

Edith Cavell Surgery

Quality Report

41 A-C Streatham Hill

SW2 4TP

Tel: 020 3049 5900

Website: www.streathamgp.co.uk

Date of inspection visit: 23 November 2016

Date of publication: 23/03/2017

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?	Outstanding	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Edith Cavell Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Edith Cavell Surgery on 23 November 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 practice held annual virtual clinics for respiratory, cardiovascular and diabetes patients.
- The practice provided outreach services on health promotion at the local library annually, to promote health awareness and encourage early detection and treatment of diseases.
- The practice was open seven days a week.

We saw several areas of outstanding practice:

- The practice had launched an interactive on-line messaging system called "message my GP". Any patient who sent a message to the GP would be responded to within 24 hours.

Summary of findings

- The practice provided a “frontline clinic” where a GP sat in reception on a daily basis and triaged patients, this improved patient access in a variety of ways.
- The practice had identified that some patients from the Muslim community were apprehensive about seeking support for mental health related issues. To address this it worked in partnership with a charity and produce a video, specially aimed at Muslim patients to address the mental health stigma. The aim of the service was to provide a different method of support to patients and highlight the awareness of depression and getting help. The video was widely rolled out and played at over 50 practices around London.

The areas where the provider should make improvement are:

- Review patient survey scores in relation to patient involvement in decision-making.
- Continue to identify carers to ensure appropriate support can be offered.

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.

- There was a comprehensive effective system in place for reporting and recording significant events, staff understood their responsibilities to raise concerns.
- 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.
- Medicines were well managed, there was emergency equipment including a defibrillator and oxygen.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Dashboards were used as a method to benchmark and compare the practice with other AT Medics practices as well as Clinical Commissioning Groups (CCG) and national audits.
- Every year respiratory, cardiovascular (with an atrial fibrillation, heart failure or hypertension focus) and diabetes virtual clinic were held whereby consultants would review patients.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the average with several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- In 2015 the practice held a dedicated carers event week in honour of the Nurse Edith Cavell who the practice was named after.
- The practice hosted a carers coffee afternoon, in conjunction Lambeth Carers Hub, providing partnership working in the locality, signposting and promoting carers.
- The practice provided outreach services on health promotion at the local library annually, to promote health awareness and encourage early detection and treatment of diseases.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a predominantly working age population profile and was open between 8am and 8pm Monday, Tuesday, Wednesday and Friday, Thursday 8am to 1pm, Saturday and Sunday 9am to 12pm.
- The practice actively sign posted and promoted on-line service ranging from booking appointments, ordering repeat prescriptions, messaging GPs, obtaining test results and patients could have access to their medical records.
- The practice worked in partnership with a charity, specially aimed at Muslim patients to address the mental health stigma,

Outstanding



Summary of findings

and produced a number of videos in different languages (Somali, Urdu and Bengali/Sylheti) to help patients understand what support is available, the video had been rolled out to 50 other practices.

- The practice provided a “frontline clinic” where a GP sat in reception on a daily basis and triaged patients.
- The practice had launched an interactive on-line messaging system called “message my GP”. Any patient who sent a message to the GP would be responded to within 24 hours.
- The practice looked after a women’s hostel, and took the initiative to work with the health inclusion team, including the community nursing team. They visited disadvantaged patients such as night workers, offered blood tests, and hepatitis B vaccinations for patients who did not want to come to the surgery.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels. Several staff members had been given the opportunity to progress from reception roles to management positions.

