

Sydenham Green 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 Sydenham Green Group Practice on 29 June 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. There was a system in place for reporting and recording significant events, although this was not familiar to all staff or documented comprehensively or consistently.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they were able to make appointments when they needed to, with urgent appointments available the same day. The practice recognised that patients felt that it was difficult to make appointments further in advance and had re-arranged its appointment system to provide more pre-bookable appointments. To relieve the pressure for same day appointments, the practice was providing patients with information about other sources of support for minor ailments.
- 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.

We saw two areas of outstanding practice:

Summary of findings

- The practice decided to retain the role of Elderly Care nurse when local funding was withdrawn. The practice carried out its own research that showed that (over a three month period) the work of the elderly care nurse meant that 23 patients avoided unnecessary hospital admissions, and we were given several examples. The nurse explained to us that her knowledge of individual patients' normal state of health allowed her to make a rapid and effective assessment when they are unwell. It is generally recognised that accident and emergency attendance and hospital admission should be avoided where possible, and particularly for vulnerable older people, who suffer particularly when moved to this stressful and unfamiliar environment.
- The practice was instrumental in the setting up of Sydenham Gardens, a charity which uses gardening and nature to help people in their recovery from mental and physical ill-health, and which was originally set up on land belonging to the practice. The charity has now grown and has two gardens, a nature reserve and activity rooms and runs four main projects, along with many supplementary activities and clubs. Three of these projects are focused on adult mental health and include gardening, art & craft, cooking and opportunities to achieve recognised qualifications. The fourth project is focused on dementia and includes all the same elements but with specific therapy for people with dementia. The charity carried out an annual evaluation of its work, including robust quantitative and qualitative measures of improvement in patients' health and wellbeing. This showed statistically significant improvement in patient outcomes, which compared favourably with other types of intervention. For example, in 2015/16 the mental wellbeing of participants in the garden project

increased by five points on the Warwick Edinburgh Mental Wellbeing Scale questionnaire. A change of three points is considered clinically significant. The rate of improvement ranged from 46% to 68%, which is strong when considering rates from established and targeted interventions, which very rarely go over 50%. The practice remained involved with the charity, and one of the GPs is the Chair of Trustees for the charity.

The areas where the provider must make improvement are:

- Review arrangements for managing medical emergencies (to ensure that emergencies including complications of minor surgery can be managed) and that records are kept of checks of emergency equipment.
- Strengthen arrangements for review of safety alerts, significant event analysis and urgent hospital referrals.
- Ensure staff recruitment is in line with regulations.

The areas where the provider should make improvement are:

- Strengthen arrangements to prevent and control the spread of infections.
- Complete an induction and annual appraisal for all staff. Review staff training policy to ensure that all staff receive the required training at the expected frequencies.
- Consider providing customer service training for reception staff.

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.

- There was a system in place for significant events, although this was not familiar to all staff or documented comprehensively or consistently.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice was not following its recruitment policy consistently.
- Most risks to patients were assessed and well managed.
- A first aid kit and accident book were available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The defibrillator and oxygen were in working order, and we were told that they were checked regularly, but there was no record of this.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. There was no atropine, a medicine used to treat abnormally slow heart rate, which can be a complication of minor surgery.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff, although not all staff had had an appraisal in the last 12 months.

Good



Summary of findings

- Staff worked with other health care professionals 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 similarly to other practices for 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 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. The practice offered minor surgery to make it easier for patients to access treatment than travelling to hospital.
- Most patients said they were able to make appointments when they needed to, with urgent appointments available the same day. The practice recognised that patients felt that it was difficult to make appointments further in advance and had re-arranged its appointment system to provide more pre-bookable appointments. To relieve the pressure for same day appointments, the practice was providing patients with information about other sources of support for minor ailments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The Elderly Care nurse provided a valuable service for older patients. The role was a long-standing one, which at one stage was paid for by the local funding body. The practice decided to retain the role when the funding was withdrawn, because of the evidence of the positive impact on patients.
- The practice was instrumental in the setting up of Sydenham Gardens, a charity which uses gardening and nature to help

Good



Summary of findings

people in their recovery from mental and physical ill-health, and which was originally set up on land belonging to the practice. The charity carried out annual evaluation of its work, which showed significant improvement in patient outcomes.

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 it.
- 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 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The Elderly Care nurse provided a valuable service for older patients. Research carried out by the practice suggested that in a three month period the work of the elderly care nurse meant that 23 patients avoided hospital admission. The nurse explained to us that her knowledge of individual patients' normal state of health allowed her to make a rapid and effective assessment when they are unwell. We heard of examples of how the elderly care nurse had acted as an effective co-ordinator for health and community services for older people, and avoided them being admitted to hospital.

