

Crown Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Medical Centre on 26 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events; however, an incident had not been recorded as a significant event and there was no significant event policy.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Performance for some clinical indicators related to the Quality and Outcomes Framework were slightly below expected averages.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient satisfaction was generally in line with most national averages, but was slightly below average for some responses and above average for access to appointments. There were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Review the process for significant event recording to ensure that incidents are appropriately recorded and discussed.
- Review the system for exception reporting, in relation to the Quality and Outcomes Framework, to improve outcomes for patients.
- Continue to audit and improve patient satisfaction, particularly in relation to telephone access.

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.

Good



- There was a system in place for reporting and recording significant events, but an incident involving a missed referral had not been recorded as a significant event.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were enough staff to keep patients safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in line with or slightly below the national average. Exception reporting for some indicators were higher than expected.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice in line with or slightly below others for aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treat patients with kindness and respect, and they maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patient satisfaction was generally in line with local and national averages. Patients said they found it easy to get appointments but they had not always found it easy get through to the practice by telephone; the practice had taken steps to address this. Urgent appointments available the same day.
- The practice offered daily telephone consultations, and extended hours appointments were available until 7.30pm or 8.00pm Monday to Thursday, and every other Saturday from 9.00am to 11.00am.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of online services such as appointment booking and repeat prescription ordering to facilitate access to the service for patients.
- Information about how to complain was available and was easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had spent considerable time developing a clear vision and values in order to deliver high quality care, encourage improvement at all levels, and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure, staff satisfaction levels were high, and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients aged over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care for approximately 300 older people residing in seven local care homes. Four of the GP partners had contributed to strengthening co-working with these homes in order to improve outcomes for patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- In the previous 12 months of 2015/2016, 73% of patients with diabetes had well-controlled blood sugar. This was in line with the Clinical Commissioning Group (CCG) average of 76% and the national average of 78%. Exception reporting was higher than expected.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and the majority had received a structured annual review to check their health and medicines needs were being met.
- In the previous 12 months of 2015/2016, 76% of patients with asthma had an asthma review. This was in line with the CCG average of 73% and the national average of 76%.
- In the previous 12 months of 2015/2016, 94% of patients with chronic obstructive pulmonary disease had a review of their condition. This was in line with the CCG average of 89%, and above the national average of 90%. Exception reporting was higher than expected.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of attendances to Accident & Emergency.
- Immunisation rates were high for all standard childhood immunisations, in comparison to the local average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice provided sexual health screening and distributed free condoms to ensure they were accessible to young people.
- We saw positive examples of joint working with midwives and health visitors that held clinics in-house.
- In the previous 12 months of 2015/2016, 83% of women aged between 25 to 64 years had a cervical screening test. This was in line with the local and national average of 82%.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available from 6.30pm to 7.30pm on Mondays, 6.30pm to 8.00pm Tuesdays, Wednesdays and Thursdays, and 9.00am to 11.00am every first and third Saturday of every month, for working patients that were unable to attend the practice during normal opening hours.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- In the previous 12 months of 2015/2016, 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan in their record. This was slightly below the Clinical Commissioning Group (CCG) average of 83% and the national average of 89%. Exception reporting was higher than expected.
- In the previous 12 months of 2015/2016, 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting, which was in line with the CCG average of 82% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 showed the practice was performing in line with national averages, but they were below average for telephone access. Two hundred and fifty survey forms were distributed and 115 were returned. This represented approximately 1% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone (national average 73%).
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 75% of patients described the overall experience of this GP practice as good (national average 85%).
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area (national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients commented that staff were caring and provided support when needed.

We spoke with four patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients said that they would like clinical staff to explain the side effects and contraindications of medicines to them more thoroughly during consultations.

Results from the practice's August NHS Friends and Family Test showed that out of 16 respondents, 12 were likely or extremely likely to recommend the practice, two were unlikely or extremely unlikely to do so, and one was neither likely nor unlikely to do so.

Crown Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser.

Background to Crown Medical Centre

The practice operates from one site in Bromley. It is one of 45 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There are approximately 10,600 patients registered at the practice. Deprivation levels affecting adults and children at the practice are below the national average, and the practice's patient population is predominantly white British males and females aged between 15 and 64 years of age.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

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

The clinical team includes a female and four male GP partners, and a female and a male salaried GP. The GPs provide a combined total of 41 fixed sessions per week. There are two female salaried practice nurses and a female health care assistant. The clinical team is supported by a practice manager, a senior practice administrator, and a reception manager. There are 13 receptionists (some of whom have other duties such as prescribing clerk/scanning and coding/administration), a general administration clerk, a medical notes summariser and three medical secretaries.

