

South Lewisham 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 South Lewisham Group Practice on 5 June 2015. Overall the practice is rated as good.

Specifically we found the practice to be good for providing effective, caring, responsive and well led services and for providing services to all patient groups, it required improvement to providing safe services.

Our key findings were as follows:

- Patients said that they were treated with kindness and respect, their dignity was maintained, they were involved in decisions about their care and treatment and they said staff were caring;
- Information about the services provided, how to make a complaint and how to get involved with the Patient Participation Group were available to patients on the practice website and displayed at the practice;

- Patients reported good access to urgent on the day appointments, however they reported delays in getting through to the practice to make appointments and having to wait when they arrived at reception;
- Patient's needs were assessed and care was planned and delivered following best practice guidance. Staff received the training they needed to carry out their role;
- Staff were clear about their responsibilities to report incidents and raise concerns and learning from incidents was shared;
- Systems were in place to assess and monitor risks to patients with the exception of those relating to staff recruitment checks;
- There were clinical leads for the chronic diseases experienced by patients registered at the practice;
- Data showed the practice was predominantly in line with local averages;
- Systems were in place for audit cycles to be completed and the information was shared with all GPs.

Summary of findings

We saw several areas of outstanding practice including:

- The Patient Participation Group arranged regular market stalls where local health and social care providers and services were invited to the practice to give talks and information to patients;
- The way patients with diabetes were encouraged and supported to be involved in their care and treatment, taking responsibility for their condition;
- The use of a cardiologist to interpret electrocardiograms electronically to ensure they were interpreted quickly and correctly.

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

Importantly, the provider must:

- Ensure the staff recruitment process includes all the required checks being completed before new staff start work.

In addition the provider should:

- Ensure the surgery is accessible to patients using a wheelchair.

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.

Staff understood their responsibilities to raise concerns and report incidents and near misses. Suitable arrangements were in place for safeguarding, policies were in place, staff were trained to the appropriate level and were clear about their responsibility to report concerns. Arrangements for medicines management were appropriate. Fridge temperatures were recorded and seen to be within the required range. Improvements were required to staff recruitment to ensure the required checks were completed before new staff started work. There were systems to ensure there were enough staff to meet patient's needs. Suitable arrangements were in place to deal with a range of emergencies, equipment and medicines to deal with a range of medical emergencies were in place. Risk assessments were completed and reviewed.

Requires improvement



Are services effective?

The practice is rated good for providing effective services.

We found systems were in place to keep clinical staff up to date with both the National Institute of Health and Care Excellence guidelines and locally agreed guidance. There were lead GPs for the range of health conditions experienced by patients at the practice. Staff had access to training and support to enable them to carry out their role. Systems were in place for administrative, nursing and health care staff to receive an annual appraisal. The practice had links with local health and social care services to provide joined up care to patients with complex health needs. The practice provided health promotion information leaflets in conjunction with the Patient Participation Group.

Good



Are services caring?

The practice is rated good for providing caring services.

Data showed that patients rated the practice above and in line with others for several aspects of care. Patients said they were treated with respect, that their privacy and dignity were maintained, they were involved in decisions about their care and treatment. Information about the services provided at the practice and in the local area was available to patients on the practice website, displayed at the practice and included in the patient newsletter provided by the Patient Participation Group.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

The health needs of the patient population were known and services had been developed to meet them. The practice engaged with the local Clinical Commissioning Group (CCG) to identify improvements required to healthcare in the local area. The surgery was accessible to patients with mobility problems with room for wheelchairs and pushchairs, although the getting through the main doors could be difficult for patients in a wheelchair. Staff had access to telephone and on-line translation services. A Patient Participation Group was in place and met at least three times a year. The group were involved in seeking patient's views on the services provided and giving patients information and access to local health and social care services to encourage, support and educate patients to take responsibility for their health and wellbeing. There was a range of book in advance and urgent on the day appointments were provided. Patients made positive comments about access to urgent appointments. Patients were satisfied with the repeat prescription process. The practice and administrative manager were responsible for dealing with complaints. Complaints were responded to in a timely manner. Complaints were discussed at practice meetings although not all staff were aware of learning from recent complaints.

Good



Are services well-led?

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

It had a vision and ethos but did not have a strategy or business plan in place. Staff were clear about their roles and responsibilities and there was a collective understanding of the vision for the practice. There was a clear leadership structure for a range of organisational and clinical responsibilities. Staff told us they felt very supported by management and they knew who to approach with issues. The practice had a number of policies and procedures to govern activity, although the management of updated policies required improving. Governance issues were discussed in partner meetings and issues were cascaded to staff during practice administrative or clinical meetings.

The majority of staff had worked in the practice for a number of years and there was a transparent culture in the practice. Staff felt they could raise any concerns and their concerns would be listened to.

The practice proactively sought feedback from patients and had a very proactive Patient Participation Group which was engaged with practices in the local area to share their successes.

Good



Summary of findings

All staff had received inductions and appraisals and all staff attended staff meetings. Staff training needs were identified and the practice provided training opportunities for trainee GPs.

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 good for the care of older people.

The practice had above the national and local average number of patients aged over 75. They provided a named GP for all patients aged over 75. The practice provided a range of book in advance and on the day urgent appointments and home visits were provided when required. Systems were in place to invite patients to attend regular medication reviews. They used co-ordinate your care for patients receiving end of life care and these were shared with the out of hours provider to ensure they were aware of patient's needs and wishes. Seventy seven per cent of patients over 65 received their flu vaccination in 2014 which was above the national average of 73%. The practice took part in a frail elderly assessment during 2014 to identify those at risk and identify social isolation and worked with other health and social care providers to help reduce this.

Good



People with long term conditions

The practice is rated good for the care of patients with long term conditions.

There was a named clinical lead for each long term condition. One of the GPs oversaw end of life care, working with the local palliative care team. One of the nurses carried out the annual diabetes checks and two weeks later the patient saw the GP for the results and the opportunity to ask questions. Staff said this gave patients ownership of their treatment. All patients with chronic obstructive pulmonary disease were offered care plans and referred to pulmonary rehabilitation when appropriate. They targeted patients with long term conditions to have the flu vaccine. The practice provided a range of urgent on the day and book in advance appointments and longer appointments were provided for patients with a number of long term conditions. The practice worked with other health and social care providers to ensure patients with complex health needs received joined up care and treatment.

Good



Families, children and young people

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

The practice had above the national average number of patients under 18. They provided urgent on the day appointments and appointments outside of school hours to help families with children. Systems were in place to identify children in disadvantaged circumstances and those at risk, which was clearly recorded so all

Good



Summary of findings

staff were aware. Baby and childhood immunisation rates for the practice were above the CCG average and the practice had improved the uptake of the MMR following close working with health visitors. Failure to attend appointments for immunisations was followed up. The practice was accessible for families with pushchairs. The practice worked with midwives, who attended the practice once a week, to provide shared antenatal care and with health visitors to deliver the Healthy Child Programme. Staff told us that they treated children and young people in age-appropriate ways and we saw evidence to confirm this.

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).

To meet the needs of working age people, the practice provided extended opening hours from 6.30pm-8.00pm on a Monday and Thursday evening and from 9.00am-12noon every fourth Saturday. Patients could book non-urgent appointments and order repeat prescriptions on-line. The practice provided the NHS Health Check for those over 40 and opportunistic screening for blood pressure, cholesterol and diabetes at routine appointments. Seventy eight per cent of women had attended for a cervical smear test which was an improvement from 76% the previous year but was still below the national average of 82%.

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 those with learning disabilities. It had carried out annual health checks for people with a learning disability and offered longer appointments for these checks. The practice worked with multi-disciplinary teams to provide joined up care for vulnerable patients. Staff were aware of their responsibilities regarding sharing safeguarding information, they knew how to contact the relevant agencies and how to recognise signs of abuse in vulnerable adults. Staff at the practice had access to translation services to help them meet the needs of patients whose first language was not English and appointments for these patients were longer to allow extra time for translation. Suitable arrangements were in place for the practice to register patients who were homeless.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health.

The practice held a register of patients experiencing poor mental health, 72% had a care plan that was reviewed annually, and this was below the national average of 86%. The practice did not provide named GP for patients experiencing poor mental health; however they said they aimed to provide continuity of GP. The practice worked with multidisciplinary teams to provide joined up care to people experiencing poor mental health, making appropriate referrals to community mental health teams and holding three monthly meetings with relevant health professionals. Patients were signposted to local services and the practice had a community drugs project worker on site once a week. Data showed patients were routinely asked about their alcohol consumption and smoking status which was recorded in the electronic patient record.

The practice had a register of patients with dementia, all of whom were offered an annual health check and review. The practice had increased the number of patients diagnosed with dementia in the last year due to changes in the way they recorded this on the electronic patient record. Advanced care planning was in place for patients with dementia.

Good



Summary of findings

What people who use the service say

We spoke with 13 patients. We looked at results from the GP patient survey for 2014. The practice carried out their own survey in 2014 which had 143 responses.

Patients we spoke with reported mixed experience of the practice. Patients were positive about the care and treatment they received and said staff were caring, friendly, welcoming, helpful, professional, dedicated and supportive. However most described difficulties getting through to the practice on the telephone and making appointments with their named or preferred GP. Patients did say getting an urgent on the day appointment was not difficult. Patients who used the on line system to book appointments were satisfied with the arrangements. Patients told us the practice was clean. We received 18 comment cards completed by patients who visited the practice during the two weeks before our inspection. All cards contained positive comments about staff and the care and treatment provided, although three raised issues about making an appointment, two said staff answering the telephone could be more helpful and understanding and one person felt they waited too long to be seen.

The results from the 2014 National GP survey involved 350 surveys being sent out, with 122 returned giving a 34% completion rate. Responses showed 83% of

respondents would recommend this practice to someone new to the area which was in line with the CCG average of 83%. Eighty eight per cent of respondents described their overall experience of the practice as good which was above the CCG and national average of 83% and 85%. Eighty four per cent of respondents were satisfied with the opening hours which was above the CCG average of 75%. Seventy one per cent were able to get an appointment the last time they tried which was below the CCG average of 82% and 51% of respondents said it was easy to get through on the telephone, which was below the CCG average of 68%. The practice had made changes following patient feedback, introducing a telephone triage system, although they found this did not improve patient experience and they were now operating a duty doctor system.

The results from the practice survey which was focussed on access to the practice indicated patients would like more appointments to be bookable on line, patients felt more staff were needed to answer the telephones in the mornings and there were long queues at reception in the morning and evening. In response to this feedback the practice used more staff to answer the telephones in the morning and used the duty doctor to deal with patients queries away from the reception queue.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the staff recruitment process includes all the required checks being completed before new staff start work.

Action the service **SHOULD** take to improve

- Ensure the surgery is accessible to patients using a wheelchair.

Outstanding practice

- The Patient Participation Group arranged regular market stalls where local health and social care providers and services were invited to the practice to give talks and information to patients;
- The way patients with diabetes were encouraged and supported to be involved in their care and treatment, taking responsibility for their condition;
- The use of a cardiologist to interpret electrocardiograms electronically to ensure they were interpreted quickly and correctly.

