

Eltham Medical Practice

Quality Report

Eltham Community Hospital
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Date of inspection visit: 19 May 2016

Website: <http://www.elthammedicalpractice.nhs.uk> Date of publication: 26/07/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Eltham Medical Practice on 19 May 2016. Overall the practice is rated as requires improvement.

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

- Significant events had been investigated thoroughly and learning from these was shared among clinical staff, but some staff did not have a clear understanding of significant events or the process for reporting them. Some incidents had not been recorded.
- Risks to patients were not always well assessed or well managed. This was in relation to ineffective medicines management systems, the absence of electrical safety checks, mandatory training and some recruitment checks. There was no documentation of fire drills.
- Data showed patient outcomes were in line with the national average.
- There was evidence that audits were driving improvements to patient outcomes.

- The national GP patient survey published in January 2016 showed the practice was rated in line with local and national averages for several aspects of consultations with GPs and nurses.
- The majority of patients we spoke with said they were treated with compassion, dignity and respect. However, several of them had found it difficult to get appointments.
- Information about services and avenues of support was not always available for patients to access. Complaints had not been managed in line with recognised guidance and contractual obligations.
- There was a governance structure in place and all staff felt supported by the practice's leaders, but not all of the practice's processes had been managed effectively.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff, ensure all clinical staff have indemnity insurance in place and maintain records of their professional registration.

Summary of findings

- Ensure all mandatory training is completed and documented.
- Ensure the system for managing medicines is effective and that stock is properly controlled.
- Ensure electrical equipment is checked regularly to ensure it is safe to use.
- Ensure its complaints procedures are in line with current legislation, guidance and contractual obligations.

In addition the provider should:

- Ensure all staff have a good understanding of significant events, and implement a significant event protocol.
- Consider providing training for clinical staff on the Mental Capacity Act.

- Ensure outstanding appraisals are completed, and inductions are documented for all new staff.
- Ensure fire drills are documented.
- Continuously monitor feedback from patients to identify and act upon any further areas for improvement, particularly in relation to access to appointments.
- Consider advertising the private room available to patients who wish to have confidential discussions.
- Improve the process for identifying and providing support for carers and arrange interpreters for patients who are unable to speak English.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- When things went wrong reviews and investigations were thorough and lessons learned were communicated with clinical staff to support improvement. Patients received a verbal and written apology. However, not all members of staff were clear on the process to follow for raising concerns, incidents and near misses.
- Although risks to patients who used services were assessed, some systems and processes were not implemented well enough to ensure patients were kept safe.
- The system for managing medicines was not robust; some medicines had expired.
- Electrical equipment had not been checked to ensure it was safe to use.
- There was no evidence of mandatory fire safety, safeguarding, information governance, infection control and basic life support training for some staff members.
- There was no evidence that inductions and all necessary recruitment checks had been completed for newly recruited staff.

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 in line with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvements to patients' outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff; these were overdue for two members of 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



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with local averages and national averages for several aspects of care. For example, 79% of patients said the last GP they saw was good at explaining tests and treatments (Clinical Commissioning Group average 81%, national average 86%).
- The practice had only identified 0.1% of their patient list as carers.
- Translation services were available and advertised, but patients had to organise this themselves.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information for patients about the services was not available at the practice's main site.
- We saw that staff treated patients with kindness and respect.
- Conversations at the reception desk could easily be overheard from a waiting area due to the open-plan layout of the building, but we did not overhear any patient-identifiable information.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Evidence showed the practice did not respond to complaints in line with current legislation. Learning from complaints was shared with clinical staff but there was no documented evidence that they were also shared with non-clinical staff.
- Nationally reported data showed the practice was rated in line with local and national averages for most aspects of access to care and services.
- Five out of 10 patients we spoke with said they had experienced difficulties getting appointments.
- Urgent same-day appointments were available.
- 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. For example, the practice participated in a pilot for reducing unplanned admissions for patients with mental health.
- The practice provided services such as end of life care, medicine management and daily medical cover for patients in a children's hospice. They also liaised with teams from two children's hospitals in London to provide a holistic package of care to children and their families during their hospital stay.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- Arrangements to monitor and improve quality and identify risk were not robust enough in all areas.
- There was a documented leadership structure and all staff felt supported by management. However, some of the practice's processes had not been managed effectively.
- There was no evidence that recently recruited staff had received inductions. Appraisals for some staff were overdue but planned to be received shortly after the inspection.
- The practice had a vision and a strategy and all staff were aware of this and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity.
- Staff attended staff meetings and events.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- The provider was aware of the duty of candour and complied with it in some cases we reviewed.

Requires 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

Requires improvement



The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for being safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were average. For example, 84% of patients with hypertension had well controlled blood pressure in the previous 12 months. This was in line with the national average of 84%.

People with long term conditions

Requires improvement



The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for being safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with diabetes were average. For example, 78% of patients with diabetes had well-controlled blood sugar levels. This was in line with the national average of 78%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and the majority had received a structured annual review to check their health and medicines needs were being met.
- 72% of patients with asthma had an asthma review in the previous 12 months. This was in line with the national average of 75%.
- 92% of patients with chronic obstructive pulmonary disease had received a review, including an assessment of breathlessness, in the previous 12 months. This was in line with the national average of 90%.
- 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.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for being safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice provided services such as end of life care, medicine management and daily medical cover for patients in a children's hospice. They also liaised with teams from two children's hospitals in London to provide a holistic package of care to children and their families during their hospital stay.
- 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.
- Patients told us that children and young people were treated in an age-appropriate way.
- 81% of women aged between 25 and 64 years had a cervical screening test in the previous 12 months. This was in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement



The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for being safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Extended hours opening was available on one morning and two evenings a week.
- The practice was proactive in offering online services such as appointment booking cancellation, and repeat prescription requests.
- The practice offered a range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement



The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for being safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice had a proactive long term conditions care coordinator who had designed modified care review invitations to encourage patients with learning disabilities to attend their appointments.
- 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. However, there was no evidence to demonstrate that all staff had received mandatory safeguarding training.

People experiencing poor mental health (including people with dementia)

Requires improvement



The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for being safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nationally reported data showed that outcomes for patients with dementia were average. For example, 78% of patients with dementia had a face-to-face review of their care in the previous 12 months. This was comparable to the national average of 84%. The practice had conducted its own analysis which showed an improvement to 81% in 2015/2016 but this data had not been published or independently verified at the time of our inspection.
- Nationally reported data showed that outcomes for patients who had poor mental health were average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their record. This was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia, and 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed that patient satisfaction levels with the service provided by the practice was comparable to local and national averages. Two hundred and seventy-six survey forms were distributed and 116 were returned. This represented approximately 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were mostly positive about the standard of care received. There were two comments which expressed dissatisfaction with the attitude of staff.

We spoke with 10 patients including a member of the practice's Patient Participation Group during the inspection. The majority of these patients told us they were satisfied with the care they received from staff, but five patients had experienced difficulties getting appointments.

Results from the practice's May 2016 friends and family test showed 89% of 146 of their patients were likely or extremely likely to recommend the practice to a friend or family member, 6% were unlikely or extremely unlikely to, and 5% were neither likely nor unlikely to do so.

Eltham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser, and an Expert by Experience.

Background to Eltham Medical Practice

The practice operates from two sites in Eltham, London; its main site in Eltham Community Hospital Passey Place and its branch site in Well Hall Road. It is one of 42 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 13,700 patients registered at the practice. 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 (PMS) 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 extended hours access, dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, online access, patient participation, risk profiling and case management, rotavirus and shingles immunisation, services for violent patients, and unplanned admissions.