The practice is open from 8.00am to 6.30pm Monday to Friday. It is closed on bank holidays and Sundays. Appointments with GPs and nurses are available at various times during opening hours. Extended hours appointments are available from 6.30pm to 7.30pm on Mondays, 6.30pm to 8.00pm Tuesdays, Wednesdays and Thursdays, and 9.00am to 11.00am every first and third Saturday of every month.

The premises operates over the ground floor of a leased purpose built building. There are seven consulting rooms, two treatment rooms (one of which is shared with another practice on the same premises), a waiting/reception area, and two wheelchair accessible patient toilets. There is wheelchair access throughout the ground floor, disabled parking and baby changing facilities available.

The practice directs patients needing urgent care out of normal hours to contact the local contracted out of hours service - Emergency Doctors On Call (EMDOC).

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. The inspection was

Detailed findings

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.

This service had not previously been inspected by the Care Quality Commission.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 September 2016.

During our visit we:

- Spoke with a range of staff including GP partners, GPs, management staff, reception and administrative staff.
- Spoke with four patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events but there were areas for improvement.

- There was no significant event policy in place but all staff we spoke with were aware of the practice's protocol for reporting significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Of the significant events we reviewed, the practice carried out a thorough analysis. However, an incident such as a delayed referral due to a clerical error had not been recorded as a significant event.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident involving notes that had been scanned into the wrong patient's records was discussed with staff and resulted in the practice improving its scanning protocol.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to level two or three and non-clinical staff were trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework

Are services safe?

that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).

- Recruitment checks undertaken prior to employment included proof of identification references, qualifications, registration with the appropriate body and DBS checks. We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, and panic buttons, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 85.3% of the total number of points available with 10.4% exception reporting, which was in line with the national average of 94.8% with 9.2% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice provided data (that had not been published or independently verified at the time of our inspection) that showed their QOF score for 2015/2016 had increased to 95.1%, but exception reporting had also increased to 12.5%.

- Exception reporting rates for some indicators related to atrial fibrillation, chronic obstructive pulmonary disease (COPD), diabetes, hypertension, and mental health were higher than local Clinical Commissioning Group (CCG) and national averages by between 3% and 16%. We raised this with the practice; they informed us that their protocol was to exclude patients that had received three invites (by text, in writing and phone call). A GP partner told us the exception reporting rates may have been high due to a large population of elderly and frail patients residing in local care homes that could not

tolerate certain medicines. The practice had assigned given responsibility of monitoring and encouraging attendance to review appointments to a non-clinical member of staff.

This practice was an outlier for some QOF (or other national) clinical targets. Data showed that in the previous 12 months of 2015/2016:

- Performance for diabetes related indicators was average. For example, 73% of patients with diabetes had well-controlled blood sugar (CCG average 76%, national average 78%). This was an improvement from 67% in the previous year; however, exception reporting for this indicator was above expected levels by up to 12%
- Performance for mental health related indicators was slightly below average. For example, 78% of patients with schizophrenia, bipolar affective disorder, and other psychoses had a comprehensive, agreed care plan in their record (CCG average 83%, national average 89%). This was an improvement from 75% in the previous year; however, exception reporting for this indicator was above expected levels by up to 8%.
- Performance for dementia related indicators was average. For example, 81% of patients with dementia had a face-to-face review of their care (CCG average 82%, national average 84%). This was a significant improvement from 71% in the previous year. Exception reporting for this indicator was as expected.
- Performance for indicators related to COPD was slightly above the national average. For example, 94% of patients with COPD had a face-to-face review of their care (CCG average 89%, national average 90%). This was a significant improvement from 69% in the previous year; however exception reporting was above expected levels by up to 11%.

The practice informed us they had achieved the improvements above by assigning the role of QOF lead to a member of staff who was responsible for calling patients in for review appointments. The practice made use of alerts on patients' records to remind clinical staff of patients that were due an appointment to review their long-term condition, and they arranged recall appointments on patients' birthdays where possible to make it easier for patients to remember to attend. The

Are services effective?

(for example, treatment is effective)

practice also carried out opportunistic reviews where possible, and ensured that all of its clinicians received training on the management of COPD in order to improve their confidence and clinical skills.

There was evidence of quality improvement including clinical audit.