South Lewisham Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP and a practice manager specialist advisor, an Expert by Experience and a second CQC inspector. The specialist advisors and Expert by Experience were granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to South Lewisham Group Practice

The practice operates from South Lewisham Group Practice. The practice have above the national average numbers of children under 18 years of age and people aged over 65 and 75 years. Fifty seven per cent of patients have long standing health conditions, above the CCG and national averages of 49% and 54%. Just over 18.6% of patients have caring responsibilities again above the CCG average of 15.7% and just above the national average of 18.2% and 56% of patients are in paid work or full time education, below the CCG and national averages of 65.5% and 61%. It is in the third most deprived area of England. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures, treatment disease, disorder or injury, surgical procedures, maternity and midwifery services and family planning.

The practice provides primary medical services through a Personal Medical Services (PMS) contract. A PMS contract is

the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a range of services including family planning and contraception services, maternity services, child and adult immunisations to just over 14,000 patients in the Catford, Beckenham and Bellingham areas of Lewisham.

The practice is a member of Lewisham Clinical Commissioning Group (CCG) and is one of 44 practices. It comprises of six partner GPs and four salaried GPs (six male and four female), three practice nurses and a part time healthcare assistant. There is a full time practice manager and 17 administrative and reception staff. The practice is a training practice for GP trainees.

The practice is open from 8.00am to 8.00pm Monday and Thursday and 8.00am-6.30pm Tuesday, Wednesday and Friday and 9.00am-12noon one Saturday in four. There was an on call GP who completed telephone triage daily and GPs completed telephone consultations and home visits for patients when required. The practice has opted out of providing out-of-hours services to their own patients and these services are provided by Seldoc.

Appointments are from 8.30am-11.30am every morning and from 2.00pm-6.00pm Monday to Friday. Extended hours surgeries are provided between 6.30 and 8pm on Monday and Thursday evenings and from 9am-12noon one Saturday every four weeks.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider has not been inspected before and that was why we included them.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 June 2015. During our visit we spoke with 13 patients including the chair of the Patient Participation Group and a range of staff including two GP partners, one salaried GP, three nurses, the health care assistant, the practice manager, office manager and three administrative and reception staff including the reception team leader. We spoke with one healthcare professional based at but not employed by the practice, a representative from Healthwatch and another health care provider who were visiting the practice during our inspection. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety including reporting incidents, keeping up to date with national patient safety alerts and responding to patient's comments and complaints. These were discussed at the monthly clinical meeting and minutes confirmed this. Medicines and Healthcare Products Regulatory Agency alerts were received by two leads which were passed on to relevant staff by email. Nurses said they received immunisation recalls by email.

Staff we spoke with were clear about their responsibilities to raise concerns and knew the process to report incidents and accidents within the practice.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events and accidents. We reviewed the seven completed in the last 12 months and saw the system was followed. Clinical staff presented significant event analysis at the monthly clinical meetings which were minuted and minutes were shared amongst staff who were not able to attend. Records showed new cancer diagnosis were discussed at clinical meetings and recorded as significant events. Staff spoken with were aware of the learning from recent significant events, for example the policy to be followed in the event of a needle stick injury. Patient recall systems had been reviewed after a patient failed to attend a second appointment for regular medication. Clinical staff described incidents when patients had collapsed in the waiting room, including how the panic buttons were used and responded to and emergency equipment had been used which had resulted in good outcomes for the individuals. Staff we spoke with were aware of the system for raising issues and felt encouraged to do so.

Reliable safety systems and processes including safeguarding

The practice had identified one of the GPs to be the lead for safeguarding children and vulnerable adults. They had received training and demonstrated they were able to fulfil this role. All staff we spoke with were aware who the lead

was and who to speak to within the practice if they had any safeguarding concerns. There were systems in place for the lead to meet with the health visitors on a regular basis to discuss issues regarding vulnerable children.

The practice had systems to manage and review risks to vulnerable children, young people and adults. Staff training records showed that all staff had received relevant role specific training on safeguarding with GPs and nurses trained to Level 3 in child protection and non-clinical staff trained to Level 1. Staff had also received training in safeguarding vulnerable adults. All staff we spoke with demonstrated a clear understanding of safeguarding issues and their responsibilities and knew how to record and share safeguarding concerns including how to contact the relevant agencies both in and out of working hours and these details were easily accessible.

The practice had a system to identify vulnerable patients on the electronic recording system. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to a child protection plan. Minutes of safeguarding or child protection meetings were received and saved on the individual patient record.

The practice had a chaperone policy. This was displayed on consultation room doors in all the languages used in the local area. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing and reception staff had received training in the role and responsibility of a chaperone and all staff who were asked to chaperone had a Disclosure and Barring Service check.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was guidance for ensuring medicines were kept at the required temperatures. This document described the action staff needed to take in the event of the fridge going outside the required range. The policy was being followed by staff who checked the fridge temperatures. Records showed the fridge temperatures were checked and recorded daily. Recordings for the last year identified they had remained within the required range of two and eight degrees centigrade with the exception of a few occasions when the

Are services safe?

temperature had gone above the required range, this was when the practice was giving large number of Flu vaccines. We saw that staff had contacted the manufacturer to check vaccines remained safe to use.

Systems were in place to check medicines were within their expiry date and suitable for use. Systems were in place for stock to be rotated weekly and a stock take was completed every month. Records were kept of checks completed. All medicines we checked were within their expiry date. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses and the health care assistant using Patient Group and Patient Specific Directions which were written by the GP. Training records showed that nurses and the health care assistant had received appropriate training to administer vaccines. We looked at a sample of patient records and saw that vaccination batch numbers were recorded to ensure that if an alert was raised on the vaccine the practice could easily identify patients who had been affected.

The practice had developed a protocol for repeat prescribing which was in line with national guidance which GPs followed. One of the GP partners was the lead for monitoring prescribing and met with the CCG regularly to review prescribing within the practice and compare with other local practices. All prescriptions were reviewed and signed by a GP before they were given to the patient. Systems were in place to call patients in for regular medication reviews when required. Blank prescription pads were stored securely and records were kept of serial numbers of pads in use. Patients could request repeat prescriptions online and in writing. Patients we spoke with reported mixed experience of the repeat prescription service. Six patients said it was convenient and worked for them while another six described issues they had experienced and felt the process was not convenient and timely. We did not see this was a theme in complaints received by the practice.

Cleanliness and infection control

We observed the practice was clean and tidy. Patients we spoke with told us the practice was always clean and they had no concerns about cleanliness or infection control. The cleaning was carried out by external contractors arranged through the owners of the building. We saw a cleaning schedule was in place, although the practice did not have

copies of the detailed schedules and audits completed by the cleaning company. Staff told us they monitored cleanliness at the practice and would report issues to the practice manager. Staff were responsible for cleaning desks, keyboards and telephones and we saw this was being done.

Annual audits were completed by an external agency. After the last audit there was one action for one of the consultation rooms to be tidied, we saw this had been completed.

One of the nurses was the infection control lead and they had undertaken training to enable them to provide advice on infection control. All clinical and administrative staff received training about infection control specific to their role during their induction and completed regular updates.

The practice had developed an infection control policy with supporting procedures including for clinical and general waste which were stored separately throughout the practice and control of substances hazardous to health which were stored securely. Hand wash technique signs were displayed in consultation rooms and toilets. Hand wash sinks with soap, gel and disposable hand towels were provided in consultation rooms. Clinical staff confirmed that they were responsible for cleaning between patients and we saw cleaning supplies in consultation rooms to enable them to do this. Personal protective equipment including gloves and aprons were available to staff in consultation rooms and at reception should they be required. We saw spill packs were available at reception and in nurses rooms to deal with a range of accidents involving bodily fluids. There was a policy regarding needle stick injuries which was displayed in consultation rooms. Arrangements for dealing with samples were appropriate. All equipment used was disposable.

The practice had completed a risk assessment regarding Legionella (a germ found in the environment which can contaminate water systems in buildings) in 2012. Water tanks were chlorinated in 2014 and records of regular checks were maintained.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out their role including diagnostic examinations, assessments and treatments. We saw that all

Are services safe?

equipment was tested and had been calibrated in July 2014. All portable electrical equipment was routinely tested and displayed stickers indicated the last testing date of February 2014. The fire alarm system was tested weekly.

Staffing and recruitment

The practice had developed a recruitment policy in March 2015 that clearly set out the process it followed when recruiting both clinical and non-clinical staff. Records we looked identified some of the required checks had not been routinely completed before new staff were employed. We looked at three staff files. Two files did not contain a photograph of the individual, in two clinical staff files the professional registration had not been checked, this was done during the inspection, in one staff file one reference was dated after the member of staff started work at the practice and in one staff file there was no evidence to show gaps in employment had been checked. We saw all staff had a Disclosure and Barring Service check.

Staff told us the arrangements for planning and monitoring numbers and skill mix needed to meet patient's needs. There were arrangements for administrative and nursing staff to cover each other's annual leave. Staff told us there were usually enough staff for the practice to operate, and there were always enough staff on duty to ensure patients were kept safe.

Monitoring safety and responding to risk

Suitable arrangements were in place to assess, manage and monitor risks to patients, staff and visitors to the practice which included regular checks of the building and equipment, medicines management and dealing with emergencies. Risk assessments regarding fire safety, clinical waste, manual handling, cleaning materials, legionella and work stations were completed and reviewed. Additional risk assessments were completed when required, for example we saw a pregnancy risk assessment. There was a health and safety policy and health and safety information was displayed at the practice for staff and visitors.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to manage emergencies. Records showed all staff completed regular updates in basic life support. Emergency equipment was available including oxygen and an automated external defibrillator (used in cardiac emergencies). All staff we spoke with knew where this equipment was stored. Records confirmed emergency equipment was checked regularly. Emergency medicines were stored in a secure area and easily accessible to staff. We saw medicines to deal with a range of medical emergencies including cardiac arrest, hypoglycaemia and anaphylaxis. All medicines we checked were within their expiry date and systems were in place for these to be checked regularly with records maintained. There was a separate emergency pack for use when coils were fitted.

While there was not a written protocol for responding to a collapsed patient, staff gave examples of how they had responded to a number of situations and were clear about how they needed to respond.

A business continuity plan was in place to deal with a range of emergencies that might impact on the day to day operation of the practice including power failure, access to the building and adverse weather. The plan contained relevant contact details of contractors that may be required and all staff members and was reviewed in July 2014. There was only an electronic copy of the plan, the practice manager told us they would send copies to the partners and office manager to ensure it was accessible should they not be able to access the building or computers.

A fire risk assessment was carried out in April 2015 with no actions required. Fire drills were completed annually. Panic alarms were in place in the event of an emergency, staff spoken with were clear about the actions they needed to take if an alarm sounded and gave examples of when they had been used. The practice had a policy regarding dealing with patients who were abusive to staff which included sending a warning letter. Staff gave examples of an incident and the support the staff member was given and how this information was shared among staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

GPs and clinical staff we spoke with were clear about the rationale for their approaches to treatment. They kept up to date with best practice guidance and accessed guidelines for the National Institute for Health and Care Excellence (NICE) and from the Clinical Commissioning Group (CCG). Updates from NICE were disseminated to the GPs by email and the CCG guidance on prescribing were easily accessible to clinical staff on the computer desktop. Minutes were kept of clinical meetings which were well documented and easily accessible to clinical staff. The practice worked with other practices in the area an example was GPs attending a recent talk on dermatology. The practice showed us data from the CCG about their performance for prescribing. They were above the local average for prescribing and were working with the CCG to reduce their costs. We saw figures showing they had reduced the costs of 35 out of 40 medicines prescribed in the first quarter of the year compared to the same time last year. The GPs continued to work to reduce these costs.

The practice was providing an enhanced service to help reduce the number of unnecessary emergency admissions to hospital. (GP practices can opt to provide additional enhanced services that are not part of the normal GP contract). This enhanced service aims to improve co-ordinated care for vulnerable, older patients and patients needing end of life care who were at risk of unplanned admission to hospital. We saw the practice had identified patients at highest risk and we saw care plans detailed the support provided by the practice and other health care providers. These care plans were reviewed and updated regularly to identify changes in patient's needs. National data showed the practice was in line with local practices for cancer and accident and emergency admissions.

The practice had nominated leads who were responsible for each clinical area and it was their responsibility to ensure that these were continually updated. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The practice had achieved a total QOF point of 84, which was below the CCG and national averages of 93 and 94 for the previous year and had developed an action plan to improve these figures to give patients better levels of care and treatment. We saw

figures to show improvements had been made to the number of patients on the mental health registers with an agreed care plan from 63% to 91%, also the number of patients with a mental health illness where they had a recent record of their blood pressure from 72% to 90% and alcohol levels from 63% to 85% and cervical screening from 62% to 88%.

Patients receiving end of life care had a named GP and arrangements were in place to share information using 'co-ordinate your care' with the out of hours service so when the practice was closed patients received continuity of treatment. Meetings were held every six weeks with the palliative care teams to ensure patients received co-ordinated care.

We saw no evidence of discrimination when making care and treatment decisions, staff had access to language line, longer appointments were provided for patients with learning disabilities. Interviews with GPs showed the culture in the practice was for patients to be referred on need.

Management, monitoring and improving outcomes for people

Information about patients care, treatment and outcomes was routinely collected and monitored to improve care. All staff had key roles in monitoring and improving outcomes for patients which included data input, calling patients for reviews and medicines management.

The practice had a system in place for completing clinical audit cycles. Clinicians presented their audit at clinical meetings to all clinical staff. We saw five audits had been carried out during the last year including a completion of the cycle for atrial fibrillation which identified the practice had made good progress with complying with revised guidelines. One of the GPs had completed a cycle of audits regarding hepatitis screening for substance misuse to detect the levels of recording and screening. The audit showed an increase in the uptake of testing, diagnosis and vaccinations for this vulnerable patient group.

The practice used information collected for the QOF to monitor outcomes for patients. For example one of the CCG targets was to increase the number of patients diagnosed with dementia, figures showed the practice had increased from 48% last year to 60% this year which they said was due to improved coding of patients on the electronic recording system and because of established links with the

Are services effective?

(for example, treatment is effective)

community mental health team. The number of patients with dementia who had received a face to face review in the last 12 months was 83% (in line with national average) and had increased from 76% the previous year. Ninety one per cent of patients with mental health issues had a care plan, compared to the national average of 86%. The number of these patients with their smoking status recorded was 95% which was in line with the national average. The practice were aware of all areas where performance was not in line with local or national figures and had developed action plans to make the required improvements. These plans were still being worked through and we saw improvements to outcomes for patients bringing them in line with local and national averages.

The protocol for repeat prescribing was in line with national and local guidance. GPs reviewed repeat prescriptions and systems were in place to call patients for regular medication reviews and related health checks. GPs showed us the template they used for patients prescribed Warfarin. The practice prescribing rate was above the local and national average and this was being addressed.

The nurses carried out routine diabetic checks and two weeks later patients saw their GP for the results of tests and the opportunity to ask questions and plan their care. Staff felt this helped patients understand their condition, gave them ownership of their care and treatment and helped them to help themselves.

An urologist held an outreach clinic once a month, staff told us this service had been retained due to the needs of the local population. The practice hosted a phlebotomy service which was more convenient for patients than attending the hospital. The practice was a hub for a drug and alcohol service.

Effective staffing

Practice staff included medical, nursing, administrative and managerial staff. We noted a good skill mix among the GPs, each with different areas of interest including diabetes, women's health, learning disability, mental health, dementia, cancer, heart failure and stroke. Systems were in place to ensure staff kept up to date with mandatory training. The out of hours service covered the practice one afternoon every three months to enable staff to attend training sessions. Staff training records showed all staff had completed annual updates of basic life support training and had completed training in infection control,

safeguarding information governance and fire safety. There was an induction programme for new staff. Staff we spoke with told us they had access to the training and support they needed to carry out their role.

We saw that administrative staff had an annual appraisal and received supervision from the office manager. GPs told us they were up to date with their appraisal and had been revalidated or were working towards their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice nurses were clear about their duties and said they received training they needed to carry out cervical screening, administration of immunisations and vaccines, spirometry, tissue viability, diabetes awareness and smoking cessation. Records showed nurses had an annual appraisal and nurses we spoke with told us they felt supported in their role. Nurses meetings were held every two weeks with minutes taken that were made available to those unable to attend.

The practice was a training practice and had two registrars. There was an induction timetable with suitable arrangements in place for supervision and support of trainees.

The practice had developed a policy to deal with poor performance.

Working with colleagues and other services

The practice worked with other health and social care services to meet patient's needs and manage patients with complex needs. Blood test and x-ray results and letters from the local hospital including discharge summaries were received both electronically and by post and were seen and actioned by the duty GP on the day they were received. We reviewed a sample of results and saw they were actioned appropriately. All staff we spoke with were clear about their role in dealing with results and letters and said the system worked. The practice was a pilot site for 'connect care' which is a virtual patient record shared between providers reducing the risk of patients not receiving the care and treatment they need. The practice had a system for electrocardiograms (a diagnostic tool

Are services effective?

