

# The Grange Road Practice

## Quality Report

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Date of inspection visit: 16 August 2016

Date of publication: 01/12/2016

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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grange Road Practice on 16 August 2016. Overall the practice is rated as good.

We had previously conducted an announced comprehensive inspection of The Grange Road Practice on 17 November 2015, and their inspection report was published on 18 February 2016. As a result of our findings during that visit, the practice was rated as inadequate for being safe, caring and well-led, and as requires improvement for being effective and responsive; this resulted in a rating of inadequate overall. We found that the provider had breached regulations of the Health and Social Care Act 2008 (Regulated Activities); Regulation 9 (3) person-centred care, Regulation 12 (1) safe care and treatment, Regulation 13 (1)(2)(3) safeguarding and Regulation 18 (2) staffing. We issued warning notices against the provider and the registered manager for the breach of Regulation 17 (1) good governance and placed the practice in special measures.

Practices placed in special measures are inspected again within six months of the publication of their inspection report; if they have not made sufficient improvements we

will take action to begin the process of preventing the provider from operating the service. The two previous partners of The Grange Road Practice left the practice in April 2016. In May 2016 a new provider The Bermondsey and Lansdowne Medical Mission took over the practice; they submitted an action plan to us to tell us what they would do to make improvements. We undertook this inspection to check that they had followed their plan, and to confirm that they had met the legal requirements. The Care Quality Commission (CQC) has since accepted applications from The Bermondsey and Lansdowne Medical Mission and The Grange Road Practice to cancel their registrations with the CQC, and The Grange Road Practice is now a branch surgery of a new provider the Nexus Health Group (which was formed from The Bermondsey and Lansdowne Medical Mission).

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

- The practice's recruitment arrangements included all necessary employment checks for all recently recruited staff.
- There was an open and transparent approach to safety and an effective system in place for reporting, recording and sharing learning from significant events.

# Summary of findings

- 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 and effective leadership structure and staff felt supported and valued by the practice's leaders.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where we would have advised the provider to make improvement, had they still been registered with the CQC, are:

- Continue to monitor the improvements in the care of patients with long term conditions.
- Review staffing arrangements to ensure patients are able to access on-going care from female GPs.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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 an effective system in place for reporting and recording significant events
- 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Internal 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- 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 that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- 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 offered daily telephone appointments, and extended hours appointments were available on Monday and Tuesday evenings until 8.00pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of online services such as appointment booking and repeat prescription ordering to facilitate access to the service for patients.
- Information about how to complain was available and was easy to understand.

## 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 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.
- 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.
- The provider was aware of and had systems and processes in place that would ensure compliance with the requirements of the duty of candour. The practice's leaders 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.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice 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 had registers for patients aged over 75, those in palliative care, housebound patients and those in nursing homes. There were systems in place to review and monitor the care of these patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- A GP had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition, including cancer, had a named GP and systems were in place to ensure that they received a structured 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.

Good



### 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 attendances to Accident & Emergency.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

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

## **Working age people (including those recently retired and students)**

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

- The 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 such as appointment booking and repeat prescription ordering.
- The practice offered as well a range of health promotion and screening that reflects the needs for this age group.
- Extended hours opening was available on Monday and Tuesday evenings until 8.00pm for patients that were unable to attend during normal working hours. Additional evening and appointments were available from local GP access hubs on weekday evening and on weekends until 8.00pm.

**Good**



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

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

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

**Good**



# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received five comment cards which were positive about the standard of care received.

We spoke with six patients during the inspection. All of these patients said they were satisfied with the care they

received and thought staff were approachable, committed and caring. Several patients commented that the service had improved since the new provider took over in May 2016.

# The Grange Road 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 The Grange Road Practice

The practice operates from one site in Bermondsey, London. It is one of 45 GP practices in the Southwark Clinical Commissioning Group (CCG) area. There are approximately 5,025 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, maternity and midwifery services, and treatment of disease, disorder or injury.

The practice has an alternative provider medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include admissions avoidance, childhood vaccination and immunisation, extended hours access, dementia, influenza and pneumococcal immunisations, and patient participation.

The practice has an above average population of male and female patients aged from patients aged 20 to 50 years. Income deprivation levels affecting children and adults

registered at the practice are above the national average. Of patients registered with the practice, 82% are white, 10% are Asian, 4% are black and 4% are from a mixed or other ethnic background.

The practice underwent a change of contract in May 2016 and the provider Nexus Health Group (at Bermondsey and Lansdowne Medical Mission on 6 Decima Street, London SE1 4QX) began caretaking for The Grange Road Practice in May 2016. The Care Quality Commission (CQC) has since accepted applications from The Bermondsey and Lansdowne Medical Mission and The Grange Road Practice to cancel their registrations with the CQC, and The Grange Road Practice is now a branch surgery of a new provider the Nexus Health Group (which was formed from The Bermondsey and Lansdowne Medical Mission).

The clinical team includes a male GP partner that provides one clinical and three non-clinical sessions per week to oversee the practice's process and overall governance, two male GP partners, a male long term locum GP and a female long term locum GP. The GPs provide a total of 20 combined clinical sessions per week. There are two female practice nurses, and a female health care assistant that is providing cover for a female health care assistant on maternity leave. The clinical team is supported by a practice manager, four receptionists, a secretary, an information technology (IT) administrator and a clinical supervising officer.

The practice is open from 8.00am to 6.30pm Monday to Friday and is closed on bank holidays and weekends. Extended hours appointments are available from 6.30pm to 8.00pm on Mondays and Tuesdays. Appointments with GPs and nurses are available at various times throughout the day.

The premises operates from a purpose built building. On the ground floor there are three consulting rooms and a treatment room, two waiting areas, a reception area and

# Detailed findings

two administrative rooms. There is wheelchair access throughout the ground floor, and baby changing facilities are available on the first floor. There is a lift available for patients with mobility problems.

The practice 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 patients' 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 16 August 2016.

During our visit we:

- Spoke with a range of staff including the receptionists, information technology administrator, secretary, health care assistant, practice nurse, practice manager and the GPs.
- Spoke with patients who used the service.

- Observed how patients were being cared for 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 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

At our previous inspection on 17 November 2015, we found that not all staff members were aware of the process for recording incidents, and there was no evidence to show that learning from incidents were shared with relevant staff.

During this inspection, we found that there was an effective system in place for reporting and recording significant events.

- The practice had introduced a comprehensive significant event policy that included examples of incidents.
- All staff we spoke with demonstrated a clear understanding of the practice's process for reporting 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were widely shared and action was taken to improve safety in the practice. For example, an incident involving concerns about the welfare of a patient was fully investigated and discussed at a meeting attended by the receptionist that reported the incident, the practice nurse, two GPs and the practice manager. There was clear documentation of learning outcomes and specific actions required following the event with timescale for actions to be completed.

### Overview of safety systems and processes

At our previous inspection on 17 November 2015, we found the practice did not maintain an auditable register of vulnerable patients, a health care assistant had not received the appropriate level of safeguarding children training, and staff told us that a safeguarding concern they reported had not been appropriately followed up. Chaperones had not received training and they were unclear about the chaperone procedure. The practice had not maintained an appropriate standard of infection prevention and control, there was no system in place to monitor the use of prescriptions, vaccines had not been managed appropriately and some recruitment checks were absent. Non-clinical staff told us they had been asked to carry out changes to patients' medicines in spite of a lack of training despite raising this as a concern with the practice's partners.

During this inspection, we found that the practice had made significant improvements that included:

- Arrangements had been implemented to safeguard children and vulnerable adults from abuse; these arrangements reflected relevant legislation and local requirements. The practice had set up a register of vulnerable children and adults and introduced an alert system on the computer to flag these patients to staff so that they could be appropriately monitored. Policies were accessible to all staff that 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 vulnerable children and adults. The GPs attended safeguarding meetings when possible and we saw an example of a safeguarding report they had provided for external agencies. As part of a local pilot scheme, they had set up virtual clinics with Southwark Clinical Commissioning Group's safeguarding lead and a local community Geriatrician, where patients with poor mental capacity were discussed. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the nurse and health care assistant were trained to level 2 and non-clinical staff were trained to level 1.
- All staff who acted as chaperones had been trained for the role, understood the procedure, and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on

## Are services safe?

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 had revised their chaperone policy to make the procedure clear, and notices in the waiting area and in clinical rooms advised patients that chaperones were available if required.

- The practice had assigned the role of infection control lead to the practice nurse 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 all staff had received up to date training. The practice had taken action to address improvements identified from the infection control audit. They had implemented hands-free clinical waste bins in all clinical rooms and the toilet, and a broken toilet door lock had been replaced. The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice had been revised to ensure patients were safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes had been implemented for handling repeat prescriptions which included the review of high risk medicines. The practice had met with the local Clinical Commissioning Group (CCG) medicines management team to identify areas where they could make improvements, and we saw that they had addressed these. They had carried out a medicine audit, 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 assigned the role of prescription clerk to a receptionist who prepared prescriptions for patients.
- Staff told us they were no longer asked to perform tasks for which they had not been trained, and they had a clear understanding of their roles and responsibilities.
- The practice had updated its cold chain policy and introduced a new fridge protocol. They ensured there were two people responsible for maintaining the vaccines fridges, and the fridge temperature logs we reviewed had been completed daily. They had

implemented a separate log to check the expiry dates of vaccines, installed additional thermometers for each fridge and the taken steps to ensure electrical supply to the fridges would not be interrupted.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).
- Recruitment checks undertaken prior to employment included proof of identification references, qualifications, registration with the appropriate body and DBS checks. We reviewed the personnel file of a recently recruited member of staff and found appropriate recruitment checks had been undertaken prior to employment. The practice had sought a second reference for the practice nurse, sought and recorded the immunisation status for all staff, and conducted outstanding DBS checks for the health care assistant and a locum GP.

### Monitoring risks to patients

At our previous inspection on 17 November 2015, we found that risks to patients had not been well managed. There was no health and safety poster to enable staff to identify local health and safety representatives, and the health and safety policy had not been updated. They had not carried out regular fire evacuation drills and staff were not aware of the meeting point in the event of a fire. There was no system in place to monitor staffing needs; there was only one nurse working one day a week and we had concerns that this was not sufficient to meet patients' demands.

During this inspection, we found that the practice had made improvements to procedures for monitoring and managing risks to patient and staff safety.

- The practice had installed a health and safety poster in the reception office which identified local health and safety representatives. The health and safety policy had been updated with practice-specific details
- The practice had introduced a new fire evacuation protocol and all staff we spoke with were aware of the fire safety meeting point. The practice had up to date

## Are services safe?

fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had reviewed and actively monitored arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. They had actively recruited for an additional GP but reported that they had received a poor response from potential candidates. The practice had sought feedback from candidates who, they told us, had informed them that they were reluctant to commit to a practice with a special measures rating. The practice had, however, been successful in recruiting an additional nurse working three days a week; nursing staff we spoke with indicated that this had made a positive difference as it had enabled them to focus on providing care that was more patient-focused and to complete their designated administrative tasks. The practice had also recruited two new receptionists and an information technology administrator following the departure of a receptionist. 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

At the previous inspection on 17 November 2015, we found that the practice did not have adequate arrangements to respond to emergencies and major incidents. Staff did not feel safe; they reported that the partners had not responded to requests for assistance in dealing with aggressive patients. The practice did not have dispersible

aspirin available and had not conducted a risk assessment in relation to this. They did not have a defibrillator available on the premises for use on patients that needed urgent medical assistance, and a risk assessment they conducted had not adequately mitigated the risks related to this. Not all staff members had received annual basic life support training, there was no accident book available, and staff were not aware of the practice's business continuity plan or where the emergency medicines were stored.

During this inspection, we found that the practice had made significant improvements that ensured:

- There was an instant messaging system on the computers in all the consultation and treatment rooms, and panic buttons, which alerted staff to any emergency. Staff we spoke with told us they felt confident that the GPs would respond appropriately if they needed assistance.
- All staff had received annual basic life support training.
- 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. The practice ensured that all staff were informed of their location; all staff we spoke with knew where they were stored. All the medicines we checked were in date and stored securely, and the practice had ordered and kept dispersible aspirin in stock. An accident/incident book was available in the reception area and all staff were aware of its location.

The practice had informed all staff of the practice's business continuity plan in place for major incidents such as power failure or building damage, and staff that we spoke with were aware of it. The practice had also allocated two plan keepers that kept copies of the continuity plan at home. The plan was comprehensive and 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. They also had a process in place to receive, disseminate and share learning from safety alerts received from NHS England and the Medicines and Healthcare Products Regulatory Agency.
- The practice monitored that these guidelines were followed through risk assessments, audits.
- At our previous inspection on 17 November 2015, we found that the practice did not carry out random sample checks of patient records. During this inspection, we found that the practice carried out checks of patient records for locum GPs, and random case analyses for clinical staff to check that they were following guidelines, including for referrals. These analyses had led to disciplinary action taken against a GP.

### 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). At our previous inspection on 17 November 2015, we found that the practice was performing below local and national averages for conducting foot checks on patients with diabetes, and for ensuring patients with poor mental health had an agreed care plan in their records. Their performance for all other health indicators was similar to local and national averages.

At the time of this inspection, the new provider had only been in place for a period of three months and they were unable to provide their most recent QOF performance results as this information was not yet available. They informed us that they had conducted an audit of

vulnerable patients, including those with poor mental health and had created a dedicated register that ensured they could be monitored more effectively. Since taking over the practice, they discovered that there was absent documentation of reviews and follow-ups for some patients; they told us they were still in the process of rebuilding their computer's database in relation to this, and a formal recall system for patients with long term conditions. They had assigned a GP lead for asthma, chronic obstructive pulmonary disease and diabetes, and the health care assistant had begun performing foot checks on patients with diabetes, and the practice manager and IT lead were responsible for monitoring QOF performance. The practice was actively recalling patients to attend for reviews. They had also planned virtual diabetes clinics in conjunction with a GP with a special interest in diabetes, with an aim to improving the management of patients with diabetes.

There was evidence that the practice had begun a programme of quality improvement including clinical audit.

- There had been a clinical audit, on the heart condition atrial fibrillation, conducted in the previous three months with Southwark Clinical Commissioning Group's (CCG) consultant pharmacist. A second cycle of the audit had not been conducted at the time of our inspection due to the short amount of time that had lapsed since the first cycle, but the practice had identified improvements. Five patients needed to be on anti-coagulant medicines (medicines to reduce blood clotting), and the cases of seven patients needed to be discussed with secondary care; these changes were in progress with a time scale for completion in September 2016. The results of this audit had been discussed with clinical staff.
- Findings were used by the practice to improve services. For example, after taking over The Grange Road Practice in May 2016, the new provider conducted an audit on vulnerable patients and discovered that there were no formal systems to monitor various vulnerable patient groups. The practice subsequently created dedicated registers for patients with cancer, learning disabilities, poor mental health, those in palliative care, housebound patients, those in residential care and those with safeguarding concerns. They also created an admissions avoidance register and reviewed those

# Are services effective?

## (for example, treatment is effective)

patients in order to avoid future unnecessary admissions to hospitals. The practice ensured that all vulnerable patients were read coded (read codes are clinical terms that provide the standard vocabulary by which clinicians can record patient findings and procedures). Furthermore, the practice had created comprehensive action plans to improve the management of vulnerable patients.

- There were other positive examples improvements to services. After discovering that The Grange Road Practice was responsible for the care of 13 patients in a local residential home, the new provider held a meeting with the home in June 2016 to review the home's relationship with the residents, the prescription and medicine allocation system, and to assess improvements that could be made. They took the opportunity to review a patient during this visit. Following this meeting, the practice allocated named GPs for all the 13 residents, introduced a weekly visit plan to ensure all residents would be reviewed, and introduced six monthly ward rounds to be attended by the local CCG's safeguarding lead.
- The practice participated in local audits, local and national benchmarking, internal and external peer review.

### Effective staffing

At our previous inspection on 17 November 2015, we found that not all staff had received an appraisal and staff did not always have access to appropriate training to meet their learning needs. Some training, such as for basic life support, infection control and safeguarding had not been completed by all staff.

During this inspection, we found that staff had the skills, knowledge and experience to deliver effective care and treatment:

- The practice had a comprehensive induction programme for all newly appointed non-clinical staff, and a locum pack for new clinical staff. These covered such topics as chaperoning, safeguarding, infection prevention and control, fire safety, health and safety, confidentiality, emergencies, prescribing, read coding and more. A recently recruited member of staff told us they had found their induction useful, and that they had been offered a lot of support by team members, particularly by the practice's leaders.

- After identifying that receptionists had been allocated disproportionately large amounts of administrative tasks, the practice conducted an audit on staffing functions within the practice in order to assess how they could re-allocate various tasks and make better use of staff skills. At the time of our inspection, the practice had collected data from the audit and were yet to analyse the results. Staff fed back to us that they felt they now had more time to complete their duties
- 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. We saw a positive example where a member of staff had been allocated the additional role of prescription clerk.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: basic life support, compassion in practice, fire safety awareness, health informatics, infection control, information governance, the Mental Capacity Act, and safeguarding. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.



# Are services effective?

## (for example, treatment is effective)

- 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.

At our previous inspection on 17 November 2015, there was very limited evidence to demonstrate working with multi-disciplinary teams (MDT). We also found that a limited number of patients aged over 75 had a care plan in place, and none of the 23 patients with a learning disability had received a review of their care.

During this inspection, the practice provided evidence of minutes from MDT meetings that had taken place with other health care professionals such as district nurses, health visitors, a community Geriatrician and palliative care teams where care plans were reviewed and updated for patients with complex needs. These meetings were scheduled to occur on a monthly basis. We received positive feedback from a district nurse Sister informing us that communication with doctors at the practice had improved greatly since the new providers took it over in May 2016. They said they felt they now had enough time to discuss concerns about patient care with doctors, and the working relationship with the practice was now one of mutual respect.

The practice informed us that they were in the process of improving the recall system and that the health care assistant had commenced performing health checks for patients with learning disabilities. As they had only taken over the practice just under three months prior to our inspection, they were unable to provide us with details of their performance over the previous 12 months in this regard.

### 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 (MCA) 2005. All of the GPs and a nurse had received MCA training.

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:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, weight management, smoking cessation and alcohol cessation were signposted to the relevant service.
- The health care assistant had been booked to receive smoking cessation advice training in November 2016 so that they could provide this service directly to patients in-house.

We were unable to assess the practice's performance in relation to childhood immunisation and cervical screening as this information was not available for 2015/2016 at the time of our inspection. However, we found that:

- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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, and they could speak with them in a quiet area of the practice or in an unoccupied consulting room.

At the previous inspection on 17 November 2015, several patients commented that they found GPs rude or uncaring, they were dissatisfied with the attitude of receptionists, and some patients highlighted concerns about a lack of confidentiality. Results from the 2014 national GP patient survey showed patients rated the practice below local and national averages for several aspects of consultations with GPs and nurses.

During this inspection, all of the five patient Care Quality Commission comment cards we received were positive about the service experienced. The cards highlighted that patients felt the attitude of staff had improved since the new provider took over the practice, and that the GPs listened to them and made them feel respected. We were unable to assess patient satisfaction from the 2016 national GP patient survey as it had not been completed at the time of our inspection. The practice was in the process of collecting and assessing responses from a new practice patient survey they had created and disseminated.

We spoke with six patients including a member of the practice's patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us they had noticed positive changes since the recent change in ownership; they felt the GPs and staff were caring and they found it easier to get appointments when needed.

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

At our previous inspection on 17 November 2015, two out of nine patients we spoke with felt they were not involved in decisions about their care; they did not feel listened to and were not given enough time during consultations. Results from the 2014 national GP patient survey showed patients rated the practice below average in this regard.

During this inspection, all of the six patients we spoke with 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 from the five Care Quality Commission patient comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. We were unable to assess patient satisfaction from the 2016 national GP patient survey as it had not been completed at the time of our inspection. The practice had introduced a patient survey and they were in the process of collecting its results.

At our previous inspection, staff told us translation services were rarely used for patients who did not speak or understand English to avoid the cost implications, and the GPs relied on family members to interpret discussions about patients' care. There were no notices in the reception areas informing patients of translation services available.

During this inspection, we found that the practice provided facilities to help patients feel involved in decisions about their care:

- Staff told us that translation services were available for patients that did not speak or understand English, and we saw a notice in the main reception area informing patients that this service was available. We spoke with a receptionist, after the inspection, who informed us that this service was actively used and they had booked interpreters for patients. They were unable to tell us how many times the interpreter service had been used in the last three months.
- Information leaflets were available in easy read format.

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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 of their patients

as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them on a dedicated carer's noticeboard in one of the waiting areas.

At our previous inspection on 17 November 2015, we found that there was no system in place to support patients that had suffered bereavement. During this inspection, 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, they participated in the Extended Primary Care Service where patients that were unable to get an appointment at the practice could be referred to a GP access hub (at Bermondsey Spa GP practice, 50 Old Jamaica Road, London SE16 4BN) to receive care (a GP access hub is a practice that offers weekday, evening and weekend appointments for patients registered with other practices in the area). This access hub was open from 8.00 am to 8.00pm Monday to Sunday. The scheme also allowed shared access to patient records with the access points. As part of a local pilot scheme, the practice had set up virtual clinics with Southwark Clinical Commissioning Group's safeguarding lead and a local community Geriatrician, where patients with poor mental capacity were discussed.

- At our previous inspection on 17 November 2015, we found there were no arrangements for patients to see a female GP. Staff had been offered customer service training but declined it. During this inspection we found that the practice had actively recruited for a new GP but told us they had received a poor response from potential candidates, and efforts were continuing. Staff had received training in treating patients compassionately to improve patients' experience of the service. Patients we spoke with told us there had been a positive difference in the attitude of staff since the new providers took over the practice in May 2016.
- The practice offered a 'Commuter's Clinic' on a Monday and Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were online facilities available such as appointment booking and repeat prescription ordering.
- There were longer appointments available for patients with a learning disability and any other patient that required one.

- Same day appointments were available for children, and for patients with medical problems that required same day consultation. There were baby changing facilities on the first floor and a lift was available to improve access to this for patients.
- Patients were able to receive travel vaccinations available on the NHS. They were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop for patients with hearing difficulties, and translation services for patients that did not speak or understand English, available.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, and was closed on weekends and Bank holidays. Appointments were available from 9.00am to 12.30pm and from 2.30pm to 6.30pm Monday to Friday. Extended hours appointments were offered from 6.30pm to 8.00pm on Mondays and Tuesdays. Appointments could be pre-booked up to four weeks in advance, and daily urgent appointments were available for people that needed them. Patients that were unable to get an appointment at the practice could be referred to a GP access hub (at Bermondsey Spa GP practice, 50 Old Jamaica Road, London SE16 4BN) to receive care (a GP access hub is a practice that offers weekday, evening and weekend appointments for patients registered with other practices in the area). This access hub was open from 8.00 am to 8.00pm Monday to Sunday.

At our previous inspection, results from the 2014 national GP patient survey showed that patients had rated the practice below average for several aspects of accessibility; in particular patients felt they had to wait too long to be seen, they had experienced difficulty getting appointments when needed, and satisfaction with the practice's process of making an appointment was very low. Staff told us the GPs carried out limited numbers of home visits, encouraging patients to use telephone consultations instead.

During this inspection we were unable to assess the national GP patient survey results for 2016 as they had not been published. However, all but one of the six patients we spoke with told us that they were able to get appointments when they needed them and waiting times had improved. The new providers informed us they had implemented a

# Are services responsive to people's needs?

## (for example, to feedback?)

new appointment system since taking over the practice in May 2016; patients told us the appointment booking process had improved significantly. The practice was in the process of collecting and assessing responses from a practice survey they had implemented in order to assess patient satisfaction with various areas of the service.

We received feedback from a district nurse Sister and a local clinical nurse lead who indicated the previous doctors had been reluctant to perform home visits in spite of concerns raised by the district nursing teams. They said that since the new providers took over the practice, the doctors now performed home visits and the practice engaged well with the district nursing team in the care of housebound patients. The practice had allocated time slots for the GPs to attend home visits for older patients and patients who had clinical needs which resulted in difficulty attending the practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice triaged all requests for home visits by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made

on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The policy had been updated with details of the practice's complaints lead (this information had previously not been included).
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that an information leaflet was available in the waiting area to help patients understand the complaints system.

The practice had not received any complaints since the new provider took it over in May 2016, so we were unable to assess how they had responded to formal complaints.

# 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

- At our previous inspection on 17 November 2015, we found that although the practice had a mission statement and a strategy, staff were not aware of them and did not understand the underlying values. During this inspection, we found that the new providers that took over the practice in May 2016 had a clear vision to deliver high quality care and promote good outcomes for patients, and this was clearly understood by all members of staff we spoke with.
- The new providers had worked with the existing practice manager to develop a robust strategy and supporting business plans that reflected their vision and values; these were regularly monitored. They held monthly meetings to discuss their progress with making improvements where these had been identified.

### Governance arrangements

At our previous inspection on 17 November 2015, we found that the practice did not have an effective governance framework. Policies were generic and required updating, staff did not have a comprehensive understanding of the performance of the practice and they were not always clear on their roles and responsibilities. Arrangements for managing risks required improvement.

During this inspection, we found that 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 by all of the staff members we spoke with.
- 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.

### Leadership and culture

At our previous inspection on 17 November 2015, the practice manager informed us they had not been allocated sufficient time to complete their tasks and we found inadequacies in the management of several of the practice's processes. The partners did not prioritise high quality and compassionate care. Although the partners were visible in the practice, staff told us they were not always approachable and did not always take time to listen to their views and concerns.

During this inspection, the practice's leaders demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice manager told us that since the new provider took over the practice they felt they were given enough time to complete tasks that had been allocated to them, and to better organise various processes. Staff told us the GPs and practice manager were approachable and always took the time to listen to them.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour that had not been in place under the previous partnership. (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 practice's leaders encouraged a culture of openness and honesty. Although there had been no complaints since the new provider took over, the practice had systems in place to ensure that when things went wrong with care and treatment:

- There were systems in place to ensure affected people would be given reasonable support, truthful information and a verbal and written apology, and records of verbal interactions as well as written correspondence would be kept.

At our previous inspection on 17 November 2015, staff told us that there was a lack of cohesion between the partners and other staff members. They did not feel respected, valued or supported by the practice's partners, which made them hesitant to approach them with issues, and they did



# Are services well-led?

Good 

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

not feel involved in the development of the practice. Some staff had been asked to carry out tasks that they had not received the appropriate training for, despite raising concerns about this with the partners. Practice meetings were informal and ad-hoc.

During this inspection, we found that there was a clear leadership structure in place and staff felt supported by the GPs and management.

- The practice held regular formalised team meetings (attended by clinical and non-clinical staff) and clinical meetings, and these were documented. Meeting minutes were stored in the computer system's shared drive which was accessible by all staff.
- Staff told us there was a no blame 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. They said they were no longer required to perform tasks that they had not received training for.
- Staff said they felt respected, valued and supported, particularly by practice's leaders. They told us they felt happier with the recent changes in the leadership arrangements and that the new leaders were accommodating and open. All staff we spoke with told us they were involved in discussions about how to run and develop the practice, and the practice's leaders 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.

- The practice had gathered feedback from patients through their monthly NHS Friends and Family Test and through their patient participation group (PPG) of nine active members. At the time of our inspection, they were in the process of collecting and assessing responses from a new practice patient survey they had created and disseminated.
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to demand for additional appointments with the nurse and blood testing the practice recruited a second part time nurse, and a full time health care assistant that provided blood taking in-house. In response to demand for improvements to the appointment system, the practice added telephone triage appointments with GPs and emergency appointment slots.
- The practice had gathered feedback from staff through informal discussions, meetings and appraisals. Staff told us they felt involved and engaged to improve how the practice was run, and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice leaders had responded to feedback from staff by purchasing additional storage for equipment and paperwork; staff we spoke with told us that this had made it easier to organise equipment and created a neater working environment. They had also responded by creating a recreational space for them on the first floor; feedback from staff about this change was positive.