- We reviewed five clinical audits completed in the previous two years, three of which were completed two cycle audits where the improvements made were implemented and monitored. There was an audit plan in place for further audits to be carried out.
- Findings were used by the practice to improve services. For example, following an audit on Simvastatin and Amlodipine (medicines used to treat certain heart conditions) conducted in April 2014, the practice identified that 64 patients were taking over 40mg of Simvastatin and Amlodipine, against local guidelines. The practice discussed the findings of the audit and put in place protocols to make improvements. A second audit conducted in November 2014 showed that the practice had significantly reduced the number of patients taking these medicines to just eight; they had been prescribed lower doses of the medicines.
- The practice participated in local audits, national benchmarking, and peer review. A GP partner had received accreditation as a GP trainer and the practice was scheduled to begin training GP registrars from April 2017.

Effective staffing

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

- The practice had an induction programme for all newly appointed clinical and non-clinical staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: basic life support, being open, bullying and harassment, chaperoning, conflict resolution, consent, equality and diversity, fire safety awareness, health and safety, information governance, learning disability awareness, and safeguarding. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff had received training on, and understood the relevant consent and decision-making requirements of, legislation and guidance including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management were signposted to the relevant service.

The practice's uptake for the cervical screening programme in 2014/2015 was 83%, which was comparable to the local Clinical Commissioning Group (CCG) average of 84% and the national average of 82%.

- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and they ensured a female sample taker was available.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In the previous three years, 74% of females aged 50 to 70 were screened for breast cancer; this was in line with the national average of 72%. In the previous two and a half years, 60% of patients aged 60 to 69 were screened for bowel cancer; this was in line with the national average of 58%.

Childhood immunisation rates for the vaccinations given were relatively high. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 93% to 97% (CCG average 72% to 96%) and for five year olds from 89% to 96% (CCG average 81% to 96%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including a member of the practice's patient participation group. They told us they were satisfied with the care provided by the practice overall and said their dignity and privacy was respected. Two patients told us that they would like clinical staff to explain the side effects and contraindications of medicines more thoroughly during consultations.

Results from the national GP patient survey published in July 2016 showed the majority of patients felt they were treated with compassion, dignity and respect. The practice was in line with most local Clinical Commissioning Group (CCG) averages, and slightly below some national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them (CCG average 88%, national average 89%).
- 81% of patients said the GP gave them enough time (CCG average 85%, national average 87%).

- 92% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 79% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 84% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average of 87%).

Care planning and involvement in decisions about care and treatment

The four patients we spoke with told us they felt involved in decision making about the care and treatment they received although two of them wished the side effects and contraindications of medicines could be explained to them more thoroughly during consultations. All of the patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the 24 Care Quality Commission comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment; however, results were slightly below local Clinical Commissioning Group (CCG) and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 85%, national average 86%).
- 74% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 459 patients as carers (4% of the practice list) and 91% of them had had a consultation in the previous 12 months. Written information was available to direct carers to the various avenues of support available to them. A GP partner was a Trustee with Carers Bromley, and the practice had a dedicated patient liaison officer that signposted carers to the relevant avenues of support when needed.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had signed up to be a cohort for the first phase of a project allowing shared access to patient records between the practice and local hospitals in order to reduce the amount of time required to obtain a variety of patient information including test results.

The practice had also signed up to be one of five local practices in Bromley to participate in a pilot on improving support and avoiding hospital admissions for patients with heart failure and for those in end of life care.

- The practice offered a 'Commuter's Clinic' on four evenings per week and every other Saturday morning to facilitate access for working patients who could not attend during normal opening hours.
- There were online facilities available such as appointment booking and repeat prescription ordering.
- There were longer appointments available for patients with a learning disability, and staff had received training to enable them to understand the needs of these patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. GPs conducting home visits had access to an electronic toolkit that checked against the most likely diagnosis for various symptoms.
- The practice provided care to approximately 300 residents in seven local care homes. Four of the GP partners had improved working with the care homes by delivering training and regular on-going coaching on how to effectively perform patient observations so that this information would be available for GPs to analyse before visits, and by introducing dedicated weekly ward rounds. They had scheduled a care home visit to be conducted by a GP and a consultant geriatrician (a doctor that specialises in the health care of older people) to assess older patients with complex needs.

- The practice had a dedicated patient liaison officer that worked alongside elderly and vulnerable patients and those with enhanced needs, to direct them to various avenues of additional support as needed.
- The practice used an electronic application to promptly access the most up-to-date contact information for various local hospital departments for patients making enquiries.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as privately. Patients were also able to receive joint and steroid injections in-house to avoid potentially long waits for these services from secondary care.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a blood pressure, height and weight measuring machine in the waiting/reception area for patients to use, and patients were able to borrow ambulatory blood pressure machines and nebulisers to use at home.
- Staff had received training in being open, customer service, conflict resolution and equality and diversity in order to create a positive customer experience.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, and was closed on Sundays and Bank holidays. Appointments were available at various times during opening hours. Extended hours appointments were offered from 6.30pm to 7.30pm on Mondays, 6.30pm to 8.00pm on Tuesdays, Wednesdays, and Thursdays, and from 9.00am to 11.00am on every first and third Saturday of every month. Appointments could be pre-booked up to five weeks in advance, and daily urgent appointments were available.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local Clinical Commissioning Group (CCG) and national averages, with the exception of telephone access which was below average, and access to appointments which was slightly above the national average.

Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 78%).
- 56% of patients said they could get through easily to the practice by phone (CCG average 70%, national average 73%). The practice had conducted a telephone system survey in February 2016 where they identified that 13 out of 13 patients surveyed had experienced problems reaching the practice by telephone. The practice subsequently upgraded their telephone system, and introduced a 'runner' to provide cover in the reception area during particularly busy periods. The practice had planned another survey in September and October, after our inspection, to re-assess patient feedback regarding telephone access.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 76%). People told us during the inspection that they were able to get appointments when they needed them. The practice had reduced the waiting time for an appointment with a GP partner from five to two weeks following an audit they conducted. They had achieved this by increasing the number of available pre-bookable appointments by reducing their triage calls.
- 60% of patients felt they did not normally have to wait too long to be seen after arriving for their appointment (CCG average 54%, national average 58%).

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the

need for medical attention. GPs telephoned the patient or their carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that a complaints leaflet was available to help patients understand the complaints system.

We looked at five complaints received in the previous 12 months and found they were handled in a timely manner and with transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint regarding a member of staff was investigated and learning from it was discussed with staff. The findings of the investigation were fully explained to the patient.

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 recently spent a considerable amount of time with an external consultant to develop clear visions and values to deliver high quality care and promote good outcomes for patients. Their values included being respectful, bold, equitable and sustainable, and for staff to perform to the best of their ability. We spoke with the consultant who gave us positive feedback on the partners' commitment to their patients, and their open and inclusive work ethos.

- The practice had a mission statement, the values of which staff knew and understood. They had a practice charter of standards that was included in their practice leaflet to keep patients informed.
- They had created ground rules for staff that included using honest and open communication, working towards a common goal, contributing effectively to meetings, and being respectful.
- The practice had a robust strategy and were in the process of developing supporting business plans to ensure that the vision and values would be regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice maintained a comprehensive understanding of their performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although an incident had not been recorded as a significant event.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. There was a clear leadership structure in place, staff satisfaction levels were high and staff felt supported by the practice's leaders.

- The practice held regular documented governance meetings attended by all staff, and clinical meetings.
- Staff told us there was an open culture within the practice; they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice used a social media app to communicate with colleagues and share relevant news and updates.
- Staff said they felt respected, valued and supported, particularly by the partners and management who they said always took the time to listen to their views; this was in line with feedback we received from an external consultant that had interviewed staff members as part of their work in developing the practice's values. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) of nine active members and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members had helped to co-ordinate, and encourage attendance to, flu vaccination clinics and took the opportunity to promote the work of the PPG.
- The practice had gathered feedback from staff through informal discussions, meetings and appraisals. A GP partner had conducted informal interviews of all staff members outside of their annual appraisals, to get their feedback regarding their progress and any suggestions they had for improving the service. Staff told us they felt involved and engaged to improve how the practice was run, and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice leaders had responded to feedback from GPs that were feeling pressured by employing a salaried GP, in order to allow the GPs to dedicate more time to completing tasks at work. GPs we spoke with during the inspection said that this change had also enabled them to spend more time on personal interests outside of the practice which made them feel more motivated when at work.

Continuous improvement

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

- The practice's GPs were directly involved in improving the practice's working relationship with local care homes. They provided coaching and training to care home staff, in order to improve outcomes for patients.
- The practice manager had written a comprehensive corporate governance report in 2016. This review of the governance arrangements led to an improvement in the practice's meeting schedules; meetings were held weekly instead of monthly so that important decisions on any queries or issues that arose could be made more quickly. The meetings were also re-scheduled for earlier in the day in order to encourage better and more focused decision making.
- The practice had signed up to be a cohort for the first phase of a project allowing shared access to patient records between the practice and local hospitals in order to reduce the amount of time required to obtain a variety of patient information including test results.
- The practice had also signed up to be one of five local practices in Bromley to participate in a pilot on improving support and avoiding hospital admissions for patients with heart failure and for those in end of life care.
- They partners had committed to fund a series of workshops, with an external consultant, involving multi-disciplinary practice staff to further explore ways of communicating effectively and applying the practice's values to their service.