Good



People with long term conditions

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 some diabetes related indicators was below the national average. We saw evidence that the practice had improved its QOF performance for three consecutive years, and that (based on unvalidated QOF data for 2015/16) performance in diabetes indicators had also improved.
- The practice was part of a Lewisham practice improvement scheme. As part of this, clinical staff had had care planning training, which increased the number of patients receiving education about their diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to 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.

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).

- 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.
- Appointments were available at times to make it easier for working people to attend.
- 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.

Good



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

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was generally in line with the national average.
- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was instrumental in the setting up of Sydenham Gardens, a charity which uses gardening and nature to help people in their recovery from mental and physical ill-health, and which was originally set up on land belonging to the practice. The charity carried out annual evaluation of its work, which showed significant improvement in patient outcomes.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. Two hundred and ninety five survey forms were distributed and 107 were returned. This represented less than 1% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone (compared to the national average of 73%).
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried (compared to the national average of 76%).
- 75% of patients described the overall experience of this GP practice as good (compared to the national average of 85%).
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared to the national average of 79%).

The practice uses the 'Friends and Family' test. In the three months before our inspection the practice received 74 responses. Ninety one percent said that they would be likely to recommend the practice to friends and family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards of which eight were very positive about the standard of care received. Two of the cards had criticisms of different aspects of the practice's services. One card had criticism of a service not provided by the practice.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Sydenham Green Group Practice

Detailed findings

Our inspection team

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 Sydenham Green Group Practice

Sydenham Green Group Practice is in the Sydenham Green area of Lewisham. The area was formerly industrial, but is now largely residential. The practice is based in a purpose-built health centre. There is street parking and good local public transport access. The GP premises are all on the ground floor with good access for disabled patients, there are no steps.

There are approximately 14173 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

The surgery is based in an area with a deprivation score of 4 out of 10 (1 being the most deprived), and has higher levels of income deprivation affecting older people and children.

Ten doctors work at the practice: five male and five female. Five of the doctors are partners and there are five salaried GPs. Some of the GPs work part-time. The working hours added together equate to just over seven full time roles (whole time equivalents).

There are six (all female) nurses: a nurse practitioner, a qualified minor illness nurse who leads on respiratory care, two nurses providing diabetic care, a nurse for the elderly and two general nurses. They all work part-time, with all of the nursing hours adding up to just over four whole time equivalents.

The practice trains junior doctors as GPs.

The practice is open 8am to 6.30pm Monday to Friday. Appointments with GPs are available Monday to Friday from 8.30am to 6.30pm and with nurses from 8am to 5.30pm (4pm on Wednesday). Extended hours appointments are offered one evening per week (rotating between different days of the week) and on alternate Saturdays between 8am and 10.30am. When the practice is closed cover is provided by a local out-of-hours service.

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

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 June 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with 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 no written policy for managing significant events in place. Not all clinical staff appeared aware of the significant events system or could give us an example of an event that had led to improvement. Staff members told us that they would not necessarily report all incidents, but would focus on dealing with any issues directly. We heard of an event that would have been appropriate to manage as a significant event that had not been.
- There was a recording form for significant events available on the practice's computer system, but this was not routinely used.
- GPs noted significant events and discussed them in clinical meetings. There were brief notes kept of these discussions. There was no system to check that improvements had been completed and sustained.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Within three days of the inspection, the practice told us that a significant event policy was being developed and would be approved by the partners the following week.