Good



Summary of findings

- The practice conducted several on-line training role play videos to aid non-clinical staff in dealing with patients in different circumstances ranging from how to deal with a complaint to obtaining a sick note, to signposting patients for different services.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Primary Care Navigators were used to support patients by providing options to prevent loneliness, depression and isolation, using services such as Age UK, befriending services and bereavement services.
- Flu vaccinations were offered to all over 65s. The percentage of uptake was in line with the CCG rates.
- Health assessments were carried out for older patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 83%, which was 3% above the CCG average and 3% above the national average. The exception rate for the practice was 7%, the CCG was 9% and national rate was 12%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Every year respiratory, cardiovascular (with an atrial fibrillation, heart failure or hypertension focus) and diabetes virtual clinics were held whereby hospital consultants would review patients.
- Patients were monitored through an internal dashboard, with weekly targets to check achieved number of patient recalls and target blood test results.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this.
- Cervical screening had been carried out for 82% of women registered at the practice aged 25-64, which was comparable to the CCG average of 80% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Same day appointments were always offered to children.
- Patients on the Child Protection and Child In Need register were reviewed quarterly, and individualised plans were created.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- On-line access was available to patients to book appointments and request repeat prescriptions.
- Extended hours were offered four days a week from 6.30pm to 8pm and on the weekend from 9am to 12pm.
- Telephone appointments and e-consultations were available, as well as an on-line messaging system which was responded to within 24 hours.

Outstanding



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. There were eighteen patients on the practice register; six had received an annual review.
- 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.
- Interpreters were offered, the practice website and arrivals kiosk was accessible and displayed information in a range of languages.
- Two women's hostels were looked after by the practice.
- An onsite substance misuse counsellor visited weekly.

People experiencing poor mental health (including people with dementia)

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months,
- 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.
- Quarterly mental health reviews, as well as annual physical health checks were conducted.

Outstanding



Summary of findings

- The practice worked in partnership with a charity, specially aimed at Muslim patients, and produced a series of multi-lingual video based educational resources to address the mental health stigma, the aim of the service was to provide a different method of support to patients.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy four survey forms were distributed and 89 were returned. This represented approximately 0.6% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG of 82% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients said GPs' were kind and caring, staff were friendly, and that a very good service is provided.

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

Edith Cavell Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Edith Cavell Surgery

Edith Cavell Surgery is part of the AT Medics organisation; it provides primary medical services in Streatham Hill to approximately 13,100 patients. The practice population is diverse, with a predominantly young working population. The practice population is in the fourth least deprived decile in England. Life expectancy for males in the practice is 79 years and for females 84 years. Both of these are in line with the CCG and national averages for life expectancy. The practice has a higher than average number of female and male patients aged between 20 and 44 years.

The practice is located on the first floor and facilities include seven GP consulting rooms, and one treatment room. The premises are wheelchair accessible and there are facilities for wheelchair users including a lift and accessible toilets. There is a hearing loop for patients with hearing impairments. Other facilities include baby changing facilities.

The staff team comprises of one principle GP (male) one lead GP (male), three trainee GPs, two female physician associates (physician associates support doctors in the diagnosis and management of patients) working a total of 75 sessions per week. The practice is a training practice. Other staff include two practice nurses (both female), four

health care assistant (three female, one male), a pharmacist, 13 receptionists/administrative staff, a senior practice manager, practice manager, and an assistant practice manager.

The practice has an Alternative Provider Medical Services (APMS) contract (APMS contracts are

provided under Directions of the Secretary of State for Health. APMS contracts can be used to commission primary medical services from traditional GP practices). The practice is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 8pm Monday, Tuesday, Wednesday and Friday, Thursday 8am to 1pm, (when the practice is closed on Thursday afternoon, patients are directed to the practices other branch 10 minutes away), Saturday and Sunday 9am to 12pm. Appointments are available during all hours the practice is open. Extended hours clinics are offered between 6:30pm and 8pm on Monday to Wednesday and Friday, also Saturday and Sunday 9am to 12pm. When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; and treatment of disease, disorder or injury; surgical procedures.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 November 2016. During our visit we:

- Spoke with a range of staff (three GPs, one practice nurse, senior manager, practice manager, assistant practice manager, two administration and reception staff) and spoke with patients who used the service.
- Saw how patients were being cared for in reception and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording 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. For example a patient handed in a referral letter to reception and it took 15 days for the letter to be scanned onto the patients records for the GP to action. After investigation the practice manager spoke with the admin team and reviewed processes regarding document scanning. A team meeting was held and all staff members were informed that letters should now be scanned within 24 hours of being received and letters with actions should be passed onto the GPs. The patient received an apology.
- The practice carried out a thorough analysis of the significant events. There had been 22 significant events in the last 12 months. All of the significant events had been handled in line with the organisations policy. A thorough analysis was carried out and learning recorded.

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.

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.
- A notice in the waiting room advised patients that chaperones were available if required. The practice advised patients' chaperones were available when text message appointments reminders were sent. 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. We saw evidence of an audit completed in September 2016.
- 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 of repeat prescriptions which included the review of high risk medicines. The practice employed a pharmacist who was responsible for reviewing repeat prescriptions. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had a system in place to identify patients who had not picked up their prescription for four weeks. Patient Group Directions

Are services safe?

had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. The practice had up to date fire risk assessments and regular fire drills were carried out by the building management. All electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly. Calibration was conducted annually, having last been completed in January 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. Their exception reporting rate was in line with local and national averages at 10% (CCG average 8% and national average 10%).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 84% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%. The exception rate was 11% CCG 9% and national 12%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 93%, which was in line with the CCG average of 90% and national average of 90%. The exception rate was 8% CCG, 5% and national 11%.
- Performance for mental health related indicators was in line with the CCG and national averages for the

proportion of patients who had received an annual review; the practice's achievement was 90% compared with CCG average of 85% and national average of 88%. The exception rate was 3% CCG 6% and national 13%.

- The number of patients with dementia who had received annual reviews was 75% which was below to the CCG average of 88% and national average of 84%. The exception rate was 6%.
- Dashboards were used as a method to compare the practice with other AT Medics practices as well as CCG and national audits.
- The practice held annual virtual clinics for respiratory, cardiovascular and diabetes patients.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits undertaken in the last two years, four of these were completed audits where the improvements made were implemented and monitored. For example, the practice carried out an audit looking at asthma patients on beta blockers. The aim was to alert clinicians and patients that beta blockers may negatively affect asthma. In the first cycle the practice identified 11 out of 515 patients with asthma who were also taking beta blockers and did not have an alert on the system about potential side effects. In the second cycle all patients had an alert and the number of patients reduced to 7 patients out of 515 on beta blockers with asthma.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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

Are services effective?

(for example, treatment is effective)

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: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice conducted several on-line training role play videos to aid non-clinical staff in dealing with patients in different circumstances ranging from how to deal with a complaint to obtaining a sick note, to signposting patients for different services.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Alerts were put on the clinical system for vulnerable patients, patients who required interpreting services, 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 were also supported.
- The healthcare assistants provided one-to-one smoking cessation advice to patients. The practice had identified 831 smokers. In 2015/16 they had referred 63 patients and 48 had stopped smoking. This represented a 76% success rate.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%; their exception reporting rate was 4%, which was in line with the CCG average of 5% and national average of 6%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. There were 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.

Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 91% to 97%.

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

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

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

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 90%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 86%.

The practice reviewed these results and discussed in a clinical meeting with GPs and nurses, they conducted an internal survey involving 244 patients and found 91% of patients said the last GP/nurse they saw was good at involving them in decisions.

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. The practice website could also change into a range of different languages.

Are services caring?

- 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 reception staff and the practice website sign posted a lot of information available to patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (less than 1% of the practice list). All carers were contacted annually to have a health review, and flu jab. Written information was available to direct carers to the various avenues of support available to them.

The practice held a dedicated carers event week in honour of the Nurse Edith Cavell who the practice was named after. The practice also hosted a carers coffee afternoon, in conjunction Lambeth Carers Hub, providing partnership

working in the locality, signposting and promoting carers. Eight patients attended the carers event last year, and all were given support. Two of the carers were identified as having significant needs and had not been receiving the relevant support until the event. As a result of the event the practice had also identified a further 30 carers.

The practice had two Primary Care Navigators who supported patients by providing options to prevent loneliness, depression and isolation, using services such as Age UK, befriending services and bereavement service.

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

The practice provided outreach services on health promotion at the local library annually, to promote health awareness and encourage early detection and treatment of diseases.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Monday, Tuesday, Wednesday and Friday evening until 8pm for working patients who could not attend during normal opening hours. They also had clinics on the weekend from 9am to 12pm.
- There were longer appointments available for patients with a learning disability and other vulnerable groups.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice had launched an interactive on-line messaging system called "message my GP". Any patient who sent a message to the GP would be responded to within 24 hours. Edith Cavell Surgery received on average 10 messages per day. A clinical response took no more than two minutes on average to respond to, which was 20% of the time allocated for a face-to-face consultation and less than 50% of the time allocated for a telephone consultations. This enabled rapid response to less than urgent queries that patients had, enhancing access and improving patient satisfaction.
- The practice provided a "frontline clinic" where a GP sat in reception on a daily basis and triaged patients, for example if a patient needed a repeat prescription, or general advice. Consequently the practice DNA (did not attend) were reduced by 5%, and the GP was able to deal with 35 contacts per session as opposed to 17 face to face appointments.
- The practice looked after a women's hostel, and took the initiative to work with the health inclusion team,

including the community nursing team. They visited disadvantaged patients such as night workers, offered blood test, hepatitis B vaccinations for patients who didn't want to come to the surgery.

- The practice had identified that some patients from the Muslim community were apprehensive about seeking support for mental health related issues. To address this they worked in partnership with a charity, specially aimed at Muslim patients to address the mental health stigma, the aim of the service was to provide a different method of support to patients and highlight the awareness of depression and getting help, they produced a number of videos in different languages, Somali, Urdu and Bengali/Sylheti to help patients understand what support was available. The video was widely rolled out and played at over 50 practices around London. Edith Cavell surgery had referred approximately 100 patients to the resource, some of who have provided positive feedback.

Access to the service

The practice was open between 8am and 8pm Monday, Tuesday, Wednesday and Friday,

Thursday 8am to 1pm, Saturday and Sunday 9am to 12pm. Appointments were from 8am to 6.30pm Monday to Wednesday also Friday, Thursday 8am to 1pm. Extended hours appointments were offered at the following times from 6.30pm -8pm four weekdays and every Saturday and Sunday from 9am-12pm. Appointments could be booked up to four weeks in advance and there were urgent appointments available on the day.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 79%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and



Are services responsive to people's needs?

(for example, to feedback?)

- The urgency of the need for medical attention.

Staff told us that any patient who called during opening hours were given an appointment on the day if they said they needed to be seen. Patients we spoke with confirmed this. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GPhome visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was via a poster in the reception area and also displayed on the practice website.

We looked at three complaints out of 17 received in the last 12 months and found that they had been responded to within appropriate time scales and explanations and apologies were given if applicable. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example a patient was brought in for immunisations and the parent was given incorrect advice. The complaint was investigated, an apology letter was sent to the parent, guidelines were shared in a clinical meeting for all clinicians learning.

Are services well-led?

Good 

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

Our findings

Vision and strategy

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice achieved a Quality Practice Award certificate from the Royal College of General Practitioners (RCGP) in 2013, for quality standards achieved in primary care by completing a range of assessments.

Leadership and culture

- The lead GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.
- The lead GP told us that they wanted to create a work environment for their staff that was comfortable, that

- had opportunities for all staff to grow in roles, so they encouraged staff to attend training courses. We were given examples where staff had worked their way up into more senior roles within the practice, or where they were in the process of doing this.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings board meetings were held weekly, regional meetings were held once a month, clinical meetings weekly, admin meetings weekly and nurse meetings quarterly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months and there were a variety of inclusive activities held throughout the year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a clock was put in reception area, the seating in reception was changed and a mirror was put in the patients' toilet as a result of feedback from the PPG.
- The practice had gathered feedback from staff through annual appraisals, staff meetings and surveys. Staff told us they felt involved and engaged to improve how the practice was run. For example the practice had moved towards a paperless environment, prior to the move all staff had provided input into how the process would be implemented and the impact it would have on the practice.

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 provided a "frontline clinic" where a GP sat in reception on a daily basis and triaged patients. The practice had a number of bespoke training materials to develop staff at all levels. GPs were trained to deliver training to over 100 undergraduate students. They were part of training postgraduate doctors to becoming GPs. Nurses and HCAs had training that was delivered to them virtually via seminars. Fortnightly integrated training from hospital based clinicians for GPs via webinars were conducted as well as fortnightly training via webinars for pharmacists and physician Associates.