(for example, treatment is effective)

used to assess the electrical and muscular functions of the heart) to be seen electronically by a cardiologist to ensure they are interpreted correctly with the results sent to the GP.

We saw records of multidisciplinary meetings had been kept, although since October 2014 the GPs wrote information directly into the individual patient record. These meetings were used to discuss the needs of patients with complex health needs including patients receiving end of life care. Care plans were developed with patients with patients with complex needs. Health visitors were based in the same building and met regularly with the safeguarding lead GP and had meetings to discuss immunisations. Midwives attended the practice to provide shared care for pregnant women. The community matrons were in the same building and attended multidisciplinary meetings. The practice had adopted the Year of Care system for care planning with patients with long term conditions, working with other health care providers. Staff told us they had a message system with the pharmacy.

Information sharing

The practice used several electronic systems to communicate with other providers. An example of this was the shared secure system used to receive information from the out-of-hours services, reports were sent to the named GP which were actioned by the duty doctor if they were not available. Another example was the practice referral for minor surgery, GPs said this system made referrals easy to complete and monitor. Referral letters were typed by doctors, and sent to administrative staff to action.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage patients' care, all staff had received training on how to use the system.

Consent to care and treatment

The practice had appropriate policies and procedures regarding consent which were accessible to all staff. We found that GPs and nurses were clear about the Mental Capacity Act 2005 and Children Acts 1989 and 2004 and their duties to fulfil them. 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). Patients with dementia were supported to make decisions through the use of care plans that they were involved in developing. These care plans were reviewed and updated when required. We saw that all patients with learning disabilities had a health action plans.

Clinical staff described how they sought parental consent prior to administering childhood immunisations and verbal consent before carrying out an examination. For minor surgical procedures staff sought patient consent and recorded the discussion before a procedure was carried out. We viewed a sample of records that confirmed this was happening.

Health promotion and prevention

Clinical staff demonstrated a good knowledge and understanding of the health needs of the local population and used this to determine health promotion.

The practice had a health pod, this enabled patients to monitor their weight and blood pressure and was linked to the electronic patient record which told patients if they needed to make an appointment with a clinician to discuss the results. There was a range of information leaflets at the practice for patients, to help them understand and manage their condition and improve their health and well-being. The practice website contained information telling patients how to respond to a range of minor ailments.

The electronic patient recording system identified patients who required additional support for example those with a learning disability, those receiving end of life care and patients who were carers. Records showed that 62% of the 40 patients on the learning disability register had received an annual health check so far this year. Systems were in place to ensure routine health checks were completed for patients with long-term conditions and regular medicines reviews were carried out.

Seventy eight per cent of eligible women attended for a smear test. The practice had completed above their target of 95% of patients aged over 45 with their blood pressure recorded and 92% of patients on the chronic disease register had their smoking status recorded. We were told the practice was the highest achieving in the CCG area for smoking cessation, the health care assistant worked with patients to help them give up smoking.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 national patient survey. Eighty four per cent of respondents said they found receptionists at the surgery helpful which was just below the CCG average of 89%. Seventy three per cent of respondents said the last nurse and 84% said the last GP they saw was good at treating them with care and concern which was above the CCG averages of 70 and 80%. Ninety one per cent of patients said the last GP they saw was good at listening to them, above the CCG and national average of 85 and 87%. Ninety four per cent of respondents reported they had confidence in the last GP they saw which was above the national and CCG average of 90 and 92%, 78% had confidence in the last nurse, which was below the CCG and national averages of 79 and 85%.

The PPG supported the practice in carrying out a practice patient survey regarding access to the practice, this information was analysed, discussed with the Patient Participation Group and the practice were continually trying new initiatives to improve patients experience of the practice.

Patients said staff were respectful, polite, helpful, dedicated and professional. Patients told us that their privacy was maintained during appointments because consultation room doors were closed.

We saw staff spoke to patients in appropriate manner. There was a screen at reception with a barrier for patients to wait behind until they were called and chairs in the waiting area were faced away from reception to provide some privacy. There was a separate window for patients who requested privacy when attending reception. Information regarding chaperones was displayed on consultation room doors.

We saw that consultations took place in rooms with the door closed. Disposable curtains were provided in consultation rooms to provide privacy during examinations. Clinical staff we spoke with described how they maintained patient's privacy and dignity. Records were stored securely.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that they were involved in making decisions about their treatment. According to the national patient survey 88% of respondents said that the last GP they saw or spoke to was good at involving them in decisions which was above the CCG average of 72%. Ninety one per cent of patients said nurses were good at involving them in decisions which was above the CCG average of 82%. Figures were above the CCG average for the number of patients who said clinical staff were good at giving them enough time, listening to them and treating them with care and concern.

Staff told us that they had access to translation services when required.

We saw there was a range of information leaflets for patients in the waiting area about different long term health conditions and maintaining a healthy lifestyle in the waiting area for patients to read and take away. The Patient Participation Group met quarterly. These meetings had included talks from external speakers about a range of long term health conditions. The PPG sponsored some patient health information leaflets and provided patients with information about how they could look after themselves in a Newsletter.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example 88% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 80%. Ninety one per cent of patients said the last GP they saw was good at giving them enough time.

Patients we spoke with on the day of our inspection and the comment cards we received were consistent with this survey information. Patients described the support they received when a close relative was receiving end of life care saying staff showed compassion and how GPs provided support when their relative died. The GPs we spoke with described how they provided support to families who had experienced bereavement which included their usual GP making contact immediately and a short time later bereaved relatives were offered an appointment.

Are services caring?

