

# Dr RM Rowland's Practice

## Quality Report

The Jenner Centre  
201 Stanstead Road  
Forest Hill  
London  
SE23 1HU

Tel: 020 3049 2961

Website: [www.jennerpractice.co.uk](http://www.jennerpractice.co.uk)

Date of inspection visit: 16 June 2015

Date of publication: 30/07/2015

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to Dr RM Rowland's Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr RM Rowland's Practice on 16 June 2015.

We found the practice to be good for providing safe, effective, caring, responsive and well led services. It was also good for providing services for older people, people with long term conditions, families, children and young people, working age people including those recently retired and students, people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- There were comprehensive systems in place to ensure that the practice provided safe care. The practice reviewed policies regularly to ensure that they remained fit for purpose. The practice also had an appropriate system in place to review untoward incidents which were used to inform how services might be developed to improve patient care.

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents.
- The practice did not own the building from which it operated. Those areas of care provision (such as some aspects of infection control) which required working with the owner of the building were less effective. The practice had written to the owner of the building in order to address this. The practice had specifically asked for cleaning orders, improved toilet facilities on site and further cleaning to these facilities.
- Outcomes for patients at the practice were in line with or better than national averages, and a developed system of audit was in place at the practice, with evidence that this had led to improvements in patient care.
- Multidisciplinary meetings were carried out and information was shared with a range of different services to ensure continuity of care for patients.

# Summary of findings

- Patients reported that they were pleased with the level of service provided by the practice, and an active patient participation group was in place at the practice, with whom the practice had worked to improve services to patients.
- The practice had actively reviewed its patient population so that services could be targeted to meet the needs of everyone.
- Information about services and how to complain was available and easy to understand. This included the practice's website which was thorough, clear and informative. Appointments could be made and prescriptions requested online.
- There was a clear practice strategy, which included delivering improved governance over the next two years.
- Staff felt well-supported by the practice team and felt able to raise any concerns

We saw several areas of outstanding practice including:

- Care plans were in place for many patients in the practice. For example the practice had recently allocated each of its housebound patients over the age of 75 to one of the duty doctors, and when they had been the "on call" doctor at the practice they had proactively contacted and visited each of these patients over a two month period. New care plans had been implemented for those patients that needed

them. A further example was that the practice worked closely with a homeless hostel in the area, and had again proactively seen patients to determine whether or not a formalised care plan would be of benefit.

- Two staff at the practice had taken a course in basic sign language such that a better service could be provided to patients with hearing difficulties. This was appropriate given the needs of the practice population.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Ensure with the owner of the practice that they are provided with infection control information including environmental audits, and that the patient toilets in the practice are appropriately cleaned and fit for purpose. Further ensure that any areas not cleaned by the building's owner (for example computer equipment) are kept clean.
- Ensure that all checks that have been completed and safety measures taken are clearly recorded (this includes checks on emergency equipment, records of drug expiry dates and staff immunisations against hepatitis).
- Ensure that where vaccine refrigeration temperatures are outside of safe ranges that any actions are recorded.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. The practice ensured that it learned from significant events and could demonstrate where systems had been improved following review. There were clinical leads in place to support the delivery of services to specific patient groups, and the provision of safe clinical care was supported by policies which were appropriate and reviewed regularly.

There was a lead GP for safeguarding, and staff at the practice understood their roles and responsibilities in this regard. Chaperones in the practice were all clinically trained, and all had been trained.

The practice did not own the building in which they were based. Cleaning and infection control were the responsibility of the landlord. Although in the main the practice was clean, some computer equipment in the practice was dusty, and one of the toilets required redecorating. The practice also did not have access to the landlord's policies, protocols and audits relating to infection control, although they reported that they had repeatedly asked for them, and provided evidence of this.

Appropriate medicines management systems were in place at the practice. Storage of medicines and vaccines was appropriate, although vaccine refrigerator temperatures on three occasions were noted to have been slightly outside of the safe range and no action in relation to this had been recorded. Clinical equipment was well maintained and serviced regularly. Safety checks in the place were noted to be undertaken, although these were not always recorded.

Staffing levels in the practice were adequate. There were thorough risk management processes in the practice and a business continuity plan was in place. The practice was well equipped to deal with emergencies on site.

Good



### Are services effective?

The practice is rated as good for providing effective care. Quality and Outcomes Framework (QOF) information for the practice demonstrated good outcomes for patients and a review of patient records showed that reviews of patients were taking place at appropriate times and that patients were on correct medications.

The practice had a developed process of audit, and a number of examples were provided which had been through two full audit cycles. Audits in the practice were proactive, as well as being

Good



# Summary of findings

reactive to any clinical incidents that might occur. Clinical staff in the practice were open when discussing areas that required improvement and the practice was part way through implementing a new governance framework which looked to improve outcomes for patients further. All staff were involved in designing this.

A number of regular meetings took place in the practice where information was shared. At clinical meetings new guidance was discussed as were significant events and individual patient care. Representatives from the practice also met regularly with other local healthcare providers and the Clinical Commissioning Group (CCG)

All staff were supported in professional development and a training matrix was kept to ensure that mandatory training was completed. The practice also demonstrated how it supported members of staff where performance improvement was required.

The practice had effective health promotion and preventative care systems in place.

## **Are services caring?**

The practice is rated as good for providing caring services.

The patients and carers we spoke to said that the service being delivered was of a good quality. They stated that they were involved in decisions that related to their care and they were treated with respect and dignity. Patients said that they were happy with the standard of service provided by the practice. The practice had an active patient participation group (PPG) who reported that the practice had implemented a number of changes suggested by them

Patient comments left by patients in the weeks before the inspection were mostly positive, particularly relating to the friendliness of staff. This was also noted by the team during the inspection visit. Relevant information was available to patients both in the waiting area and on the website.

Patient feedback from the last national patient survey was also positive. The practice scored over average for the CCG area in all but one domain

**Good**



## **Are services responsive to people's needs?**

The practice was rated as good at being responsive to patients' needs.