The practice has an above average population of male and female patients aged from birth to nine years, males aged

35 to 39 years, and females aged from 25 to 54 and 65 to 69 years. Income deprivation levels affecting children and adults registered at the practice are above the national average.

The clinical team includes two male partners, a male salaried GP, a female salaried GP and a female locum GP. The GPs provide a combined total of 35 fixed sessions per week. There are three female salaried practice nurses and two female nurse practitioners. The clinical team is supported by a practice manager, a business manager and information technology lead, and 20 administrative/reception staff.

The practice is open from 8.00am to 6.30pm Monday to Friday, and is closed on bank holidays and weekends. The Well Hall Road branch site is closed from 12.00pm to 1.00pm on Mondays, Tuesdays, Thursdays and Fridays. Appointments with GPs and nurses are available at various times between 8.00am and 6.30pm Monday to Friday. Extended hours are available from 7.00am to 8.00am on Thursdays and from 6.30pm to 8.15pm on Tuesdays and Thursdays.

The premises at the main and branch sites operate over two floors of purpose built buildings. At the main site, which is shared with another GP practice, there are five consulting rooms, a treatment room, shared reception and waiting areas, two wheelchair-accessible toilets, a breastfeeding room, baby changing room and two meeting rooms on the ground floor. There is a shared administrative room on the first floor. There is disabled parking available.

At the branch site there are three consulting rooms, a treatment room, a wheelchair-accessible patient toilet, baby changing facilities, a reception and waiting area on the ground floor, with three staff offices on the first floor. There is car parking and disabled parking available.

Detailed findings

The practice does not provide out-of-hours (OOH) services. It directs patients needing urgent care out of normal hours to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on the urgency of their medical concerns.

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 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 19 May 2016.

During our visit we:

- Spoke with a range of staff including the practice manager, business manager, two partners, a salaried GP and two reception/administrative staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Some incidents reported by patients had not been recorded as significant events, such as the example of a patient who stated in a letter of complaint that they had received confidential information about another patient, and that they had been issued an expired prescription for a medicine. The practice informed us these incidents had been discussed with staff to prevent them from happening again, but there was no documented evidence of this.
- Not all staff we spoke with understood the practice's significant event process. For example, a member of staff did not understand what incidents and significant events were; they told us they would inform the practice manager of any incidents but the business manager was responsible for managing significant events. They told us they would follow a significant event protocol but there was no such protocol in place.
- There was an incident 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.
- The practice carried out a thorough analysis of the significant events we reviewed. These were discussed with clinical staff at regular clinical meetings and bi-annual significant event meetings.

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, following an incident involving a young patient

who missed an appointment, the practice implemented a protocol to follow up any appointments which had been missed by young children. The incident was discussed amongst staff.

Overview of safety systems and processes

There were systems, processes and practices in place to keep patients safe and safeguarded from abuse, but there were some areas which required improvement.

- Arrangements were in place to safeguard children and vulnerable adults from abuse, and 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. We requested but were not provided with evidence of safeguarding children and adults training for staff, with the exception of a GP who had received level 3 safeguarding children training. After the inspection, the practice provided evidence of level 1 and level 2 adult safeguarding training for a GP, and level 3 safeguarding children training for all clinical staff but one. The practice's safeguarding lead informed us they had provided this training informally for staff; the practice manager told us this training was delivered to some practice staff over three years ago but this had not been documented to indicate who had attended or what level of training they had received. This training should be updated every three years, and the practice's training log indicated it had not been updated since 2006 for six staff members.
- A notice in the waiting room and in all consulting and treatment rooms advised patients that chaperones were available if required. Staff who acted as chaperones understood the responsibilities, and they had received training for the role from a GP partner. They had all 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).
- Processes for infection control did not always operate effectively. We observed the premises at both sites to be clean and tidy. A GP was the infection control clinical

Are services safe?

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 but there was no evidence that any staff had received up to date training; the practice informed us the infection control lead had delivered this training to non-clinical staff but there was no documented evidence to demonstrate this.