Notices in the waiting room, on the TV screen and on the practice website gave patients information about the local support groups and organisations that were available and

the PPG organised a health and well-being market place which involved a wide range of local health and social care services providers attending to give information about their services to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice knew the needs of the local population and was responsive to those needs. Staff demonstrated a good knowledge of patients and how best to meet their needs. The practice used information from the Joint Strategic Needs Assessment to identify areas the practice needed to focus on. One of the GPs met with the Clinical Commissioning Group (CCG) every month and one met with the Local Medical Committee. These meetings were used to discuss local needs and service improvements.

A Patient Participation Group (PPG) was set up in 2007. While the group had disbanded in 2008 it reformed in 2011 and continued to meet three times a year. They had around 45 patients attend these meetings. The group were reflective of the patient population with the exception of younger patients and they were actively looking at ways to seek younger members by having evening meetings so working age patients could attend.

The PPG worked with the practice to offer the patients perspective on the services provided and to help encourage patients to take more responsibility for their own health with education and information. The group assisted the practice carry out the practice patient surveys, develop action plans to make suggested improvements. We were told improvements made included reviewing the appointment system and improving privacy for patients at reception. The PPG issued a newsletter including articles from GPs, staff and patients which was available at the practice for patients. They were developing health promotion leaflets about a range of common health conditions in conjunction with the GPs to give patients useful information in easy to understand ways to encourage and help them to manage their own condition. The PPG had provided a health and wellbeing market place at the practice in March 2014 for patients and local residents, 23 local groups and organisations attended the event to give patients and local people information on local health and social care services. The PPG had successfully led a local campaign to keep the phlebotomy clinic open which meant local people did not have to travel to the hospital for regular blood tests.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups when planning services. For example, longer appointments were provided for patients with learning disabilities, for certain routine appointments for patients with long term conditions and when patients needed an interpreter. The patient recording system had an alert system which identified patients whose circumstances made them vulnerable.

Staff told us they could access online, telephone and face to face translation services when required. We saw details of how to book an interpreter including British Sign Language were accessible to reception staff.

The practice was situated on the ground floor and all consultation and treatment rooms were accessible to people with disabilities, however the front doors were not automatic and people using a wheelchair needed to seek support from other patients entering or leaving the building or staff to be let into the practice. Staff told us they had tried to get the landlords to fit automatic doors, so patients retained their independence when attending the practice, they continued to make this request. The waiting areas were large enough to accommodate patients with wheelchairs and prams. Accessible toilets were provided.

Access to the service

The practice was open five days a week from 8.00am to 6.30pm Monday to Friday. Extended hours were provided on Monday and Thursdays from 6.30pm-8.00pm and one Saturday every fourth week from 9am-12noon for pre-booked appointments. When the practice was closed, the answer machine message directed patients to contact the out of hours provider. The CCG provided funding for the out of hours service to provide cover one afternoon every three months to enable all staff to attend training sessions.

There were a range of book in advance and appointments for on the day emergencies. There was a duty doctor everyday who dealt with urgent appointment requests, saw patients they assessed as needing an appointment on the day, dealt with urgent prescription requests and assessed patients who needed a home visit. Appointments were bookable up to four weeks in advance. Appointments were available outside of school hours for children and outside of office hours for working age patients and students. Home visits were carried out when patients were too ill to attend the practice and for housebound patients. Longer appointments were made available when required.

Are services responsive to people's needs?

(for example, to feedback?)

Reception staff were clear about the procedures that required a longer appointment. Appointments were bookable in person, on the telephone and using the on-line system. The practice had a lateness policy, for patients arriving more than 20 minutes after their appointment the GPs used their knowledge and assessment of the individuals needs to decide whether they saw the patient.

Patients we spoke with were happy with the system for emergency appointments, confirming they could usually see a GP on the day or the following morning when necessary. However, they were not satisfied with getting through to the practice on the telephone and the wait when they arrived for their appointment having to queue to check in with reception staff. Seventy one per cent of respondents said they were able to get an appointment the last time they tried, below the CCG average of 82%. Fifty three per cent of respondents with a preferred GP said they usually get to speak to that GP. Fifty one per cent of respondents found it easy to get through to this surgery by phone, compared to the CCG average of 68%. Sixty per cent of respondents usually wait 15 minutes or less after their appointment time to be seen.

The practice was aware of the issues for patients around access and had tried different things to make improvements for patients. This included a telephone triage system and having a duty doctor in the morning and a different one in the afternoon. After review they felt these had not worked well for patients. They were working with a duty doctor covering the whole day to provide consistency to patients who rang in the morning and attended an

urgent appointment or had a home visit later in the day. This system had not been reviewed yet, although staff said they had received positive comments from patients. The practice manager monitored telephone data and analysed the number of missed and dropped calls and the time callers waited. In response to this the practice made more staff available to answer the telephone and work on reception desk.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There were two designated people responsible for handling complaints with support from the GP partners when required to deal with clinical complaints. We looked at the last five complaints and saw they had been dealt with in a timely manner in line with the practice policy. The process included letters of apology being sent, patients being offered to attend meetings and when the process was complete patients were invited to join the PPG. Staff said the PPG had gained new members because of this policy. We saw that complaints were a standing agenda item for practice meetings. Staff we spoke with were not all clear about the learning from recent complaints.

We saw information was available to help patients understand the complaints system with information displayed in the waiting area and included on the practice website. Patients we spoke with had not needed to make a complaint.

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 an ethos to listen to patients, work in partnership with patients and partner organisations and develop through shared learning. However, the vision was not laid out in a business plan or practice leaflet and we also found that the practice's mission statement and statement of purpose did not match. This resulted in some lack of clarity for staff and patients around the practice's vision and strategic direction.