The practice had taken measures to better understand its practice population, and had taken steps to improve services, particularly in relation to improving patient access. The practice had dedicated telephone receptionists situated away from the main reception desk to ensure best service to patients calling by telephone and those

**Good**



# Summary of findings

attending in person. The practice utilised an on call doctor who took calls for patients who needed an appointment urgently, and the same practitioner could arrange emergency appointments and home visits as necessary.

The practice had actively looked at delivering better care to each of its population groups, and named GPs, care plans, and double length appointments were all available for patients who required them. They had taken appropriate steps to improve the level of service for all service users.

The practice offered a combination of same day and pre-bookable appointments, up to two weeks in advance. All clinical areas of the practice were accessible to patients. However, only the main entrance to the practice was wheelchair accessible.

The practice had an active patient participation group (PPG) who had been involved in implementing a number of changes in the practice.

## Are services well-led?

The practice is rated as good for being well led.

The practice had clear vision and values, which staff were aware of. A practice development plan was in place which looked at improving governance systems in place in the practice by 2017. Governance arrangements already in place in the practice were appropriate and a range of suitable policies and procedures were in place. Relevant information was shared with the practice staff by a number of means.

Clinical and management leads were in place for specific areas of clinical practice, as well as for the development of policies and systems. Member of staff at the practice were aware of who they needed to contact in specific situations. Management line reporting in the practice was clear and most staff in the practice had already received their appraisal for last year

The practice involved both staff in the practice and patients in how they were looking at developing the practice in the future. Staff stated that they felt that there was an open and honest atmosphere within the practice and that they were engaged with managers. Members of the patient participation group (PPG) also reported that they were actively involved with the practice, and they reported that managers had been receptive to ideas about the improvement of services.

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 was rated as good for the care of older people.

All patients in the practice over the age of 75 had a named GP in order to improve patient care, and this was clearly flagged within the patient record. The practice had made full assessments of patients within this group and those in the most vulnerable group had individualised care plans.

Consultations for this patient group were available face to face, and for those who were not able to attend the surgery in person, telephone consultations and home visits were available through a duty doctor who was available throughout the day. Specific appointment slots were available to older patients, and reception staff were aware of this. A primary care assistant practitioner was also available to visit patients at home.

The practice held regular monthly multi-disciplinary team meetings with healthcare providers in the community. This included meetings with both district nurses and palliative care teams. Within the previous six months, the practice had pro-actively carried out home visits for patients over the age of 75 who were housebound.

Good



### People with long term conditions

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

The nurses in the practice took the lead in the management of long term conditions (including asthma, diabetes and hypertension). There was a GP practice lead for medicine's management and protocols were in place which were used by the practice nurses. Where patients had multiple conditions, the practice made provision by allowing extended appointments so that all issues could be addressed in one appointment so the patient did not have to re-attend.

All patients who had asthma or chronic obstructive pulmonary disease (COPD) had individualised care plans which allowed them to manage their conditions. This optimised patients' independence and reduced unfavourable outcomes. The practice also ran a neighbourhood community pulmonary rehabilitation service on site.

Good



# Summary of findings

The practice lead for diabetes ran a joint clinic with a diabetic specialist nurse from the local diabetes service. This allowed for more intensive care for patients with more complex management issues. The practice initiated insulin therapy in these clinics to reduce the need for onward secondary care referral.

Blood tests were available at the practice which provided greater convenience for patients. Where patients were newly diagnosed with a long term condition, further information to advise patients how to manage their condition was proactively provided by clinical staff.

## Families, children and young people

The practice is rated as good for providing services to families and young people.

The practice provided a range of services for young people including contraception clinics, cervical screening (with an uptake level of 83%, compared to 82% nationally) and chlamydia screening (uptake information was unavailable).

In supporting pregnant women the practice had an antenatal clinic run by a midwife from the local hospital and there were regular meetings with midwives to discuss vulnerable women. The practice also offered a one appointment service for postnatal checks, child development checks and first immunisations at eight weeks. Uptake of child immunisations was higher than the average for all immunisations at age 12 months, 24 months and five years. There was a breast feeding café at the practice every Friday morning, which provided advice and support to breastfeeding parents. This was run by the health visitors and all new mothers were invited.

In supporting children the practice had a dedicated play area in the waiting room. The named GP lead for child safeguarding held monthly meetings with clinicians and the link health visitor who was based in the same building. All staff in the practice had a minimum of Level 1 child protection training and all clinicians had Level 3 training which was updated annually. The GP lead attended bimonthly Lewisham-wide child safeguarding meetings. Computer records were tagged if there were child protection concerns. The practice also had a system in place to follow up children who did not attend hospital visits

Appointments with GPs and nurses were available in the practice both pre-bookable and on the day and access for families, children and young people was adequate.

Good



# Summary of findings

## **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 practice offered appointments from 8:00am to 6:30 pm five days a week with early opening at 7:30 am twice a week and late closing at 7:00pm once a week. Appointments could be booked both on the telephone and online. In addition the practice had created special telephone workflow slots to follow up and action pathology results and hospital letters which could reduce the need for patients to have to come in to the surgery.

In the waiting area in the practice there were two “pods” where people could measure their blood pressure, height and weight. These could be accessed at any time when the practice was open without appointment. Instructions on how to use the pods was provided in several languages.

The practice had an in house dietician who accepted both GP and self-referrals. The practice showed the inspection team awards won by the nurses in the delivery of smoking cessation services in the past three years, but exact figures for the last year were not available.

The practice offered a walk in phlebotomy service every morning including pre bookable appointments before 8am for those that were working. The practice also offered a joint injection clinic late on Friday afternoon.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good at providing services for people whose circumstances might make them vulnerable.

The practice recognised that people who were homeless and those with learning disabilities had particular requirements and might face problems accessing the care that they needed, and systems were in place to allow them to access care at the practice.

The practice carried out annual health checks for patients with learning difficulties. Within the area that the practice covered there was a homeless hostel for which the practice ran outreach clinics in order to be responsive to the needs of these patients. This addressed some difficulties that they might otherwise have in accessing care. A number of patients in this group had drug and alcohol problems and chronic mental health issues which were reflected in their individualised care plans.

All practice staff had completed training on detection of domestic violence and local resources were available, including multi-agency risk assessment conferences (MARAC).

Good



# Summary of findings

The practice had a large group of non-English speaking patients including refugees who had access to interpreting services. Some of the staff in the practice spoke languages other than English.

The practice had a thorough set of risk assessments in place. Policies for the safeguarding of both children and vulnerable adults were in place, and members of staff were aware of the procedures for managing any issues arising. Chaperoning services were available at the practice, and this service was prominent in notices in the waiting room, but not in the consulting rooms.

## **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).

The practice area covered a number of homes and hostels for people with enduring poor mental health. The practice reported that they had a good working relationship with community mental health and community psychiatric teams, and meetings were held regularly with them both at and away from the practice.

The practice had several patients with chronic psychosis for whom they ran regular clinics. The practice undertook physical health checks annually for all patients with serious mental illness. This included routine blood tests, electro cardiogram (ECG) and health promotion advice.

The practice reported that they were proactively asking patients about memory problems. Those patients who were identified as being at risk were referred onwards to the community memory clinic. Patients with established dementia had annual reviews which included medication reviews, blood tests, support offered for carers and safeguarding.

**Good**



# Summary of findings

## What people who use the service say

We spoke to 19 patients during our inspection and we received 40 Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection.

The majority of the patients that we spoke to told us that the practice staff were helpful and that they were treated with dignity and respect. All of the patients we spoke to said that practice staff explained their treatments clearly, and that they were involved in their treatment planning. Overall the patients that we spoke to rated the practice as good, with a number of patients saying that it was very good or better.

Several of the patients reported that making an appointment could be difficult, particularly if they were not able to get through on the telephone at 8am when appointments for the day became available. However, three patients noted that access to a doctor had become significantly easier since the practice allowed walk in appointments on Mondays and Fridays.

The 40 comment cards were, in the majority of cases, very positive about the practice. Of particular note was that 11 of the cards made positive comments about the reception staff who were described “as very friendly”, “helpful” and “excellent”. Four of the comment cards received stated that the midwifery service at the practice was of high quality. A total of 13 patients stated that they were treated with dignity and respect by clinical staff. A further eight comment cards stated the practice was good.

Five of the 40 comment cards stated that appointments were sometimes difficult to access, and two of those five also commented that waiting times could also sometimes be lengthy.

The practice had received 116 responses to the 2014 national GP survey (published 2015). The practice scored similar scores to or above national averages in the questions asked. Of particular note was that 87% of those questioned rated their overall experience at the practice at good, as compared to a national average of 83%. Other areas of note included:

- 79% of respondents describe their experience of making an appointment as good. The local clinical commissioning group (CCG) average was 70%.
- 90% of respondents say the last GP they saw or spoke to was good at treating them with care and concern, compared to a CCG average of 82%
- 75% of respondents find it easy to get through to this surgery by phone, compared to a CCG average of 68%

The practice had an active patient participation group (PPG) that had been established for a number of years. The six members of the PPG who we met stated that the practice had been open and willing to try new ways of working that might improve the patient experience. They detailed a number of examples where changes had been made at their request. All of the PPG members were patients at the practice and spoke favourably about their experiences. One of them described the practice as being “very homely, like an old style doctor’s surgery”.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure with the owner of the practice premises that they are provided with infection control information including environmental audits, and that the patient toilets in the practice are appropriately cleaned and fit for purpose. Further ensure that any areas not cleaned by the building’s owner (for example computer equipment) are kept clean.
- Ensure that all checks that have been completed and safety measures taken are clearly recorded (this includes checks on emergency equipment, records of drug expiry dates and staff immunisations against hepatitis).
- Ensure that where vaccine refrigeration temperatures are outside of safe ranges that any actions taken are recorded.

# Summary of findings

## Outstanding practice

- Care plans were in place for many patients in the practice. For example the practice had recently allocated each of its housebound patients over the age of 75 to one of the duty doctors, and when they had been the “on call” doctor at the practice they had proactively contacted and visited each of these patients over a two month period. New care plans had been implemented for those patients that needed them. A further example was that the practice worked closely with a homeless hostel in the area, and had again proactively seen patients to determine whether or not a formalised care plan would be of benefit.
- Two staff at the practice had taken a course in basic sign language such that a better service could be provided to patients with hearing difficulties. This was appropriate given the needs of the practice population.

# Dr RM Rowland's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector, a CQC inspector, a GP specialist advisor, a practice manager specialist adviser and an expert by experience. The inspection team members were granted the same authority to enter the practice as the CQC lead Inspector.

The inspection took place over one day, and we looked at care records, spoke with patients, six representatives of the practice's patient participation group (PPG), and a number of practice staff. This included GPs, the practice manager, practice nurses and reception staff.

### Background to Dr RM Rowland's Practice

Dr R M Rowland's practice (known as the Jenner Practice) is in Forest Hill in the London Borough of Lewisham in South London. The practice has eight GP partners who manage the practice which is based at a single site. The centre is based in a building managed and owned by NHS Property Services Limited (PropCo), and the building contains a number of other health service providers. The practice provides services to approximately 15,000 patients. The practice has a higher than average population size between the ages of 25 and 49. The practice operates in an area where life expectancy is the same as the national average.

The practice is a training practice and had two registrars at the time of the inspection visit. As well as the GP partners, the practice employs two salaried GPs. The GPs in the practice share lead responsibilities for specific areas (for example, safeguarding, clinical governance and nursing).

There are approximately equal numbers of male and female GPs. Several nursing staff had recently left the practice but had been replaced. The practice had one practice nurse, one nurse practitioner, one healthcare assistant and one nurse team support staff. The practice has a practice manager, an assistant practice manager, 11 receptionists and a data team of four. A number of other health services are provided at the practice by healthcare professionals from community and hospital teams, including midwifery.

The practice is contracted for personal medical services (PMS) and is registered with the Care Quality Commission (CQC) for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures, and diagnostic and screening procedures at one location.

The practice provides a range of essential, enhanced and additional services including childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, minor surgery, patient participation, remote care monitoring and influenza and pneumococcal immunisations

The practice is open five days a week from 8:00am to 6:30pm on Tuesdays, Wednesdays and Fridays; from 7:30am to 7:00pm on Mondays and 7:30am to 6:30pm on Thursdays. Out of hours services for the practice are provided in partnership with an external agency when the surgery is closed. The practice operates a booked appointment system, but on Mondays and Fridays the practice also offered a walk in surgery for patients registered with the practice.

Parking is available at the site and is shared by staff and service users for all of the facilities in the building.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Lewisham Clinical Commissioning Group (CCG) to share information about the service. We carried out an announced visit on 16 June 2015. During our visit we spoke with patients and a range of staff which included GPs, practice manager, nurse, and receptionists. We looked at care records, and spoke with the management team. We spoke with 19 patients who used the service, and received comment cards from a further 40 patients. We also observed how staff in the practice interacted with patients in the waiting area.

As part of the inspection we reviewed policies and procedures and looked at how these worked in the practice.

# Are services safe?

## Our findings

### Safe track record

The practice had a good track record for maintaining patient safety, and had done over a number of years. The practice held a range of clinical meetings, both with clinical staff in the practice, and including service providers in the community. Minutes of the meetings showed that developments in practice were regularly discussed. The practice had an honest and open approach to significant event analysis. Issues arisen were discussed and examples were provided of systems having been changed in response to significant event findings. The practice staff discussed the events openly with the inspection team and demonstrated a culture of learning and continuous improvement.

Following a change in staffing at the practice the partners in the practice had instigated a two year plan 2015-2017 to improve governance in the practice. It was clear from reviewing the actions taken so far that all staff in the practice had been involved and that the primary focus was to improve safety and quality for service users. There were systems in place in the practice to ensure that alerts from third parties, including a range of patient safety alerts were appropriately managed.

The practice was able to demonstrate a recent example of how it had managed performance problems, ensuring in doing so that the member of staff was supported, but also ensuring patient safety was protected.

### Learning and improvement from safety incidents

The practice demonstrated effective systems for reporting, recording and learning from incidents and significant events. The practice demonstrated openness when discussing issues that had gone wrong in the past, and there was an evident focus on using learning to prevent re-occurrence. In a case where a patient's hypertension had not been properly reviewed and it had impacted on their health, the practice had fully looked into the incident, and put into place a seven point action plan including the development of a physical letter to ensure that patients were informed more clearly when medication reviews were overdue. In all of the serious events reviewed the practice had been open with patients (apologising where necessary) and had shared learning with all of the practice staff.

The practice maintained an appropriate risk register for clinical events with review dates as necessary. The practice had an appropriate system in place for managing patient safety alerts.

### Reliable safety systems and processes including safeguarding

The practice had systems in place to ensure safety, including safeguarding of vulnerable children and adults. The practice had leads for both child and adult safeguarding (these were two different GPs). The staff that we spoke to at the practice knew who was responsible for safeguarding and they knew the process for escalating concerns. Suitable policies for child and adult safeguarding were in place. All staff in the practice had received appropriate child protection training. Administrative staff in the practice were trained to Level 1, and all clinical staff in the practice were trained to Level 3. Contact numbers for local organisations involved in the safeguarding of children and vulnerable adults were readily available to all clinical staff. The practice had a register for vulnerable patients that was updated and reviewed regularly.

Clinical staff at the practice had received a Disclosure Barring Service (DBS) check. The practice had decided not to DBS check the administrative staff in the practice because all chaperones in the practice were clinically trained, and the rationale for this decision was clear and recorded. Those staff that acted as chaperones had received the appropriate training and demonstrated to the inspection team where they would stand and what they would do when required. Signs stating that chaperones were available were clearly displayed in the reception area, although there were no signs present in the consulting rooms.

Clinical staff in the practice had been trained in the Mental Capacity Act (MCA) and details of this training were contained in appraisal records.

### Medicines management

Appropriate medicines management systems were in place in the practice. The practice stored vaccines and medicines in line with appropriate guidelines. All of the medicines checked were in date and they were disposed of correctly. No controlled drugs were kept on the premises. It was noted that although temperatures for the refrigerator were recorded, on three occasions a temperature marginally outside of the safe range was recorded (twice at nine

## Are services safe?

degrees centigrade and once at 11 degrees centigrade), and it was unclear what actions had been taken (the shelf life of some vaccines and medicines can be reduced if they are kept outside of a specific temperature range).

Anaphylaxis (emergency medicine) kits were available in each of the treatment rooms, the correct medicines were present and they were in date. The practice used two doctors bags. All of the medicines that might generally be used were present and in date, except that there was aspirin in one of the doctors bags with no expiry date noted. The practice staff recognised that this should not be there and removed it once they were notified. A list was kept of what was in each of the bags and when it should be replaced.

Repeat prescribing processes which were appropriate and in line with guidance were in place at the practice, and GPs were aware of them. Prescription pads were kept securely in two locked cupboards, all members of staff were aware where they were kept and that the cupboard should be locked. Both records reviewed and audits seen showed that medicine reviews, including those for patients with long term conditions were undertaken on a regular basis. GPs detailed appropriate checks that they would take when prescribing medicines which might either have serious side effects, or might be contraindicated with other medications.

The practice had appropriate patient group directions (PGDs) in place. 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.

### **Cleanliness and infection control**

The practice manager stated that patients could report any infection control concerns to the reception team so that they could be quickly addressed. The practice reported that most of the responsibility for infection control was the responsibility of the owner of the building and it was the owner who employed cleaning contractors. The practice had not been provided with relevant infection control information by the owner of the building (such as cleaning checklists) to ensure patient safety. It was also noted that the patient toilets in the practice (which were also reported by practice staff to be the responsibility of the building owner) were only cleaned once a day and one of the toilets

was in a state of disrepair. Several members of practice staff reported that they had had difficulty in addressing this with the building's owner, and copies of correspondence with the owner of the building were provided.

Where the practice was responsible for infection control, some of the systems in place were appropriate. The nurse who had recently taken on the role of infection control lead had not arranged specific refresher training for staff on infection control yet, but staff had all been trained on infection control as appropriate. Staff had access to appropriate infection control equipment including gloves, hand washing gel and spill kits both in clinical and non-clinical areas of the practice.

The waiting room (including furniture), reception area and clinical rooms were all observed to be well maintained and clean. Hand washing sinks with elbow taps were available in all clinical rooms. A risk assessment had been undertaken in relation to the legionella bacteria.

Equipment in clinical rooms such as examination couches, scales and blood pressure monitors were also noted to be clean, and disposable rolls of paper were in place on the couches to minimise the risk of cross infection. However, computers in consulting rooms which were not part of the cleaning schedule and were in several cases noted to be dusty. Infection control audits were completed on a regular basis, the last one having been undertaken in the previous two months.

Appropriate clinical waste disposal bins and sharps disposal systems were available in all of the consulting and treatment rooms. Clinical waste was collected by an external company and consignment notes were available to demonstrate this.

### **Equipment**

There were appropriate measures in place at the practice to ensure that equipment was suitable for use. The practice had a contract with an external contractor to ensure that all equipment in the practice was calibrated and serviced yearly. We were shown that equipment was last calibrated in January 2015. This also included portable appliance testing (PAT). The equipment in the practice looked to have been well maintained.

### **Staffing and recruitment**

Appropriate staffing and recruitment processes were followed by the practice. The practice utilised a human

## Are services safe?

resources (HR) consultancy service whom they could contact with any queries relating to recruitment and performance management. Policies used for recruitment were appropriate, and background checks were carried out as required.

Staffing in the practice appeared appropriate given the number of patients on the list. Procedures and policies were in place to manage both planned and unexpected staff absence. The practice manager explained how she could contact other staff members to cover if the practice was busy or other members of staff were ill. Actual staffing levels were planned for in the two year development plan that the practice was in the process of undertaking at the time of the inspection. This was particularly relevant as several practice staff including two of the partners were retiring during that period. Within a recent practice away day staff had discussed collective leaderships (specifically how all staff had responsibility for the practice being a success), and the teams had pulled together plans to show how they could support others in the practice.

Although a number of experienced staff had recently left the practice, for the most part staff turnover at the practice was low, with several clinical and several non-clinical staff having been at the practice for more than ten years.

### **Monitoring safety and responding to risk**

The practice had appropriate systems in place to monitor safety and respond to risk. Risk assessment in the practice was split between several staff members. Administrative risks were managed by the assistant practice manager, general risks were managed by the practice manager and clinical risks by the practice manager and one of the practice's GPs

Assessments had taken place for Control of Substances Hazardous to Health (COSHH) and one of the nurses had responsibility for this. The practice manager reported that risk assessments for the building including for fire were managed by the owner of the building. Again, it was

reported by practice staff that the building owner had not passed copies of all of these risk assessments to the practice, despite the practice requesting them on many occasions.

Staff were aware of the policies and they had undertaken training where appropriate. Fire alarms were tested on a weekly basis, and a fire alarm test was noted during the inspection. The practice manager stated that there was not a formal policy in place in relation to lone working, but she reported that all staff were aware that they should not be working in the practice alone.

### **Arrangements to deal with emergencies and major incidents**

A business continuity plan was in place which detailed that if there was disruption to the computer system or the building, then there were contingency steps that the practice could take. The owner of the property had responsibility for fire risk assessments, but the practice had fire extinguishers in place throughout the practice, all of which had been serviced within the last year.

Appropriate systems were in place to manage on site medical emergencies. Relevant emergency equipment such as oxygen and an automated external defibrillator (which is used to re-start a patient's heart) were available in the practice. The practice staff reported that a patient had already been successfully resuscitated following cardiac arrest using the defibrillator. Checks on this equipment took place as required, but they were not recorded. Staff in the practice had been trained in basic life support.

Emergency medicines were available in secure clinical areas of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest and anaphylaxis. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use, but there was no expiry log in place. All the medicines that we checked in the practice were in date and fit for use.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice provided joint care of patients within the practice (between doctors and nurses) and in the community with other healthcare providers. There were leads in place for the management of long term conditions as well as other relevant areas such as safeguarding. Clinical meeting minutes showed that National Institute for Health and Clinical Excellence (NICE) guidelines were regularly discussed. The practice also had a policy on the prescribing of antibiotics and levels of prescribing were both discussed in meetings and audited.

Clinical staff demonstrated how they accessed NICE guidelines and examples of where NICE guidelines had been used to change practice policies were evident in staff meeting minutes. Where relevant minutes showed where information had been cascaded to reception and administrative staff. The practice also demonstrated that relevant guidance updates had been shared by way of e-mail and the practices shared drives.

Care plans were in place for many patients in the practice. For example the practice had recently allocated each of its housebound patients over the age of 75 to one of the duty doctors, and when they had been the “on call” doctor at the practice they had proactively contacted and visited each of these patients over a two month period. New care plans had been implemented for those patients that needed them. A further example was that the practice worked closely with a homeless hostel in the area, and had again proactively seen patients to determine whether or not a formalised care plan would be of benefit.

The practice showed both favourable outcomes for its patients when long term conditions compared to the national average. For example 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 76% only marginally lower than the national average of 78%. The practice could also show that it was regularly monitoring diabetic patients. For example the percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months was 92% compared to a national average of 86%.

The practice also performed well in managing patients with poor mental health. For example 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 91% compared to 86% nationally. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 88% as compared to 84% nationally.

During the inspection no discrimination, either direct or indirect, was observed.

### Management, monitoring and improving outcomes for people

Audit and systems to manage and monitor care were well established in the practice. The practice provided a number of audits including those that had completed two audit cycles. The practice had learned from audits in the past in order to improve the quality of service for patients. An example was improving care for patients with atrial fibrillation. The practice was able to demonstrate through two complete cycles a reduction in the number of patients with atrial fibrillation who were not receiving anticoagulation treatment.

The practice was in the process of reviewing its governance and development plan at the time of the visit with a view to improving patient outcomes and better shaping how the practice delivered care. The project was scheduled to take place from 2015 to 2017. Although this project was at an early stage, the planning for the project was clear and appropriate, and all practice staff had been involved in developing the plan.

The practice’s approach to audit was proactive; there was an audit programme and the practice did not rely on untoward events to begin audit cycles. The quality and outcomes framework score for the last year was 97%, and a review of patient records showed that patients with long term conditions were receiving appropriate care.

Medicines and repeat prescriptions were issued and reviewed in line with NICE and other national guidelines. In the records reviewed and on the basis of the background information provided it was evident that patients had been followed up appropriately and that blood tests had been requested for a review of efficacy or where a change in medication was being considered.

The practice held regular monthly multi-disciplinary team meetings with healthcare providers in the community. This

# Are services effective?

(for example, treatment is effective)

included meetings with both district nurses and palliative care teams. Systems were in place to deliver appropriate end of life care. Within the previous six months, the practice had pro-actively carried out home visits for patients over the age of 75 who were housebound.

The practice participated in benchmarking, but no data on bench marking or prescribing rates was collected during the inspection.

## Effective staffing

The practice had a mixture of long standing staff and new starters, both in the clinical and administrative teams. All of the longstanding members of staff to whom we spoke stated that they enjoyed working at the practice, and they felt supported.

The practice had an employment policy and followed it appropriately when appointing new staff, including checking references. All new staff at the practice were provided with an induction, and on reviewing the induction policies there was an appropriate amount of both corporate and role specific induction. Mandatory training courses attended were kept on the staff members file for full clarity. The practice also kept a training “matrix” so that the practice manager could easily see whether any training was outstanding.

Staff in the practice had been appraised and appraisals were kept on the staff file. Appraisals in the practice were linked to both personal development plans, and the overall development plan for the practice.

The staff that we spoke to at the practice stated that they were supported in their training needs. Protected learning time was available to all staff. The way in which patients with long term conditions were managed showed that care was shared between the doctors and nurses in the practice. There was an appropriate skill mix in place to deliver good quality care. The regular clinical meetings at the practice allowed for individual cases to be discussed where required. Examples of this were in the minutes of the meetings

## Working with colleagues and other services

The practice had regular meetings with healthcare providers in the community. The clinical leads for those specific areas would usually attend and then would share information with the rest of the clinical team. Examples of this were monthly meetings for palliative care and

safeguarding, each of which had a lead attending. Meetings also took place with mental health and addiction teams. The practice also had developed relationships with the district nurse team and health visitors to ensure that those patients with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care.

The practice met on a monthly basis with the clinical commissioning group (CCG) for the Lewisham area where issues relating to the provision of GP care in the area, and any issues arising from hospital or other secondary care were discussed. At least three clinical staff from the practice generally attended this meeting.

Appropriate systems were in place in the practice to ensure that referrals to secondary care providers and results received (including blood tests and x-ray results) were managed in an efficient way. Incoming post was mostly received electronically. The administrative staff allocated to the doctor requesting the test, but where possible shared anything relating to patients over the age of 75 with their named doctor. Information from out of hours and emergency services was also sorted by the administrative staff and shared equally among the doctors.

The practice used the choose and book referral system. Administrative staff in the practice checked the system on a daily basis to check for refusals to ensure that patients were followed up. Two week rule referrals were faxed, saved to the patient record and a member of staff would call the hospital to ensure that the referral had been received.

## Information sharing

As well as the clinical meetings, there were a number of regular meetings in place at the practice, for example one for reception staff. Minutes of these meetings showed that relevant information was shared among staff where required.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients’ care. All staff were fully trained on the system. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

# Are services effective?

(for example, treatment is effective)

Incoming results (for pathology or radiology) were downloaded to the electronic system. All doctors were responsible for checking their own incoming results. There was a system in place to ensure that unmatched results were reviewed by one of the practice nurses, and there was a further contingency in place if the practice nurses were also absent. Similarly there were systems in place to ensure that out of hours attendances were recorded and, where relevant, followed up.

## Consent to care and treatment

There were appropriate policies in place governing the use of the Mental Capacity Act (MCA) and relevant staff had received training. Staff were aware of when to use the MCA. An example given was that in the case of a patient who lacked capacity required a diagnostic procedure. Best interest meetings were held in line with the guidance and a care plan was devised for the patient in conjunction with district nurses and other healthcare professionals. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Staff told us that consent was recorded within the patient record and if there were any issues with consent they were discussed with a carer or parent.

The practice carried out annual health checks for patients with learning difficulties. Practice staff were aware of how the Mental Capacity Act should be used when eliciting consent.

## Health promotion and prevention

Patients attending the practice were provided with adequate health promotion information. Posters and information leaflets were available in the waiting area detailing a number of health promotion services including smoking cessation.

The practice had ensured that 86% of patients on the co-morbidity register had been referred to the smoking cessation service. Of those that had attended the service there had been a success rate of 70%. The practice had won a local award two years previously for the smoking cessation service that it provided. Details of the smoking cessation clinic were also advertised on the practice's website.