At the time of our inspection, patient safety alerts (such as those sent out about risks from medicines) were just being sent to a nurse who was on sick leave. No one else in the practice had access to the emails and there was no way to check, when the nurse was in the practice, what action had been taken in response to the alerts.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that, when issues were managed using the significant event process, lessons were shared and action was taken to improve safety in the practice. For example, after the practice was made aware that clinical staff were not aware of the latest antenatal / preconception care guidelines for patients with hypothyroidism, guidance was distributed to all clinicians and the advice templates on the system were updated.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice had its own policy regarding children and used a Lewisham-wide policy for vulnerable adults. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, and were stored on the computer system. There were lead members of staff, and deputies, for child and adult safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3; nurses were trained to level 2 or level 3 and all other members of staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy, although there was some surface dust in areas such as book shelves. The practice nurse was the infection control clinical lead. She had not received any specialist training and did not have any dedicated time for the role. There was an infection control protocol in place and staff had received up to date training. The cleaning company conducted audits of cleanliness. The practice had not carried out a recent audit of overall infection control arrangements, but was carrying out documented infection control checks for minor surgery.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. There was no cold chain policy in place, but vaccines were stored appropriately and we saw evidence that action was taken where temperatures exceeded the recommended level. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, although not consistently. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The file of one salaried GP had no references and no proof of identification and the file of a member of reception staff had no employment history and only one reference, rather than two references as specified in the practice policy.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- A first aid kit and accident book were available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The defibrillator and oxygen were in working order, and we were told that they were checked regularly, but there was no record of this.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. There was no atropine, a medicine used to treat abnormally slow heart rate, which can be a complication of minor surgery.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available, compared to the national average of 95% and the local average of 93%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for some diabetes related indicators was below the national average.
- 72% of patients with diabetes, on the register, in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months (compared to the national average of 78%).
- 64% of patients with diabetes had well controlled blood pressure (compared to the national average of 78%).
- 87% of patients with diabetes had an influenza immunisation (compared to the national average of 94%).
- 72% of patients with diabetes had well controlled total cholesterol (compared to the national average of 81%).
- 85% of patients with diabetes had a foot examination and risk classification (compared to the national average of 88%).

- Performance for mental health related indicators was generally in line with the national average.
- 87% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan (compared to the national average of 88%).
- 76% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (compared to the national average of 90%).
- 85% of patients diagnosed with dementia had a face-to-face review of their care (compared to the national average of 84%).
- 90% of patients with physical and/or mental health conditions had their smoking status recorded (compared to the national average of 94%).

We saw evidence that the practice had improved its QOF performance for three consecutive years, and that (based on unvalidated QOF data for 2015/16) performance in diabetes and mental health indicators had also improved slightly.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits carried out in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve patient care. For example, the practice audited patients prescribed novel oral anti-coagulants, a medicine used to help prevent strokes in some patients with abnormal heart rhythm, and to treat patients with blood clots. The audit checked if prescribing was in line with local and national guidance, including on transfer of information from hospital to the GP practice. In October 2014, 12 patients were taking one of the medicines. One patient was identified as being on an incorrect dose, which the practice corrected. In seven cases, the GPs had not been sent all of the necessary information by the hospital consultants. The practice sent the results of their study to the CCG, who worked with the hospital to improve communication. GP staff also received training. The practice checked again in February 2015. All of the

Are services effective?

(for example, treatment is effective)

patients were on the dose of medicine recommended by the guidelines. For patients started on the medicine since the first audit, the practice had received a complete transfer of information from the hospital.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice was participating in a study to assess the impact of being house-bound.

Effective staffing

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

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

the staff files we checked had evidence of required training, but the practice system for monitoring training showed gaps in mandatory training for both clinical and non-clinical staff.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

There was also a system to ensure that urgent referrals were received by the hospital. There was no consistent system for ensuring that the hospital had sent appointments to patients, and no details of the urgent referral system in the information pack for locum GPs.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 15% to 95% and five year olds from 66% to 98%. Local childhood immunisation rates for the vaccinations given to under two year olds ranged from 10% to 93% and five year olds from 71% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- 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.
- We observed a few instances when reception staff conducted conversations with unhappy patients in the middle of main reception area, rather than in a private room or other more private space, or talked to patients less courteously than we would expect.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 88% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%
- 82% of patients said the GP was good at giving them enough time, compared to the CCG average of 83% and the national average of 87%
- 96% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 94% and the national average of 95%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the national average of 85%
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the national average of 91%

- 84% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 83% and the national average of 86%
- 80% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the national average of 82%
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a practice nurse contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered minor surgery to make it easier for patients to access treatment than travelling to hospital.

Responding to and meeting people's needs

- The practice offered some appointments outside of the normal hours (early and late and Saturdays), for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. There was no hearing loop, but staff were aware of how to support people with a hearing impairment.
- The Elderly Care nurse provided a valuable service for older patients. The role was a long-standing one, which at one stage was paid for by the local funding body. The practice decided to retain the role when the funding was withdrawn, because of the evidence of the positive impact on patients. Research carried out by the practice suggested that in a three month period the work of the elderly care nurse meant that 23 patients avoided hospital admission. The nurse explained to us that her knowledge of individual patients' normal state of health allowed her to make a rapid and effective assessment when they were unwell. We heard of examples of how the elderly care nurse had acted as an effective co-ordinator for health and community services for older people, and avoided them being admitted to hospital.
- The practice was instrumental in the setting up of Sydenham Gardens, a charity which uses gardening and