All clinical and non-clinical staff we spoke with were able to offer an interpretation of the practice ethos; that the practice had an overall vision to deliver high quality care and promote good outcomes for patients.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on in the shared drive on any computer within the practice. Staff showed us how to access these policies should they need them, however we noted that the systems for document management were not clear and it was not always clear which policies were to be followed by staff. Policies included staff recruitment, safeguarding children, infection control, hand washing, waste management and health and safety. We noted that the practice did not have some policies and procedures in place such as a significant incident reporting policy and the safeguarding adults policy was developed on the day of the inspection, however day to day safeguarding procedures were well known and embedded into the culture of the practice. While the whistleblowing policy had been reviewed in 2014 it still referenced the Primary Care Trust which had not been in place for two years. This was updated during our visit.

We saw that the practice had an employee handbook in the shared computer drive and an Induction pack for new staff to indicate which policies to read. We were told that when policies were updated, staff were alerted informally but the practice did not get staff to document that they had reviewed the updated policies.

There was a clear leadership structure in place with named staff for lead organisational roles including information governance, complaints, health and safety, safeguarding,

and the clinical nurse lead. The practice had also arranged leads for clinical areas and had recently put in place chronic disease leads. We spoke with fifteen members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The GPs and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. This included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards and they had achieved 92.4% for 2014/15. We saw that QOF data was regularly discussed at team meetings and action plans were produced to maintain or improve outcomes. The practice also measured its performance against other practices within the GP neighbourhood for specific targets and enhanced services. For example, the practice had created a working group to target the low measles, mumps and rubella (MMR) vaccine uptake.

The practice had completed some clinical audits which it used to monitor quality for patients but it did not have a clear programme of on-going clinical audits or systems to identify where action should be taken and where audits should be targeted. However, we did see that some audits were initiated in response to the practice population, for example, the audit for Hepatitis screening for substance misuse patients. We were told that audits for dermatology and ear nose and throat (ENT) patients had been planned. The practice also engaged in audits initiated by the CCG in relation to prescribing data.

The practice had suitable arrangements for identifying, recording and managing risks. There was a comprehensive business continuity plan in place. Some risk assessments were carried out including a fire risk assessment, premises health and safety assessment and risk assessments for staff in relation to occupational health needs. Risks were discussed in clinical meetings where needed.

The practice did not hold formal governance meetings looking at performance, quality and risks. These issues were discussed where indicated in partner meetings or

Are services well-led?

Good 

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

opportunistically with staff where issues arose. Complaints and significant events were reviewed in the clinical meetings where relevant however we found that complaints were not always formally analysed to identify themes.

Leadership, openness and transparency

All 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, day to day and in appraisals. Staff were very positive about the working culture and support provided in the practice and the majority of staff had worked at the practice for a number of years including partners, which resulted in a stable partnership and high level of staff retention. It was evident from speaking to all staff that there was transparency and feedback was welcomed. We saw from minutes that practice meetings, clinical meetings and nurse meetings were held every two weeks, administrative meetings held less regularly and partner meetings were held regularly. Whole staff away days did not occur but the practice held annual away days for partners to review the year.

The partners were clear about areas for improvement at the practice including needing to improve services for patients with mental health conditions, dementia and learning disabilities.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, including the recruitment policy and zero tolerance policy which were in place to support staff. We were shown the electronic staff handbook which listed the relevant policies for staff. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice and we were shown how staff could access this.

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

The practice had gathered feedback from patients through the Family and Friends Test (FFT), Patient Participation Group (PPG) surveys, complaints, reviewing NHS choices feedback and PPG meetings with patients. Recent FFT data for the previous six months showed that 92% of patients would recommend the practice. The FFT was also accessible online for patients to complete.

The practice benefited from a very active and innovative PPG. We spoke with the PPG chair and they were very positive about the role they played and told us they felt engaged with the practice. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). We were shown how the PPG had organised a health and wellbeing event at the practice to promote healthy living. We were also shown how the PPG had assisted in developing patient information leaflets with partners in the practice for hypertension and diabetes, to ensure it was information that was easy to read and understand. We saw evidence that the PPG were extending their role beyond the practice. The PPG had started to share their successes and learning with other practices in the neighbourhood and were providing leadership to their PPGs. On the day of the inspection, a local representative from a community organisation was present in the practice to promote their service to patients. The service told us that the PPG frequently arranged for them, and other services, to visit and engage with practice patients. The practice had a good system in place whereby patients who raised complaints were invited, as part of the complaint response, to join the PPG to assist in improving the practice. We were told that six patients joined the PPG as a result of this system.

We saw minutes of meetings that showed four PPG meetings had been held within the last year. The PPG had also carried out patient satisfaction surveys to identify areas of success and areas where improvements needed to be made. The PPG survey for 2014/15 was carried out in 2014, with 201 questionnaires being given to patients and 143 responses returned. The PPG survey identified access to appointments as a common concern of patients. Following the survey the practice made changes to the appointment system.

The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff felt that they were very supported by the practice manager, partners and nursing lead for day to day issues.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular appraisals took place which included a personal

Are services well-led?

Good 

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

development plan. Staff told us that they felt the practice was supportive of training. The GPs had opportunities monthly to attend clinical commissioning group (CCG) training during their protected learning time.

We were told that during the partners away day, the practice established GPs to lead in chronic disease areas, and these roles were planned to be changed after specific time periods to allow for further development for all GPs in a range of clinical areas to promote learning and development.

As staff at the practice had been in key roles for many years, the practice had developed close links with a variety of organisations and services. The practice were frequently

engaged with new services which provided development opportunities for staff as well as improved services for patients. For example, South Lewisham Group Practice were involved in a pilot project with a local hospital where GPs used cognitive behavioural therapy to motivate diabetic patients.

The practice was a training practice for trainee GP registrars. There were two trainee GPs working in the practice at the time of the inspection. From discussion with one of the trainees, they reported that they felt well supported by the practice. GP registrars were also involved in audits undertaken by the practice.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The required checks had not been completed before staff started work at the practice.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	