The website detailed clinic times, and a wide range of health promotion advice on all subjects was available, which was clearly accessible through a link marked "Your Health".

The rate of uptake for cervical smear test was 83%, which was slightly higher than the national average of 81%. The practice also had an appropriate uptake for influenza vaccinations. The percentage of patients aged 65 and older who have received a seasonal flu vaccination was 73%, the same as the national average. A PPG member reported that to make this service more available to all, clinical staff at the practice had offered vaccinations one Saturday morning where 450 patients had received a vaccination.

Uptake for childhood immunisations was higher than national averages for all regular vaccinations at ages 12 months, 24 months and five years.

The practice had systems in place to support patients over the age of 75 who had their own named GP. GPs in the practice reported that they would proactively check health issues with older or more vulnerable patients.

The practice had an in house dietician who accepted both GP and self-referrals. The practice showed the inspection team awards won by the nurses in the delivery of smoking cessation services in the past three years, but exact figures for the last year were not available.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

The latest national GP survey showed that 57% of patients were able to get an appointment with the GP that they wanted to see. This compared to a CCG average of 51% and a national average of 60%. Ninety one per cent of patients reported that GPs gave them enough time in consultations compared to a CCG average of 85% and a national average of 89%. Ninety six per cent stated that practice nurses provided enough time compared to a CCG average of 89% and a national average of 92%. Overall 87 of patients stated that the overall experience of the practice was good. This is higher than the CCG average (83%) and the national average (85%).

The feedback from the nineteen patients that we spoke to during the inspection was overwhelmingly positive. All noted that the practice staff treated them with dignity and respect, with several commenting specifically that staff were friendly and helpful. The same feedback was also received from the six members of the patient participation group. All but one of the 40 CQC feedback forms was positive in relation respect and dignity.

The practice telephone lines were answered in a room away from the main reception desk. This minimised the risk of any conversation being overheard, and also ensured that practice staff did not have to decide between answering the call and attending to a patient attending in person. During the visit it was noted that administrative staff dealt with patients politely and respectfully. Staff we spoke with were aware of the need to be respectful of patients' rights to privacy and dignity.

The availability of chaperones was advertised on notices in the waiting area, but there were no notices in the clinical rooms. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were aware of how to raise concerns about disrespectful behaviour.

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

The latest national GP survey showed that 86% of patients said the last GP they saw or spoke to was good at involving

them in decisions about their care. This compares to a CCG average of 78% and a national average of 85%. In terms of nursing staff, 91% of patients reported that nursing staff were good at explaining results and findings to them compared to a CCG average of 88% and a national average of 90 per cent. Seventy nine per cent of patients reported that the last nurse they saw or spoke to was good at involving them in decisions about their care. This is slightly lower than the CCG average of 82% and the national average of 85%.

Four of the responses on the CQC feedback forms stated that patients felt involved in decisions relating to their care. Sixteen of the 19 patients to whom we spoke were asked about how doctors involved in them in their care commented favourably. Two patients stated that they were sometimes involved, and the final respondent said that they did not feel involved in their own care.

The website contained information about how care could be accessed and how patients could communicate with the practice, including details about the practice's PPG.

Staff told us that translation services were available for patients who did not speak English as a first language. We were also told that several staff in the practice spoke languages other than English. Furthermore two practice staff had taken a course in alphabetic sign language to enable them to communicate better with patients.

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

Two of the 40 responses on CQC feedback forms were from carers who stated that they felt well supported by doctors in the practice and that they were involved where appropriate. One of the PPG members who was also a carer said the practice had been actively involved in assisting with not only better treatment options, but also support generally. The practice manager stated that when the practice received discharge letters from hospital they would decide whether a call to the patient was required.

When we spoke to practice staff they demonstrated an understanding of the potential social and emotional impacts of treatments and conditions.

The practice manager stated that the practice would send a sympathy card to patients who had suffered bereavement. She said that bereavement counselling

## Are services caring?

could also be offered. There were posters in the waiting room detailing support services, and the website had a thorough list of support services including details of how they could be contacted.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was responsive to the needs of its patients and had systems in place to ensure that the level of service provided was of a high quality.

The practice had planned services for the needs of the population in the area, in some areas working with the local clinical commissioning group (CCG). The practice had regular meetings with healthcare providers in the community to provide palliative care and for those patients with poor mental health. The practice had arranged extended opening hours so those who were commuting could access services at more convenient hours.

The practice held information about those who needed extra care and resources, including those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. Care plans were in place for the most vulnerable people, and the practice actively reviewed vulnerable patients, an example being that all patients over the age of 75 who were housebound had actively been followed up with face to face reviews.

Double length appointments were available for patients with multiple long term conditions as well as for patients with learning disabilities. Home visits were also available and would normally be undertaken by the on call GP.

All patients in the practice over the age of 75 were provided with a named GP. Wherever possible all care was provided through the named GP, though appropriate cover arrangements were in place.

The practice website provided information for patients including the services available at the practice, health alerts and latest news. Where services were provided in the community contact numbers were provided. There was an up to date list of practice staff. Information leaflets and posters about local services, as well as how to make a complaint, were available in the waiting area.

The practice had an active patient participation group (PPG) and representatives of that group reported that the practice was keen to improve and develop services for patients. They provided several examples of how requests from the PPG had been put in place. This included the

introduction of an in house phlebotomy service, and changes to the way in which appointments could be requested. It was reported that the practice had made efforts to improve services in areas but had been unable to do so. An example of this was to provide wheel chair access to the emergency exit. The practice reported that they had approached the owner of the property but that as yet they had been unsuccessful in making changes to the building. Several senior members of the practice staff mentioned that they would like to improve parts of the practice premises but they had been unable to do so.

### Tackling inequity and promoting equality

The practice had actively taken steps to ensure that they tackled inequality and promoted equality. Staff at the practice had undertaken equality and diversity training. Patients were able to make appointments with either male or female GPs, and given the near equal split in the practice of male and female GPs this could normally be accommodated during the course of making an appointment.

