice had trained people to be multi-skilled, enabling them to cover for colleagues who were absent. Staff were also reported to come in and work additional hours on occasions where there were unforeseen staffing shortages.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However the training for some members of non-clinical staff had not been completed within the last year.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.
- The practice also utilised the DXS referral support system in consultations. This provided GPs with alternate care options that aimed to reduce the numbers of referrals to secondary care.

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 90.3% of the total number of points available, with 5.3% 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).

This practice was not an outlier for any QOF (or other national) clinical targets other than the percentage of patients aged 65 and older who received a seasonal flu vaccination; which was 62.91% compared to 73.24% nationally. The practice provided evidence that they had tried several initiatives in order to improve this figure including hosting a coffee morning where flu vaccinations were offered, offering vaccines opportunistically at patient appointments and attaching information about flu clinics to patients' prescriptions. The practice had held flu vaccination clinics at various times throughout the day and did not require patients to make an appointment in advance.

Other data from 2014/15 was comparable to national averages:

- Performance for diabetes related indicators was similar to the CCG and national average. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 68.56% compared to a national average of 77.54%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 69.33% compared to 78.03% nationally. The percentage of patients with diabetes, on the register, who received the flu vaccine in the preceding 1 August to 31 March was 91.42% compared to 94.45% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 77.84% compared to 80.53% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89.59% compared to 88.3% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less 83.65%
- Performance for mental health related indicators was similar to the CCG and national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 73.58% compared to the national average of 88.47%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 85.54% compared to the national average of 89.55%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96.3% compared to 84.01% nationally. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 97.03% compared to 94.1% nationally.

Clinical audits demonstrated quality improvement.

Are services effective?

(for example, treatment is effective)

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one of the audits related to the practice's management of patients who had been diagnosed with chlamydia. The audit focused on both the provision of appropriate medicine and counselling patients after diagnosis about notifying sexual partners who could have been infected. In both the first and second cycle it was identified that all patients had been given appropriate treatment. However in the first cycle only 87% of patients had been spoken to about partner notification. After discussing the results at a practice meeting this figure had increased to 95.6% when a second audit was completed. The practice also completed an audit of the frequency of cervical screening amongst HIV positive patients with the aim of increasing both the number of patients screened and the frequency of screening among these patients; from three years to annually. It was identified that only 40% of those with HIV had cervical screening completed within the previous 12 months. The results were discussed with staff and action was taken to properly code patients on the system to ensure that they were offered screening annually. When the practice re audited it was identified that the uptake of annual screening among this group had increased to 61%.

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 was customised to the staff member's role and largely focused on shadowing other members of staff. However the induction did not cover mandatory training such 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 vaccinations and taking samples for the cervical screening programme had received specific training.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. In respect of role specific training, staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However there was an absence of mandatory training for some staff. All staff had had an appraisal within the last 12 months.
- Of the files we reviewed all staff had received basic life support training though this was out of date for one member of non-clinical staff. Non-clinical staff had not undertaken any formal safeguarding training and clinical staff had not received fire safety training or information governance awareness training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We were told that palliative care meetings were held on a monthly basis and that

Are services effective?

(for example, treatment is effective)

patients' care plans would be reviewed and updated: however these meetings were not always minuted. There was an absence of care plans in some of the records reviewed.

Consent to care and treatment

The process for seeking consent to care and treatment was in line with legislation and guidance.

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 81.45%, which was comparable to the CCG average of 79.7% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening through opportunistic promotion in consultations, alerts on patient notes. All patients who failed to attend these appointments were coded on the patient's electronic system. The practice also said that they were undertaking work with the newly formed federation to improve the recall letters issued to patients for bowel screening. The rates for screening were comparable to CCG averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78.7% to 94.0% and five year olds from 81.6% to 96.6%.

Flu vaccination rates for risk groups were 44.39% which is comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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.

