

Eden Park Surgery

Quality Report

Eden Park Surgery, 194 Croydon Road, Beckenham
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Eden Park Surgery on 21 January 2015.

We found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for the population groups we report on: older people; people with long term conditions; families, children and young people; working age people including those recently retired and students; people in vulnerable circumstances and people experiencing poor mental health.

Our key inspection findings were as follows:

- There were systems in place for reporting, recording and monitoring significant events to help provide improved care.
- Staff were clear of their roles in regards to monitoring and reporting of incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.

- Staff shared best practice through internal arrangements and meetings and also by sharing knowledge and expertise with external consultants and other GP practices.
- There was a strong multidisciplinary input in the service delivery to improve patient outcomes.
- Feedback from patients about their care and treatment was very positive.
- The practice was responsive to the needs of vulnerable patients and there was a strong focus on caring and on the provision of patient-centred care.
- The practice provided patients with information on health promotion and ill health prevention services available in the practice and the local community.
- The practice has a clear vision and strategic direction which was to improve the health, well-being and lives of those that they care for at the practice. Staff were suitably supported and patient care and safety was a high priority.

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

Summary of findings

Importantly the provider should

- Ensure all practice staff are involved with and participate in meetings, the sharing of information and learning as a result of complaints and significant events.

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 good for safe.

We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a culture of reporting, sharing and learning from incidents within the organisation. However not all staff for example non clinical staff were involved with the regular meeting for significant events or complaints that were held, but were made aware of any changes to practice systems or processes through information bulletins and staff notices. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection. The equipment and the environment were well maintained, and staff followed suitable infection control practices. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

Good



Are services effective?

The practice is rated good for effective.

The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England. There were suitable systems in place for assessment of patient needs, and care and treatment was delivered in line with current legislation and best practice. The practice had completed audits of various aspects of the service, including a repeated second cycle audit. Staff were supported in their work and professional development.

Good



Are services caring?

The practice is rated good for caring.

The patients and carers we spoke with were complimentary of the care and service that staff provided and told us they were treated with dignity and respect. They felt well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy and respect.

Good



Are services responsive to people's needs?

The practice was rated good for responsive.

Patients' needs were suitably assessed and met. There was good access to the service with urgent appointments available the same

Good



Summary of findings

day. Feedback from patients was obtained proactively within the practice through surveys and the service acted accordingly. The practice learnt from patients' experiences, concerns and complaints to improve the quality of care. The practice was responsive to the needs of the vulnerable patients, those who were homeless and those with disabilities. The treatment and consulting room, the reception area and the patient toilets on the ground floor were wheelchair accessible.

Are services well-led?

The practice is rated as good for well-led.

The practice was well-led and had a clear vision and strategy to deliver good patient centred care and service to its patients and the community. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear leadership structure and staff felt supported by management. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place. The staff were well supported, worked closely together and felt able to raise concerns. Meetings were undertaken regularly, and staff received suitable training and appraisals. The practice however did not have an active patient participation group (PPG), but actively was conducting patient surveys to inform the practice. The practice must make provision to meet their contractual obligation, in that as of the 01 April 2015 GP practices are contractually required to have a PPG in place and 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 was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Support was available in terms of home visits and rapid access appointments for terminally ill and housebound patients.

Good



People with long term conditions

The practice is rated as good for the care of patients with long term conditions (LTCs).

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD) was based on national guidance and clinical staff had the knowledge and skills to respond to their needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs.

The practice provide a weekly diabetic clinic run by a GP and nurse practitioner with special diabetic training. One of the practice GP partners provides dedicated weekly slots for formally reviewing COPD patients for medication and care plan reviews with the option to refer into specialist services as necessary.

Good



Families, children and young people

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

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level 3 for GPs and nurses. There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Childhood immunisations were administered in line with national guidelines and the coverage for all standard childhood immunisations was relatively high.

Good



Summary of findings

The practice provides weekly clinics for child health surveillance and immunisations, and specialised sexual health services including making these services available to other local service providers and their patients. Health Visitors can be accessed within the practice on request.