The practice used a translation service, and patients who might require this service were flagged on the patient record so the staff at the practice would know it was required. The practice manager also reported that two staff in the practice had been on a sign language course to better provide services to patients with a hearing disability. A hearing loop was also in place at the practice.

The building and all parts of the practice were accessible to wheelchair users. The patient toilets had been designed to ensure they met the needs of less mobile patients. However, it was reported by a patient and noted that the emergency exit to the building in the event of a fire was not accessible by wheelchair.

Staff told us that they did not work with any nursing homes as there were none in the area, but there were several hostels for patients who had either been homeless or had problems with substance misuse. Regular meetings were held with healthcare providers in the community to ensure those patients could access care, and one of the GPs in the practice provided an example of how the practice had used the Mental Capacity Act to ensure that a patient received appropriate care.

Patients with learning disabilities were reviewed on a yearly basis and the practice had reviewed all patients in the previous year.

# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open from 8am - 6:30pm three days per week with extended opening hours until 7:00pm in the evening once a week, and appointments available from 7:30am twice per week. Appointments were available throughout the day. The practice operated an on call duty/triage doctor who would call patients with emergency presentations or those that were not able to attend the surgery. The on call doctor was responsible for undertaking home visits for that day.

Three patients that we spoke to during the inspection, and four of the patients who completed CQC reporting cards stated that obtaining appointments could be difficult. They also reported that at around 8am when appointments became available it could be difficult to get through by telephone. Appointments could be made online but the practice manager reported that the great majority of appointments were requested by telephone.

Notwithstanding the feedback, in the last patient survey 75 per cent of patients reported that they had no difficulty in making an appointment, which was higher than the CCG (68 per cent) and national (74 per cent) averages.

The practice website contained relevant information about the practice including opening times. It also contained a wide variety of information leaflets about health promotion and specific conditions, which could easily be found on the website. Online repeat prescriptions could also be requested and could be picked up directly from a nominated pharmacy, meaning that patients did not necessarily have to attend the practice.

Information about the practice and out of hours contacts was available via the answer phone, and this information was also clearly available on the practice's website.

## Listening and learning from concerns and complaints

The practice had effective arrangements in place for managing complaints and feedback provided by patients. The practice manager was the dedicated complaints lead, and suitable processes and protocols were in place. All staff were aware of the complaints process, and the process of how to make a complaint was in both the practice leaflet and on notices in the waiting room.

The practice provided details of how complaints had been managed, and they provided details of how the practice implemented changes as a result of complaints. The practice kept records of all complaints but they were not formally monitored. However, at the end of year a final audit of complaints was completed.

From the sample of five complaints reviewed by the inspection team it appeared that they were managed appropriately and where necessary apologies were made to affected patients. A record of the response to the patient was also kept. The practice manager reported that learning was shared in various practice meetings, but specific discussions arising from individual complaints were not minuted.

# 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 and strategy. At the core of the practice's vision was the delivery of high quality clinical care for patients. Staff were involved in the delivery of a new governance framework at the practice which was due to feed into the overall vision and values in the future. There were leads in place at the practice for key management responsibilities (such as governance) and staff that we spoke to knew who had overall responsibility. The process of developing the overall vision statement for the practice in the future had milestones so that progress could be checked and review dates where changes could be made if necessary.

### Governance arrangements

The practice had developed extensive governance arrangements, but was still looking into making improvements with a project to redesign governance in the practice due to be completed by 2017. All policies were available to staff on shared drives and hard copies were kept with the practice manager. The management structure for day to day queries was effective and clear. Members of staff were aware of reporting lines and accountability.

A number of regular meetings were held at the practice including fortnightly clinical meetings and monthly meetings for administrative staff and all staff meetings. Agendas and minutes of meetings were clear and action plans were clearly detailed and discussed at following meetings. The practice had also recently had a team "away day". The agenda for this was also clear and the learning from the day was due to be incorporated into the new governance plan.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. The practice had a proactive system of on-going clinical audit in place, with learning points being fed back into how clinical care was delivered.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed us a range of risk assessments that had been carried out where risks were identified and action plans had been produced and implemented.

### Leadership, openness and transparency

Management lines in the practice were clear, and roles and responsibilities for senior staff were outlined in job descriptions. There were leads in all aspects of how the practice was run, from responsibility for the management of specific long term conditions, to responsibilities for leading on governance and safeguarding. Information was appropriately shared between practice staff, and there were clear lines of communication between GPs, nurses, other clinicians and administrative staff.

We spoke with six members of staff and they were all clear about their own roles and responsibilities. They told us they felt well supported and knew who to go to in the practice with any concerns, and that they felt that they were part of the practice team. We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice demonstrated that it acted on patient feedback. The patient participation group (PPG) at the practice was longstanding, and the group reported close ties to practice staff. They also reported that the practice had welcomed feedback and had made a number of changes to the practice following recommendations from the PPG.

The practice also sought feedback from staff. Members of staff that we spoke to said they knew who to approach if they wished to raise an issue, and that the practice took comments from staff seriously. The practice had recently started a two year project to improve its governance systems. Before starting this process, the practice had sought feedback from staff both by a survey and in a team "away day".

### Management lead through learning and improvement

Systems were in place at the practice to ensure that it learned from significant events and feedback to improve

# Are services well-led?

Good 

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

the service being provided for patients. Significant events were individually reviewed and action points put in place to prevent reoccurrence. When discussing significant events during the inspection, practice staff were candid and open. It was clear that adverse events were used as a mechanism for positive change.

Members of staff were supported in their learning and development and protected time was available. The practice kept a learning matrix to ensure that all staff had

undertaken relevant training courses. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistle blowing policy which was available to all staff.

The practice was involved in regular meetings with both local healthcare providers in the community, and with Lewisham clinical commissioning group (CCG). These meetings were given a high priority by the practice and were well always attended.