Furthermore, there was no evidence to demonstrate that the GP had received the appropriate training to provide infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- We requested but were not provided with the documented immunisation status of three GPs; this information was provided after the inspection.
- Arrangements for managing medicines, emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal) were not robust in all areas. There were ineffective systems in place to monitor expiry dates of medicines at either site. Three medicines used for local anaesthesia at the branch site had expired in November 2015; these were immediately disposed of when we brought it to the nurse's attention. There was no system in place to ensure that the power supply to a vaccine storage fridge at the main site could not be accidentally interrupted.
- 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 (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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five staff files. Recruitment checks such as proof of identification, references, qualifications,

registration with the appropriate professional body and DBS checks were not in place for all recently recruited staff. There were no DBS checks in place for a locum GP and two receptionists. There was no photographic identity for a GP and two receptionists. The practice had not conducted risk assessments to mitigate the need for these checks. Character references were not in place for a locum GP prior to commencing employment at the practice, which was not in line with the practice's recruitment policy; the practice manager provided evidence that these had been requested but not received. The practice manager told us the practice's phlebotomists did not have any indemnity insurance cover in place, and there was no record of the professional registration details for a GP.

Monitoring risks to patients

Risks to patients were not always well assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had conducted a health and safety risk assessment, and there was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments. They told us they carried out regular fire drills but that there was no documentation to demonstrate this. We requested but were not provided with evidence of fire safety training for any member of staff. The business manager informed us this training had been booked to be received after the inspection in June 2016 but we were not provided with evidence of this.
- The practice had conducted other risk assessments to monitor safety of the premises such as for the 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).
- Electrical equipment had not been checked to ensure the equipment was safe to use; the practice told us they had been made aware that these checks were needed following advice from a recent fire risk assessment. Clinical equipment had been checked to ensure it was working properly.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a cover 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 were panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training; however, we were not provided with evidence of this training for a receptionist and a locum GP.
- 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 stored securely and were easily accessible to staff; all staff we spoke with knew of their location. Two medicines used for the emergency treatment of epilepsy at the main site had expired in March 2016; these medicines were immediately disposed of when we brought it to the manager's attention.
- 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. A GP partner told us the practice conducted informal 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 99.1% of the total number of points available with an exception rate of 6.4%. The practice was not an outlier for 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed that in the previous 12 months:

- Performance for diabetes related indicators was similar to the national average. For example, 78% of patients with diabetes had well-controlled blood sugar levels. This was in line with the national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their record (national average 88%).
- Performance for dementia related indicators was similar to the national average. For example, 78% of patients

with dementia had a face-to-face review of their care (national average 84%). The practice had conducted its own analysis which showed that performance for dementia reviews had increased to 81% in 2015/2016; at the time of our inspection this information had not been published or independently verified.

There was evidence of a programme of quality improvement including clinical and internal audits.

- The practice informed us they had conducted 12 audits in the previous two years. Of the four audits we reviewed, three were completed two cycle audits.
- One of the audits conducted on the use of anticoagulant medicines in patients with a cardiac condition atrial fibrillation identified that 20% of patients in the audit were not receiving sufficient anticoagulant therapy, and only 15% of patients had a documented reason as to why they were not receiving the recommended anticoagulation therapy. The lead GP informed us they had sent letters inviting these patients for further assessments. Results from the second audit cycle showed the number of patients not sufficiently anti-coagulated had reduced to 18%, and all patients who were not receiving the recommended therapy had a documented reason explaining why. The practice shared learning from the audit with its clinicians.
- Findings from another audit were used to make other improvements. For example, an audit conducted on blood glucose monitoring in patients with diabetes showed two patients needed to be removed from a repeat blood testing schedule. The second cycle of the audit showed all these patients were removed from a repeat testing schedule. Learning from this audit was discussed at the practice's weekly clinical meeting.
- The practice participated in local and national benchmarking and peer review. They did not conduct or participate in research activities.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment; however, not all staff had received mandatory training:

- The practice had an induction checklist for all newly appointed staff, but we did not see evidence of any completed forms in the staff files we reviewed. This covered topics such as health and safety matters, first

Are services effective?

(for example, treatment is effective)

aid, accident reporting and emergency procedures. It did not cover safeguarding, infection control, fire safety and confidentiality, and we found that there was no documentation of training received for most staff.

- 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, and phlebotomy training for a receptionist who was also training to become a health care assistant.
- 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 online resources and external training programmes.
- 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. Appraisals for two receptionists had not received an appraisal within the previous 12 months; the practice manager advised us they were planned for June 2016 but they did not provide any evidence of this.
- Some staff had received basic life support and safeguarding children and adults training. Other staff told us they had access to and made use of in-house training from a GP for safeguarding, and from the business manager for fire safety and information governance but these were not documented.

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 month, 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. Two GPs had received training on the Mental Capacity Act. 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 patients' 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 for minor surgery procedures on a quarterly basis.

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 counselling and advice on alcohol cessation were signposted to the relevant local service.
- A dietician was available on the premises for patients requiring diet advice.
- Smoking cessation advice was provided by a nurse or receptionists who had received training for this role.

The practice's uptake for the cervical screening test by women aged between 25 and 64 years was 81%, which was comparable to the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test, and they ensured a

Are services effective?

(for example, treatment is effective)

female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given to children aged below two years ranged from 73% to 84%, and for five year olds from 70% to 82%.

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. The practice had a dignity and respect charter for staff to follow which included items such as listening and supporting people to express their needs and wants.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Conversations at the reception desk at the main site could easily be overheard from a waiting area but we did not hear any patient-identifiable information disclosed. The practice informed us they had requested a privacy screen for the reception area from the owner of the property but this had not been granted. 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; this facility was not advertised and needed to be requested by patients.

The majority of the 31 Care Quality Commission comment cards we received were positive about the care patients had received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect; there were two comments which expressed dissatisfaction with the attitude of staff.

We spoke with 10 patients including a member of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Feedback from these patients highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published on 7 January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was average for most satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them. This was in line with the Clinical Commissioning Group (CCG) average of 85% and the national average of 89%.
- 77% of patients said the GP gave them enough time (CCG average 81%, national average 87%).
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 82% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 87% of patients said the last nurse they spoke to was good at treating them with care (CCG average 84%, national average 91%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 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.

Feedback we received from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 85% said the last nurse they saw was good at explaining tests and treatments (CCG average 85%, national average 90%).
- 79% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 81%, national average 86%).

Are services caring?

- 76% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%).
- 76% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).

The practice provided limited facilities to help involve patients in decisions about their care:

- Staff told us that translation services were available for patients who did not speak or understand English, but patients had to arrange their own interpreter via a telephone line. This phone number was not free to use. There was a notice in the waiting area informing patients this service was available. The business manager told us they had chosen this arrangement because the practice had a low demand for interpreters and they found that asking patients to book their own interpreter reduced the practice's non-attendance rate; they also felt it would reduce wastage of NHS and council resources.

- There were no information leaflets available in the waiting areas at the main site; the practice told us they were restricted by the owner of the premises as to how much information they were able to display.

Patient and carer support to cope emotionally with care and treatment

Patient information notices were available in the waiting area at the branch site which told patients how to access a number of support groups and organisations. This information was not available at the main site. Information about support groups was available on the practice's website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (0.1% of the practice list) and they maintained a carer's register. Written information was available at the branch site to direct carers to the various avenues of support available to them, but there was no such information available at the main site.

Staff told us that if families had suffered bereavement, their usual GP contacted them and gave 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 participated in Greenwich CCG's Year Of Care scheme, with an aim to improve outcomes for patients with chronic obstructive pulmonary disease, diabetes, heart failure, and hypertension. At the time of our inspection the practice had not assessed the impact of this scheme on patient outcomes as the scheme had not yet been completed.

The practice had also participated in a pilot scheme for reducing unplanned admissions for patients with mental health; each patient was assigned a care navigator to support their needs. The business manager informed us this pilot was extended to 12 other local practices. They also told us approximately 25 patients had been included in the pilot, but the practice had not conducted a formal assessment of the impact of the pilot at the time of our inspection and the scheme was on-going.

- The practice offered a 'Commuter's Clinic' on one morning from 7.00am and on two evenings until 8.15pm for working patients who could not attend during normal opening hours.
- There were online facilities on the practice's website such as appointment booking and repeat prescription ordering.
- There were longer appointments available for patients with a learning disability.
- The practice had a proactive long term conditions care coordinator who had designed modified care review invitations to encourage patients with learning disabilities to attend their appointments.
- 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 required same day consultation.
- There were baby changing facilities available.
- The practice provided services such as end of life care, medicine management and daily medical cover for

patients in a children's hospice. They also liaised with teams from two children's hospitals in London to provide a holistic package of care to children and their families during their hospital stay.

- Patients were able to receive travel vaccinations available on the NHS. The practice also provided some vaccines which were normally only available privately, such as Hepatitis A, Hepatitis B, and Typhoid, at a charge.
- There were disabled facilities, a hearing loop and translation services available. Patients had to arrange their own interpreter via telephone.

Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday, and was closed on bank holidays and weekends. The Well Hall Branch site was closed from 12.00pm to 1.00pm on Monday, Tuesday, Thursday and Friday. Appointments with GPs and nurses were available at various times between 8.00am and 6.30pm Monday to Friday. Extended hours were available from 7.00am to 8.00am on Thursdays and from 6.30pm to 8.15pm on Tuesdays and Thursdays. Appointments could be booked up to two weeks in advance with GPs and between three to four weeks in advance with nurses. Daily same day urgent appointments were available.

Results from the national GP patient survey published on 7 January 2016 showed that patients' satisfaction with how they could access care and treatment was mostly comparable to local Clinical Commissioning Group (CCG) and national averages.

- 84% of patients were able to get an appointment to see or speak to a GP or nurse the last time they tried (CCG average 71%, national average 78%).
- 78% of patients were satisfied with the practice's opening hours (CCG average 78%, national average 78%).
- 63% of patients said they could get through easily to the practice by phone (CCG average 73%, national average 73%).

Five out of 10 patients we spoke with told us that they had found it difficult to get appointments when they needed them; the practice told us they had increased the number of appointments that patients could book online, and that a GP partner had recently retired which resulted in fewer

Are services responsive to people's needs?

(for example, to feedback?)

available appointments. We raised the survey results regarding telephone access with the practice. They informed us that a new telephone service with a queue system had been implemented in April 2015 to improve patients' experience in this regard, and that complaints about telephone access had since reduced.

The practice gathered information from patients or their carers to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. 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 we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns.

- The practice's complaints procedures were not in line with recognised guidance and contractual obligations for GPs in England.
- There was information available in the practice leaflet (which was also available on the practice's website) to help patients understand the complaints system.
- A GP partner and the practice manager were the designated persons responsible for handling complaints in the practice.

We looked at seven complaints received in the previous 12 months and found they had not been dealt with appropriately. The practice's complaints form did not contain an option to enter a date on which the complaint was submitted, and none of the complaints forms we reviewed had been dated by practice staff on receipt. None of the complaints had been acknowledged in line with the practice's three day timeline, and several had not been responded to within the practice's 10 day timeline. For example, a complaint made in November 2015 was not responded to until February 2016 and it did not address all of the patients' concerns. Another complaint dated December 2015 was not responded to until April 2016 and also did not address all of the patients' concerns. A third complaint raised in February 2016 was not responded to until April 2016. Complaints received had not been stored appropriately or in an organised manner.

The practice held a complaints meeting in April 2016 where learning from complaints was discussed among clinical staff. For example, a learning point was documented to approach child protection issues cautiously following a complaint that a safeguarding referral case had been dealt with insensitively. We reviewed minutes of staff meetings held in November 2015 and April 2016 but there was no documented evidence that complaints had been shared with non-clinical staff.

Are services well-led?

Requires improvement 

(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 mission statement. It was not displayed in the waiting areas but staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

There was a governance framework in place but it was not robust enough to support the delivery of safe and well-led care.

- Although most staff were aware of their own roles and responsibilities, some did not have a clear understanding of significant events or the process of reporting them.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust.
- Fire drills had not been documented, electrical equipment had not been checked to ensure it was safe to use, and there was an ineffective system in place for managing medicines. The business manager had implemented plans to address some of these risks.
- Recruitment checks were not in place for several staff, and there was no indemnity insurance cover for phlebotomists. Some appraisals were overdue.
- There were ineffective systems in place for managing and monitoring staff training requirements. There was no documentation to demonstrate that several staff had received training for safeguarding children and adults, fire safety, infection control and information governance. There was no evidence of basic life support for a GP, and no evidence of inductions completed for new staff.
- Evidence showed that the practice's complaints system was not in line with current legislation. Complaints had not been acknowledged, some had not been responded to for several months, and not all of the patients' concerns were addressed.

- There was evidence of a programme of quality improvement including internal and clinical audits.
- Practice specific policies were implemented and were available to all staff, and an understanding of the performance of the practice was maintained by most staff.

The practice informed us they had experienced difficulties during a move to their new main location in April 2016, and that this may have affected the general running of the practice.

Leadership and culture

The practice's management responsibilities were shared between the practice manager and the business manager, both of whom reported directly to the practice's partners. On the day of our inspection, we found that there were deficiencies in the management of some of the practice's processes.

The provider had some 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). The partners told us they encouraged a culture of openness and honesty.

From evidence we reviewed, the practice had some systems in place to ensure that when things went wrong with care and treatment:

- The practice gave some affected people reasonable support, truthful information and a written apology, but from some complaints we reviewed, not all of the patients' concerns were addressed, and some issues had not been recorded as incidents or significant events such as an example where a patient stated they had received confidential information about another patient, and that they had been issued an expired prescription for a medicine.
- The practice kept records of written correspondence but they did not keep records of verbal interactions with patients.

There was a leadership structure in place and staff felt supported by management. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Are services well-led?

Requires improvement 

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

- Staff told us the practice held regular team meetings. They said they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they 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.
- Staff told us there was an open culture within the practice; they said they felt respected, valued and supported by the leaders in the practice.
- The practice had gathered feedback from patients through its 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, as a response to feedback from its PPG, the practice told us they had implemented a new telephone service with a queue system in 2015 and they improved access to online appointment booking for patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; they told us they felt involved and engaged to improve how the practice was run.

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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• There was no robust process in place to monitor medicines.• They had failed to ensure safety checks were conducted on electrical equipment. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider had not established or operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. <p>This was in breach of regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

- The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.
- They had failed to maintain records of persons employed in the carrying on of the regulated activities.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider failed to ensure that persons employed received appropriate training and professional registrations to enable them to carry out the duties they were employed to perform

- They had failed to ensure all staff had received mandatory basic life support, fire safety, infection control, information governance and safeguarding training.

This was in breach of regulation 18 (2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Management of supply of blood and blood derived products

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- The provider failed to ensure all newly recruited staff were of good character.
- The provider failed to establish and operate effective recruitment processes.
- The provider failed to ensure all clinical had adequate indemnity cover in place.

This section is primarily information for the provider

Requirement notices

- There was an absence of professional registration documents for a GP.

This was in breach of regulation 19 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.