Working age people (including those recently retired and students)

The practice is rated as good for the population group of the 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 there were a number of appointment options available to patients such as on-line booking and walk in appointments without booking. The practice offered health checks, travel vaccinations and health promotion advice including on smoking cessation.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities in identifying and reporting concerns. The practice worked with other health and social care professionals to ensure a multi-disciplinary input in the case management of vulnerable people. The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for people with a learning disability to improve their health outcomes.

Good



People experiencing poor mental health (including people with dementia)

The practice provided a caring and responsive service to people experiencing poor mental health. The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met. Reviews of care records of patients with dementia and mental health issues showed they were receiving regular reviews of their health, adequate multi-disciplinary input and support from the community mental health teams.

Good



Summary of findings

What people who use the service say

We spoke with five patients during our inspection and received 40 Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection.

The five patients we spoke with said that they were very happy with the care and treatment they received. They were complimentary about the staff, describing them as caring, approachable and friendly; and they had no complaints about the practice staff or the care being provided. Patients also told us that staff treated them with respect and dignity and that they were informative and listened to their concerns or worries. Patients also informed us that they were given options and choice and were included in any decisions about treatment plans or recommendations. The patients we spoke with on the day of our visit told us that they were treated with kindness and respect both by doctors and nurses and by the practice reception staff.

All of the comment cards received indicated satisfaction with the GPs, nurses, the practice services and its staff, and all gave praise to the professional and dedicated caring service. They also indicated that the practice team responded to patient needs. We received 40 comment cards from patients who attended the practice during the two weeks before our inspection and all were complimentary of the care they received from the practice staff.

The practice did not have an active patient participation group (PPG).

The 2013/14 national GP survey results (latest results published in July 2014) showed that 74% of respondents with a preferred GP usually get to see or speak to that GP compared to the

local average of 58%. Eighty three percent of respondents find it easy to get through to this surgery by phone

compared to the local average of 72%. Ninety eight percent of respondents say the last nurse they saw or spoke to was good at treating them with care and concern compared to the local average of 88%.

In the 2014 national GP patient survey, 68% of respondents are satisfied with the surgery's opening hours compared to the local average of 71%. Eighty six percent of respondents find the receptionists at this surgery helpful compared to the local average of 86% and 85% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to the local average of 84%.

The practice also used patient feedback from other sources such as NHS choices to inform practice staff and to encourage learning and change within practice.

The practice recently started collecting patient comments from the 'NHS Friends & Family Test'. The results so far during the first month were 24 uniformly positive responses with no adverse comments or suggestions for improvement.

The practice had also conducted a sexual health service patient satisfaction survey in which patients in 39 out of 40 completed surveys expressed their overall satisfaction as five out of five the remaining one gave a rating of four out of five.

A practice survey of 45 patients attending the diabetic clinic also produced uniformly positive feedback though some patients had made comments about things that could have been improved. For example one disliked the radio station being played in the waiting room; one commented that they would have like to see the doctor and not just the nurse; one said the waiting room needed decoration and one commented that the reception staff were not welcoming and polite. The practice made their survey results public by displaying survey result in practice.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Ensure all practice staff are involved with and participate in meetings, the sharing of information and learning as a result of complaints and significant events.

Eden Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector and a GP specialist advisor. The inspection team members were granted the same authority to enter the practice as the CQC lead Inspector.

Background to Eden Park Surgery

The surgery is located in Beckenham in the London Borough of Bromley in south-west London, and provides a general practice service to around 8,073 patients. The majority of patients were aged 30 to 55 years of age.

The practice is contracted by NHS England for general medical services (GMS) and is registered with the Care Quality Commission for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, and diagnostic and screening procedures at one location.

The practice provides a full range of essential, enhanced and additional services including maternity services, diabetic clinics, childhood immunisations, family planning, smoking cessation, cervical smears, contraception services and counselling.

The practice is currently open five days a week Monday to Friday from 8:30 am to 6:30 pm, with additional walk in and wait appointments every day between 10.30am to 11.15am. The practice is closed at weekends. The practice GPs do not provide an out-of-hours service to their own patients and patients are signposted to an out-of-hours GP service when the surgery is closed.

The practice is one of 45 GP practices located within the Bromley clinical commissioning group (CCG) who provide care and services to a diverse population of over 333,861 registered patients within the borough of Bromley.

The practice comprises of seven consulting rooms, two treatment rooms, separate reception and waiting areas, toilets, accessible toilets, baby change facilities and staff meeting room, staff kitchen and toilets and rooms for office space and administration purposes. Parking is restricted within the immediate area. The practice is located close to public transport links.

The practice provides walk in and bookable appointments each day including urgent appointments. The practice also provides telephone GP consultations and online appointments.

The surgery is a GP and nurse teaching practice, has seven partners (two male and five female), and one GP registrar. There is one nurse practitioner, two nurses and the practice also has a practice manager, and support team including receptionists, administrators and secretarial staff.

The practice were completing audits in full with a completed second cycle.

There were no previous performance issues or concerns about this practice prior to our inspection.

No safeguarding notifications were received for the practice in the past 12 months.

No whistle blowing notifications were received for the practice in the past 12 months.

Detailed findings

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

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

- Is it well-led?

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

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

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 21 January 2015. During our visit we spoke with patients and a range of staff (GP partners, practice manager, nurses and the administrative and reception staff), and five patients who used the service. We observed interaction between staff and patients in the waiting room. We reviewed 40 comment cards where patients shared their views and experiences of the service. We looked at a range of records, documents and policies, patient records and observed staff interactions with patients in the waiting area.

Are services safe?

Our findings

Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a policy and a significant event toolkit to report the incidents and the principal GP showed us the processes around reporting and discussions of incidents. Significant events were reviewed regularly and staff we spoke with were aware of identifying concerns and issues and reporting them appropriately. However the practice significant event folder was untidy and had not been updated since 2011 and the practice minutes and information bulletins were stored electronically and not available to all staff or stored within the significant event folder.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. For example, following an incident involving a laboratory result of chlamydia wrongly marked as normal. A laboratory result was marked as normal by a doctor when in fact it was a positive chlamydia result. On the laboratory report, there were several normal results before the chlamydia was noted to be 'detected'. This was not highlighted in a way to easily draw attention, being in the same font as the usual 'not detected'. The error was quickly 'detected' by the practice nurse who followed up the patient. The mistake was noted by the practice and corrected with no delay in treatment for the patient. The practice held a clinical team meeting to discuss how to avoid similar future mistakes. In this instance, staff noted how laboratory reports default to 'normal no action', even when there is a positive result. The practice have taken action to ensure each individual result is checked thoroughly as often there are several results in one report.

We reviewed a sample of the five incidents that had been reported since January 2014. Records showed evidence of discussion and learning, and staff we spoke with were aware of the significant event reporting protocols and knew

how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents to at the practice. However not all staff were involved in the practice meetings which were usually attended by just the GP partners and did not involve any other practice staff, other than to share minutes and information bulletins.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. One of the partners was the designated lead for safeguarding. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues. Clinical staff including the GPs and the nurse had completed Level 3 child protection training and all other staff had received Level 1 child safeguarding training. Staff had also received training in safeguarding of vulnerable adults and clinical staff were required to have a criminal records (now the Disclosure and Barring Service) check. The contact details of the local area's child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk. The practice had an up to date chaperone policy in place which provided staff with information about the role of a chaperone. Practice staff had received chaperone training and a disclosure and barring service check before undertaking the role of a chaperone. Staff we spoke to were aware of their role and responsibilities when providing chaperone duties.

Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept on site.

GPs followed national guidelines and accepted protocols for repeat prescribing. All scripts were reviewed and signed

Are services safe?

by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicines like Methotrexate. We looked at four documents where methotrexate had been prescribed and found blood tests had been completed at regular intervals before repeat prescriptions were issued.

Cleanliness and Infection Control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control lead. Staff had received training in infection prevention and control and were aware of infection control guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons. There was a cleaning schedule in place to ensure each area was cleaned on a regular basis. The area around the reception desk and all communal areas were clean, fresh smelling and in good repair. Waste including sharps were disposed of appropriately. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean. Cleaning checks were undertaken regularly. Clinical waste was collected by an external company and consignment notes were available to demonstrate this.

Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year.

Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of the various requirements including obtaining

proof of identity, proof of address, references and undertaking criminal records (now the Disclosure and Barring Scheme) checks before employing staff. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process.

Rotas showed safe staffing levels were maintained and procedures were in place to manage planned and unexpected absences.

Monitoring Safety and Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested monthly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors to ensure security of patient documents and the computers.

Arrangements to Deal with Emergencies and Major Incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. The practice had an availability of emergency medicines and equipment such as oxygen, masks, nebulisers, pulse oximeter and a defibrillator were available and these were checked regularly.

A business continuity plan was available and the practice manager told us of the contingency steps they could undertake if there would be any disruption to the premises' computer system, central heating, and telephone lines.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs reviewed incoming guidelines such as those from the National Institute for Health and Care Excellence (NICE) and if considered relevant they were discussed in practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship between the professionals to ensure information was cascaded suitably and adapted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings. The practice had internal as well as an external peer reviewed referral management system whereby all referrals were reviewed by an experienced doctor to decide the best option for assessment and treatment.

As part of the unplanned admissions Directed Enhanced Service (DES), care plans had been put in place for the two percent of the practice patients most at risk of meeting the criteria for avoidable unplanned admissions to hospital. GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. One of the types of enhanced service is Directed Enhanced Service (DES) where it must be ensured that a particular service is provided for the population.

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. GP partners and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably.

Clinical audits such as prescribing and use of diabetes medicines had been completed in full over time by the practice to monitor their compliance with current guidance. For example the practice had completed a full

second cycle audit of anaphylaxis and medicines usage for patients being prescribed adrenaline such as an epipen. Some of these medicine devices have short shelf lives and as younger patients grow doses prescribed need to change.

The practice identified that 53 patients were currently being prescribed with an epipen. Each patient record was searched and 12 patients identified were inappropriately being prescribed epipen junior (150 microgram of adrenaline), when they should be on epipen (300 microgram of adrenaline). The practice implemented changes following the first audit such as a system alert on patients' notes to ensure patients weight is checked before the medicine was issued.

The diabetes audit findings also identified that the practice should keep this medicine on acute prescribing rather than repeat, so that necessary changes can be more easily spotted and arranged and to repeat the audit cycle again within three months. The practice completed a second cycle audit with the following results; the practice reviewed patients identified in the audit who had inappropriate doses of epipen issued. Four patients had doses increased to the correct dosage of medicine. Seven others had been identified to require review during their next appointment. In conclusion the practice were able to evidence that the patient alert system had improved care and effect change in line with best practice and guidelines and to promote patient outcomes and treatment.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information. There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

Medicines and repeat prescriptions were issued based on nationally accepted guidelines. In our discussions with four clinicians we reviewed five care records and found that prescriptions matched the working diagnosis and the repeat prescriptions had been reviewed when altering or adding medicines. Appropriate clinical monitoring such as regular blood tests had been undertaken in all six cases that were on high risk medicines such as Methotrexate.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The

Are services effective?

(for example, treatment is effective)

practice had identified key training including infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

There was evidence of appraisals and performance reviews of staff being undertaken. There were appraisal processes for GPs and one of them had recently completed their revalidation in September 2014. (Revalidation is the process by which doctors demonstrate they are up to date and fit to practise.) Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. Staff were encouraged to develop within their role and the practice shared with us evidence to support staff with attending external training courses.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for people. There was evidence of close working relationships with hospitals in the area including.

The practice had regular multi-disciplinary team meetings with other professionals including palliative nurses, health visitors, community matrons, social workers, CCG pharmacist and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. We saw that blood test results, hospital discharge letters, communications from other providers including out of hours provider were acted on promptly.

Information Sharing

Regular meetings were held in the practice to ensure information about key issues was shared with relevant staff. The practice was actively involved in work with peers, other healthcare providers and the local CCG. We were told that the practice was very open to sharing and learning and engaged openly on pathways and multi-disciplinary team meetings. However not all staff for example non clinical staff were involved with the regular meeting for significant events or complaints that were held.

The practice provided a wealth of information for patients including the services available at the practice, health alerts and latest news. Information leaflets and posters about local services were available in the waiting area.

Consent to care and treatment

All GPs we spoke with were aware of the requirements of the Mental Capacity Act 2005, the Children Acts 1989 and 2004, and their responsibilities with regards to obtaining and recording consent. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Staff told us that consent was recorded on patient notes and records, and that if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that recommended guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients.

Health Promotion & Prevention

There was a range of information available to patients within the practice waiting area which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed 93% of patients with a status recorded as smoker had been offered advice about smoking cessation.

The GPs told us they could refer patients with obesity and eating disorders to support from specialist community teams. Data available to us showed that the practice was achieving about 93% coverage for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, a cellular pertussis (whooping cough), poliomyelitis and Haemophilus influenza type b), Meningitis C and MMR vaccination for children. All new patients registering with the practice were offered a health check which was undertaken by the practice nurses.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

The 2013/14 GP survey results (latest results published in July 2014) showed that The proportion of respondents to the GP survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 98.4% compared to the national average of 90.5%. The GP survey score for opening hours was 75.1% compared to the national average of 79.8%. The proportion of respondents to the GP patient survey who gave a positive answer to Generally, how easy is it to get through to someone at your GP surgery on the phone? was 89.4% compared to the national average of 75.4%. Eighty nine percent of patients felt that their overall experience was good or very good compared to the national average of 85.7%.

We spoke with five patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect. Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received 40 completed cards. All the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the medical care and treatment at the practice.

The practice phones were located and managed at the reception desk. The practice staff told us that they could take calls at the back of the reception area to ensure privacy.

A notice setting out chaperoning arrangements was displayed outside the treatment rooms. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity.

We observed staff interactions with patients in the waiting area and at the reception desk and noted that staff ensured patients' respect and dignity at all times. All consultations and treatments were carried out in the privacy of a consulting room and we noted that disposable curtains were provided so that patients' privacy and dignity was

maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

In the 2014 GP patient survey, 84% gave a score of 3 or 5 (on a scale of 1-5, where 5 was agree; 1 disagree) in response to the question to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern compared to the national average of 85%. Eighty two percent of the respondents gave a score of 3 to 5 in response to the question 'The doctors involve me in decisions about my care' compared to the national average of 81%. Ninety one percent of respondents gave a score of 4 or 5 to the question that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care compared to the national average of 85% and 51% of the respondents gave a score of 3 to 5 in response to the survey who stated that they always or almost always see or speak to the GP they prefer compared to the national average of 37%.

All patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions relating to their care and treatment.

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The practice offered patients information as to what to do in time of bereavement. The practice manager and senior receptionist showed us an example where a person had been provided support in time of their bereavement. They also told us that where relevant they could signpost people to support and counselling facilities in the community following a death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of care records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also an annual review of their care.

The practice did not have a Patient Participation Group (PPG) and feedback from patients was obtained by other means such as practice surveys, public websites and the NHS 'Friends and Family test'. However the practice used the information proactively and was acting accordingly to improve care delivery. The practice held regular meetings where practice feedback was a regular agenda item and topic of discussion. Patient surveys to obtain feedback on different aspects of care delivery were being undertaken annually.

The practice had multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Directed Enhanced Services (DES) was undertaken suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as at high risk of unplanned hospital admission.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and also could use online resources to help with language interpretation.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. Facilities for disabled people included ramped access to mitigate the use of stairs and an accessible toilet. Baby changing facilities were available as well. The practice was also able to provide signing services by one of the GPs on request.

We were told by the principal GP that longer appointments could be scheduled for all patients, including vulnerable patients such as those with learning disabilities. We reviewed the arrangements for the care of people with learning disabilities, and found it showed that they were receiving suitable care and had all received an annual review within the last year.

There was an open policy for treating everyone as equals and there were no restrictions in registering. Homeless travellers were registered and seen without any discrimination.

Access to the service

The surgery had clear, obstacle free access and doors. Doorways and hallways were wide enough to accommodate wheelchairs of all sizes. The waiting area had suitable seating with a good mix of seats with and without armrests.

The practice had a GMS contract and provided a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery.

The practice was open five days a week Monday to Friday from 8:30 am to 6:30 pm. The practice was closed at weekends.

The practice was currently in development of a public website to be launched in March 2015.

The practice did make information available for patients in the form of posters and leaflets, including the services provided, home visits, health promotion, obtaining test results, booking appointments and ordering repeat prescriptions. There were in excess of 25 information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers.

Appointments could be booked by phone, online and in person.

Are services responsive to people's needs?

(for example, to feedback?)

All of the patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to get and were available at a time that suited them.

Staff told us that for urgent needs patients could be seen by a doctor on the same day, in addition to their walk in and wait appointments. They told us that under 5s and young people were given priority and were seen the same day by the GP.

Information was available via the answer phone and the practice's information leaflet, providing the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the principal GP partner was the designated staff member who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received. The practice reviewed complaints on an annual basis to detect any emerging themes. We reviewed a sample of four complaints in the period January 2014 to January 2015 and found that actions were taken and implemented practice wide with examples of learning implemented following the complaints.

This helped ensure improvements in the delivery of care. For example, in one case where a complaint had been raised following an incident involving a failed attendance from a GP to a home visit request for an elderly patient, the practice acknowledged their error and apologised. The practice were able to show us evidence that there were no adverse consequences or further concern raised in respect of the patient. The practice GPs made certain undertakings to ensure that this should not be repeated with any further incidents of this happening. There was evidence of prompt action to respond to the complainant and practice learning.

Are services well-led?

Good 

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

Our findings

Vision and Strategy

The surgery had a statement of purpose and vision which outlined the practice's aims and objectives which were to provide patients with personal health care of the highest possible quality and endeavour to improve on the health of patients. The practice statement of purpose and practice leaflet outlined the practice's aims and objectives and laid out patients' responsibilities as well as their rights. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns to ensure those could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff.

Staff were aware of lines of accountability and who to report to. The practice had regular meetings involving GPs, nurses, practice manager and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing well with national standards, however a number of data items were lower than expected or considered a risk within the effective domain. The practice principal GP told us that QOF data items were a concern and they were trying various ways to improve their outcomes. For example we saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes. For example one QOF data item indicated that the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months was rated worse than average at 74%, however

during or inspection visit the practice was able to evidence and demonstrate significant improvement had been made in this area and had achieved a percentage of 88% for this data item.

There was a culture of learning and auditing and a number of clinical audits had been completed in full over time for example on guidelines structured use of Olanzapine medicines for diabetes patients, diabetes medicines usage and a pre diabetes audit.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

Leadership, openness and transparency

The practice was led by the GP partners. Discussions with practice staff and meeting minutes showed team working and effective leadership. There was a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse practitioner for infection control and one of the partners was the lead for complaints. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly, but not necessarily collectively. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Practice seeks and acts on feedback from users, public and staff

We found the practice to be involved with their patients and other stakeholders. There was evidence of regular practice surveys being undertaken. Practice literature made reference to and encouraged patients to speak with staff to make comments, suggestions or complaints. The practice was engaged with the Bromley Clinical Commissioning Group (CCG), the local network and peers. We found the practice predominantly open to sharing and learning and engaged openly in multi-disciplinary team meetings.

The practice however did not have an active Patient Participation Group (PPG), and did not have a dedicated place for patients to make comments and suggestions

Are services well-led?

Good 

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

within the practice. The practice was also in the process of developing a website at the time of our inspection to be launched in March 2015 to further support patient feedback. The practice currently used completed surveys and public website feedback to inform the practice such as Health Watch Bromley, where patients can leave feedback directly for the practice to read. The practice had also started to collect comments through the NHS Family and Friends test.

Staff were supported in their professional and personal development and we saw evidence that staff were supported to help them complete external professional courses. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery. The practice had completed reviews of significant events and other incidents and shared with key staff via meetings, bulletins and annual appraisals to ensure the practice improved outcomes for patients.

The practice was a GP and nurse teaching practice, taking medical students throughout their time at Lewisham Hospital and King's College Hospital NHS Foundation Trusts. Patients would be given the option to have their appointment with a student present, but only with agreement from the patient, who had the right to decline. Information informing patients of this service were displayed within the waiting area and in a practice information leaflet given to newly registered patients