We found 25 of the 28 patient Care Quality Commission comment cards we received were entirely positive about the service experienced. Patients said they felt the practice offered an excellent service, tailored to the needs of the individual patient and staff were helpful, caring and treated them with dignity and respect. The negative comments mainly referred to the practice's appointment system both in terms of the length of time patients had to wait when they attended for an appointment and the length of time it took to get a pre booked appointment.

We spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.6% and national average of 88.6%.
- 82.6% said the GP gave them enough time (CCG average 83.9%, national average 86.6%).

- 97.9% said they had confidence and trust in the last GP they saw (CCG average 94.2%, national average 95.2%)
- 83.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 82.5%, national average 85.1%).
- 85.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.4%, national average 90.4%).
- 94.6% said they found the receptionists at the practice helpful (CCG average 86.7%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

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

- 88.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86.0%
- 85.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.2% , national average 81.4%)
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80.1% , national average 84.8%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3.1% of the practice list as carers. We were told that the carer agency that the practice would direct patients to had been disbanded and that they no longer had a service to refer patients to. The practice also said that they would opportunistically offer carers a flu vaccination when they attended appointments.

There was no information in the waiting area directing the recently bereaved to avenues of support. The practice did have a policy in place which stated that patients and relatives of those bereaved would be contacted and offered appropriate care. Staff told us that patients could be referred to the counsellor who attended the practice on a weekly basis. One of the patient comment cards was positive about the care and support that the practice had provided during their recent bereavement.

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 received a monthly benchmarking pack from the CCG which contains information on the number of A & E attendances and emergency admissions. Information provided by the CCG showed that the practice had a particularly high number of A&E attendances and this was predominantly amongst the Portuguese population. Through work undertaken with other practices in the locality the practice is working to educate patients to use health services in the UK.

The practice also participated in a programme to reduce referrals to secondary care by using alternative pathways and met a reduction target set by the scheme.

- The practice held a walk in clinic every afternoon and had a policy that every patient who attended the clinic would be seen that day if the patient considered it necessary.
- Same day appointments were also available during the morning surgery for children and those with serious medical conditions.
- There were longer appointments available for patients with a learning disability.
- The practice provided leaflets on their website for newly-arrived individuals seeking asylum about how to access health services in the UK.
- 25% of the practice's population did not speak English as their first language. The practice offered translation services to accommodate these patients and provided health promotion materials in different languages.
- Home visits were available for older patients and patients who would benefit from these. The practice also undertook holistic health assessments for elderly and housebound patients.
- Patients were able to make appointments and order repeat prescriptions online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- The practice provided an in house phlebotomy service three days per week.
- There were disabled facilities and translation services available through the practice did not have a hearing loop and there was no emergency cord in the disabled bathroom.
- The practice regularly hosted a worker from the citizen's advice bureau who provided patients with information on a range of social issues.
- The practice hosted a drug and alcohol addiction clinic with members of the local drug and alcohol service.

Access to the service

The practice was open between 8.00 am and 6.30 pm Monday to Friday. Appointments were from 8.00 am to 12.00 pm and an emergency clinic ran from 3.30pm till 6.30 pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, same day afternoon appointments were available at the emergency clinic for anyone who wanted one and there were a limited number of early morning appointments which could also be booked on the same day. Though these appointments were given on a first come first served basis, practice staff would prioritise any patients who needed to be seen urgently.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.7% and national average of 74.9%.
- 85.7% patients said they could get through easily to the surgery by phone (CCG average 76.5%, national average 73.3%).
- 62.4% patients said they always or almost always see or speak to the GP they prefer (CCG average 54.3%, national average 60.0%).

People told us on the day of the inspection that they would have to wait between two and three weeks for a pre booked appointment. The surgery did offer a limited number of same day appointments which some patients had been able to access and the emergency clinic. Reception staff told us that the wait to see a clinician during this clinic could be between an hour and a half and two hours for some patients.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the initial point of contact for all complaints in the practice. There was guidance on how to complain on the practice website and directions on who to contact if patients were unsatisfied with the outcome of a complaint. The practice leaflet directed patients to ask reception for a copy of the complaint procedure though when we asked reception for a copy of this they were unable to locate a copy of this policy. Most of the patients we spoke with on the day did not know how to make a complaint.
- The practice held meetings to discuss complaints three times a year.

We looked at six complaints received in the last 12 months and found that all patients, with one exception, had

received a holding letter within three working days and a response within ten working days with instructions of how to escalate the matter if the patient was unhappy with the outcome. The complaint which deviated from this pattern had been responded to in a timely fashion but we found no evidence of a holding letter or information about what to do if the patient was unsatisfied with the practice's response. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice received a complaint from a patient about the length of time it took to be seen by their GP when they had attended for a pre booked appointment. The matter was raised in a staff meeting and reception staff were asked to ensure that patients were notified of any appointment delays; enabling patients to decide whether they would rather wait for their appointment or rebook. One of the patient comment cards referred to a complaint made regarding the practice's telephone system. The patient said that they brought the concern to the practice's attention and that this had been rectified.

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 practice charter and vision statement which was displayed on the practice website and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values but this was not formalised in the form of a written business plan.

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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these systems did not always operate effectively in respect of training and recruitment and in respect of the medicinal products administered by the practice's healthcare assistant.

The practice did not have a clear programme of continuous clinical and internal audit. However we saw evidence of audits being completed which were used to monitor quality and to make improvements.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They 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 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 communication between the parties involved any incidents.

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

- Staff told us the practice held regular team meetings and that partners had extended team meetings away from the practice twice a year to review practice performance and plan development strategy. The practice provided us with a scheduled of meetings that had been held throughout part of 2015. This noted the topics that would be discussed at these meetings. Minutes of meetings were not always taken but staff informed us that any significant points or procedural changes taken as a result of discussions in meetings would be cascaded to staff electronically.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We spoke to several members of staff who said that the practice had encouraged them to develop within the organisation either by providing them with the knowledge to expand their skill set within their existing role or progress into other areas that interested them. Staff said that this fostered commitment and loyalty to the organisation and also enabled the practice to better manage staff resources.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG was representative of some of the diversity within the practice population and efforts were made to increase the numbers of patients from different background by advertising the PPG at general and specific clinics and having posters at the local pharmacy. An example of an improvement made in consultation with patients and the PPG was a change the practice's appointment system. Previously appointments could be booked three months in advance which resulted in a number of patients booking several appointments to give them a choice of appointments that might be suitable. This resulted in a high number of non-attendances (DNAs). The practice reduced the amount of time for advance bookings to four weeks with resulted in a reduction in DNAs; increasing the number of appointments available. Practice staff would also actively contact patients who would make multiple appointments to ensure this was appropriate. The telephone systems were also

upgraded as a result of negative patient feedback and a permanent member of staff was designated to deal with telephone appointments in order to increase the efficiency of call handling and reduce waiting times. The area where calls were taken was also relocated to a more secluded area of the practice ensure that patient confidentiality was maintained.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff who worked on reception had suggested implementing a ticketing system for the emergency afternoon surgery as patients would become confused about their place in the queue resulting in complaints to reception staff. The practice felt this had improved patient experience. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was part of the Local Care Record pilot scheme which would enable primary and secondary care services in Southwark and Lambeth to share patient records; facilitating improved continuity of care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe Care and Treatment</p> <p>How the regulation was not being met:</p> <p>The provider was not providing safe care and treatment by ensuring that medicines were managed safely in that they:</p> <ul style="list-style-type: none">• Did not have valid patient specific directions for the medicinal products that their healthcare assistant administered. <p>This was in breach of Regulation 12 (2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good Governance</p> <p>How the regulation was not being met:</p>

Requirement notices

The provider did not have systems in place which mitigated the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities in that they:

- Did not have mandatory training in place for all staff.
- Did not have effective systems in place to ensure that all service users were safeguarded from harm.
- Did not complete satisfactory pre-employment checks for all staff.

This was in breach of Regulation 17 (2) (b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.