nature to help people in their recovery from mental and physical ill-health, and which was originally set up on land belonging to the practice. The charity has now grown and has two gardens, a nature reserve and activity rooms and runs four main projects, along with many supplementary activities and clubs. Three of these projects are focused on adult mental health and include gardening, art & craft, cooking and opportunities to achieve recognised qualifications. The fourth project is focused on dementia and includes all the same elements but with specific therapy for dementia. The charity carried out annual evaluation of its work, including robust quantitative and qualitative measures of improvement in patients' health and wellbeing. This showed statistically significant improvement in patient outcomes, which compared favourably with other types of intervention. For example, in 2015/16 the mental wellbeing of participants in the garden project increased by five points on the Warwick Edinburgh Mental Wellbeing Scale questionnaire. A change of three points is considered clinically significant. The rate of improvement ranged from 46% to 68%, which is strong when considering rates from established and targeted interventions, which very rarely go over 50%. The practice remained involved with the charity, and one of the GPs is the Chair of Trustees for the charity.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with GPs were available Monday to Friday from 8.30am to 6.30pm and with nurses from 8am to 5.30pm (4pm on Wednesday).

Extended hours appointments with GPs were offered every Friday from 7am to 8am, and until 8pm on every fourth Monday, and on alternate Wednesday and Thursday evenings. Saturday appointments were offered on alternate Saturdays between 8am and 10.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 50% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice was keen to make changes to the phone system, but was not able to due to the current premises arrangements. They had increased the number of appointments that could be booked online, as an alternative to calling.

We spoke to 11 patients on the day of the inspection. Most people told us that they were able to get appointments when they needed them, but four said that it was difficult, particularly to make routine (rather than urgent) appointments.

The practice recognised that patients wanted more pre-bookable appointments so had changed the appointments system to make two-thirds of its (1000 a week) appointments pre-bookable and one third of the appointments same-day. The practice had introduced a 'duty doctor' system to do telephone consultations and see patients that needed same-day appointments. When the same day appointments were all allocated, patients were directed to call 111, seek advice from the pharmacist or go to a local walk-in centre or A&E (as appropriate). To try to educate patients, and ensure that same day appointments were used effectively, the practice had produced a leaflet for patients about minor ailments that pharmacists could advise upon.

The practice had conducted an audit on appointment take-up, activity of the duty doctor and patients that 'did not attend' and planned to carry out further audits to monitor appointment access.

In the latest national GP patient survey, only 12% of respondents stated that they always or almost always saw

or spoke to the GP they preferred compared to the national average of 36%. Practice staff told us that they felt this was due to patients still trying to see two GPs who had been with the practice for some time, but who now provided a reduced number of clinical sessions.

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

Listening and learning from concerns and complaints

The practice 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 information was available to help patients understand the complaints system, for example a summary leaflet available in reception.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, after a patient was given incorrect information about a vaccination clinic, all staff were reminded of the correct information and the patient was given an apology.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff knew and understood the practice's values.
- The practice had a strategy 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.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The partners organised social events for staff to attend.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the practice look at ways to prevent patients from parking on the pavement outside the practice, making it difficult for pedestrians and people with mobility aids to enter. The practice installed bollards.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We were told that a suggestion from the nursing staff about meetings had improved communication between the clinical staff and made it easier for nurses to get access to advice from GPs.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice

was part of a Lewisham practice improvement scheme. As part of this, clinical staff had had care planning training, which increased the number of patients receiving education about their diabetes.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p data-bbox="813 660 1484 728">Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p data-bbox="813 750 1324 784">How the regulation was not being met:</p> <ul data-bbox="813 806 1500 1332" style="list-style-type: none">• Review arrangements for managing medical emergencies to ensure that all expected medicines are available (or a formal risk assessment justifies their absence) and that records are kept of checks of emergency equipment.• Strengthen arrangements for review of safety alerts, significant event analysis and urgent hospital referrals.• Complete recruitment checks for all new staff, followed by an induction and annual appraisal. Review staff training policy to ensure that all staff receive the required training at the expected frequencies. <p data-bbox="813 1355 1508 1456">The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate all risks to the health and safety of service users.</p> <ul data-bbox="813 1478 1508 1870" style="list-style-type: none">• There were not records of checks of emergency equipment.• There was no atropine, a medicine used to treat abnormally slow heart rate, which can be a complication of minor surgery.• The practice was not following its recruitment policy consistently.• The significant event system was not familiar to all staff or documented comprehensively or consistently. <p data-bbox="813 1892 1500 1993">This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |