

# Denmark Road Surgery

## Quality Report

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Date of inspection visit: 19 July 2016

Date of publication: 08/12/2016

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

Not sufficient evidence to rate



Are services safe?

Good



Are services effective?

Not sufficient evidence to rate



Are services caring?

Not sufficient evidence to rate



Are services responsive to people's needs?

Not sufficient evidence to rate



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 Denmark Road Surgery on 19 July 2016. The practice does not have an overall rating at this stage, as the practice has not been operating for a sufficient time for effective, caring and responsive to be rated.

We had previously conducted an announced comprehensive inspection of the practice's predecessor Woodside Group Practice on 2 September 2015. As a result of our findings during that visit, the practice was rated as good for being safe and caring, requires improvement for being effective and responsive, and inadequate for being well-led. This resulted in a rating of requires improvement overall. We found that the provider had breached a regulation of the Health and Social Care Act 2008; Regulation 17 (1) (2) good governance, and because they had not made sufficient improvements since their last inspection we took the decision to place the practice into Special Measures. The providers decided to close the previous practice and two new locations (one of which is Denmark Road Surgery) were formed under

two new partnerships which are registered separately with the Care Quality Commission. We inspected Denmark Road Practice three and a half months after they began providing care.

Our key findings across all the areas we inspected at Denmark Road Surgery on 19 July 2016 are as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the duty of candour.
- 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.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Ensure a programme of quality improvements, including clinical audits, is established.

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Continually monitor feedback from patients, and clinical performance in relation to the Quality and Outcomes Framework, and make improvements wherever these are identified.

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 was inspected for providing effective services but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided effective care for patients, but this can not be confirmed until the practice has been operating for a full year.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had begun a programme of clinical audits with an aim to implement 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.

Not sufficient evidence to rate



### Are services caring?

The practice was inspected for providing caring services but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided caring services for patients, but this can not be confirmed until the practice has been operating for a full year.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Not sufficient evidence to rate



# Summary of findings

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

## Are services responsive to people's needs?

The practice was inspected for providing responsive services but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided responsive care for patients, but this can not be confirmed until the practice has been operating for a full year.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice actively participated in Bromley CCG's obesity reduction plan.
- 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.
- The practice offered a range of online services such as appointment booking and repeat prescription ordering.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Not sufficient evidence to rate**



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

**Good**



## Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and worked with the practice to identify areas for improvement.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice was inspected for providing services to older patients but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients aged over 75 years had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Not sufficient evidence to rate**



### People with long term conditions

The practice was inspected for providing services to patients with long term conditions but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had dedicated weekly clinics for asthma, chronic obstructive pulmonary disease, diabetes and multimorbidity scheduled to begin in August 2016 (.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and the practice was conducting structured annual reviews to check their health and medicines needs were being met.
- Denmark Road Surgery had only been providing services for two months prior to our inspection. After our inspection they provided data (that had not been published or independently verified at the time of our inspection) which showed that they were on track to meeting relevant clinical performance targets including those for diabetes, asthma, and chronic lung disease.
- 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.

**Not sufficient evidence to rate**



# Summary of findings

## Families, children and young people

The practice was inspected for providing services to families, children and young people, but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Not sufficient evidence to rate



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

The practice was inspected for providing services to working age patients but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- 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, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours opening was available from 7.30am to 8.00am and from 6.30pm to 8.00pm on Wednesdays for working patients who were unable to attend during normal opening hours.

Not sufficient evidence to rate



## People whose circumstances may make them vulnerable

The practice was inspected for providing services to patients whose circumstances may make them vulnerable but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

Not sufficient evidence to rate





# Summary of findings

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

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

The practice was inspected for providing services to patients experiencing poor mental health but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- 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.
- Denmark Road Surgery had only been providing services for two months prior to our inspection. After our inspection they provided data (that had not been published or independently verified at the time of our inspection) which showed that they were on track to meeting relevant clinical performance targets including those for 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.

**Not sufficient evidence to rate**



# Summary of findings

## What people who use the service say

As part of our inspection we also asked for Care Quality Comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients commented that they had found the GPs to be caring and other staff had been helpful.

We spoke with seven 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.

Results from the practice's June NHS monthly Family and Friends Test showed that all of the seven patients surveyed indicated they were likely or extremely likely to recommend the practice to others.

# Denmark Road Surgery

## 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 Denmark Road Surgery

The practice operates from one site in South Norwood, London. It is one of 61 GP practices in the Croydon Clinical Commissioning Group (CCG) area. The practice was formed in April 2016 following the closure of its predecessor Woodside Group Practice on the same premises. Two of the GP partners from the predecessor formed a new partnership at Denmark Road Surgery.

There are approximately 6,746 patients registered at the practice. It is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include extended hours access, out of area registration, minor surgery, avoiding unplanned admissions, learning disabilities, childhood vaccination and immunisation, and flu and pneumococcal immunisation.

The GP team includes a female GP partner, a male GP partner, a female salaried GP, two female long term locums and a male long term locum. The GPs provide a combined total of 32 fixed sessions per week. The nursing team includes a female practice nurse and a female health care assistant. The clinical team is supported by a practice/business manager, an assistant practice manager, a receptionist team leader, and six reception/administrative staff.

The practice is open from 8.00am to 6.30pm Monday to Friday. It is closed on bank holidays and weekends. Appointments are available at various times between 8.00am and 6.30pm Monday to Friday. Extended hours are available from 7.30am to 8.00am and from 6.30pm to 8.00pm on Wednesdays. The practice directs patients needing urgent care outside of normal hours to contact a local contracted OOH service.

The premises operates over two floors of a purpose built building which houses two other GP practices. On the ground floor there is a treatment room, a phlebotomy room for blood testing, a minor surgery area, a waiting area and patient toilets (one with wheelchair access) which are all shared with the other practices; there are five consulting rooms and a reception area. On the first floor, which is accessible by a lift, there is an administrative office which is used by external health professionals such as district nurses, and two administrative rooms. There is wheelchair access throughout the ground floor, disabled parking and baby changing facilities available.

Denmark Road Surgery has not been inspected previously by the CQC. However, the practice's predecessor Woodside Group Practice was inspected in 2015 and was placed in special measures. As an on-going concern from its predecessor, Denmark Road Surgery retained the special measures when it was registered with CQC and at the time of this inspection.

# 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. The inspection was planned to check whether the provider was 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 Denmark Road Surgery, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 July 2016. During our visit we:

- Spoke with a range of staff including the GPs and managers, the nurse, reception/administrative staff, and the health care assistant.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had 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 shared and action was taken to improve safety in the practice. For example, an incident where referrals could temporarily not be sent via an electronic referrals service was investigated and discussed with staff. Urgent referrals were sent via fax to the relevant departments and the practice implemented a policy to ensure all staff knew what action to take in the event that the e-referral service became unavailable again in future.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses were trained to level 2, and non-clinical staff were trained to level 1 or 2. Clinical staff had also received safeguarding adults training.

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

## Are services safe?

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

### Monitoring risks to patients

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

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

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consulting and treatment rooms, and panic buttons in the reception office, which alerted staff to any emergency.
- All staff 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 and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Denmark Road Surgery had only been providing services for two months prior to our inspection. This meant that there was no published or independently verified QOF performance data at the time of our inspection.

During our previous inspection of the practice's predecessor Woodside Group Practice in 2015, we found that it was an outlier for QOF outcomes relating to asthma, chronic kidney disease, chronic obstructive pulmonary disease (COPD), dementia and diabetes. During this inspection of Denmark Road Surgery under its new partnership, the practice said they had established a more robust recalls system; they were contacting patients by telephone as well as in writing and were offering health checks to patients opportunistically when they attended for other appointments.

The practice produced data (that had not been published or independently verified at the time of our inspection) from an analysis of their performance, which showed that in the previous three months from 1 April 2016 to 19 July 2016:

- 28% of patients with asthma had received a review of their care (current published national average covering a 12 month period from 2014/2015 is 75%). The practice

had ordered a new spirometer machine to replace one that was incompatible with their computer system. The spirometer was not in place at the time of our inspection, but we were told the new machine would be used by the health care assistant to conduct asthma reviews (a spirometer is a machine that is used to diagnose and monitor certain lung conditions).

- 60% of patients with COPD had received a review of their care (current published national average covering a 12 month period from 2014/2015 is 90%).

They also provided data (that had not been published or independently verified at the time of our inspection), which showed that in the previous five months from 1 April 2016 to 14 September 2016:

- 60% of patients with diabetes had well controlled blood sugar (current published national average covering a 12 month period from 2014/2015 is 78%).
- 66% of patients with diabetes had a record of a foot check (current published national average covering a 12 month period from 2014/2015 is 88%).
- 75% of patients with dementia had a face-to-face review of their care (current published national average covering a 12 month period from 2014/2015 is 84%).

The practice told us they were in the process of developing dedicated weekly asthma, COPD, diabetes and multimorbidity clinics that would begin in August 2016 (multimorbidity is the presence of two or more chronic medical conditions in an individual). Two non-clinical staff members had been assigned the task of regularly monitoring QOF performance, and a GP had been made the lead for diabetes management.

There was evidence that the practice had commenced a programme of clinical audit.

- There had been three clinical audits conducted in the previous two months, none of which were completed two cycle audits where the improvements made were implemented and monitored. These audits were scheduled to be reviewed within the next 12 months. Areas which needed improvement had been identified; for example, an audit on a diabetes medicine Metformin showed that the practice was 1% below the NICE target



# Are services effective?

## (for example, treatment is effective)

in relation to guidelines for the management of patients with diabetes who were taking Metformin. The practice had a documented action plan to enable it to achieve its target, and the audit was discussed with clinical staff.

- Findings were used by the practice to improve services. For example since April 2016, as part of the practice's plan to meet Bromley CCG's health objectives of reducing the obesity rate in the locality, the practice had identified 361 new patients who were classified as obese, and of these they had referred 68 obese patients to a weight loss or exercise programme.
- The practice participated in local audits, local and national benchmarking, and external peer review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire procedures, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the previous 12 months.
- We saw positive examples of how staff had been trained to take on additional roles in the practice. For example,

the former information technology manager had been promoted to the position of assistant practice manager, and a receptionist had been promoted to the role of reception team leader.

- Staff received training that included: fire safety, infection control, customer service, safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services via fax, written letters and emails for example when referring patients to other services. The facility to do this electronically was being set up at the time of our inspection.

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

### Consent to care and treatment

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

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



# Are services effective?

(for example, treatment is effective)

- 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 smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available and smoking cessation advice was available from nursing staff or via referral to a local support group.

The practice's uptake for the cervical screening programme for a seven month period between April - October 2016 was 77%. The local Clinical Commissioning Group and national average over a 12 month period in 2014/2015 was 82%.

- There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test.

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We were unable to assess the practice's performance for the breast and bowel screening programme, as this information had not yet been published.

We were also unable to assess the practice's performance for childhood immunisation, as this information had not yet been published.

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 consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs; this facility was not advertised and needed to be requested by patients.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the practice's June NHS monthly Family and Friends Test showed that all of the seven patients surveyed indicated they were likely or extremely likely to recommend the practice to others.

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

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

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

- Staff told us that translation services were available for patients who did not speak or understand English. There were no notices in the waiting/reception area informing patients this service was available.
- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers (0.3% of the practice list). They told us they were still in the process of identifying carers: this information was requested on the practice's new patient registration form, and at new patient consultations. There was no written information available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, since April 2016, as part of the practice's plan to meet Bromley CCG's health objectives of reducing the obesity rate in the locality, the practice had identified 361 new patients who were classified as obese, and they had referred 68 of these patients to a weight loss or exercise programme.

- The practice offered a 'Commuter's Clinic' on one morning and one evening of the week 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 who needed one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Some travel vaccines were available at a charge to patients.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access to the first floor for staff. There were no clinical rooms on the first floor.
- Staff had received customer service training in order to improve the experience of the service for patients.
- At a meeting, staff had discussed the responsibilities of reporting concerns relating to female patients who were at risk of undergoing female genital mutilation.

### 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 at various times between 8.00am and 6.30pm Monday to Friday. Extended hours appointments were offered from 7.30am to 8.00am and from 6.30pm to 8.00pm on Wednesdays. Appointments could be pre-booked up to four week/s in advance, and daily urgent appointments were available.

During our previous inspection of the practice's predecessor Woodside Group Practice in 2015, we found that patient satisfaction was low in relation to telephone access, the process of making an appointment, and long waiting times after arriving for appointments. During this inspection of Denmark Road Surgery under its new partnership, we spoke with six patients and reviewed 16 Care Quality Commission patient comment cards. All patients commented they were able to get appointments when they needed them. Several patients, including a member of the practice's patient participation group, said they had found it much easier to get through to the practice by telephone and to book appointments at Denmark Road Surgery; they also said that waiting times had reduced significantly and they found that receptionists appeared to be less stressed and were more pleasant to deal with. The practice was providing more than the amount of appointments expected for its patient list size, in order to facilitate access to appointments for patients. They had recruited additional administrative and reception staff to provide additional administrative support, and were in the process of recruiting one more member of reception/administrative staff. The practice was awaiting approval from the local Clinical Commissioning Group for installation of an upgraded telephone line with a queue system. The practice manager and reception/admin staff we spoke with informed us they had not received any verbal or written complaints from patients regarding difficulties with access since the practice's inception two months previously.

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.

# Are services responsive to people's needs?

(for example, to feedback?)

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

## Listening and learning from concerns and complaints

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

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

complaints system; this information was also available on the practice's website. This information included the contact details of NHS England and the Parliamentary and Health Ombudsman, should patients not be satisfied with the outcome of their complaint.

We looked at two complaints received in the previous two months and found they were handled in a timely manner and with transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint regarding a vaccine administration error, the complaint was discussed at a staff meeting; robust measures were put in place to ensure all staff followed the correct protocol for giving vaccines to prevent a similar occurrence.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and to put their patients' welfare at the heart of their service.

- The practice had a mission statement and all staff we spoke with knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

During our last inspection of the practice's predecessor Woodside Group Practice, we found that there was poor communication between some of the partners which impacted adversely on the general governance of the practice. During this inspection of Denmark Road Surgery under its new partnership, we found that the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This included a formal partnership agreement which had not previously been in place, and it outlined the structures and procedures in place to ensure 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.
- The practice had begun a programme of continuous clinical and internal audit; no improvements had been made following these audits as the practice had only been providing services for two months prior to our inspection. All audits were scheduled to be reviewed within 12 months.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

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

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

There was a clear leadership structure in place and staff felt supported by the practice's leaders; they told us the partners and managers were approachable and always took the time to listen to them.

- Staff told us the practice held regular, documented governance and clinical team meetings where a range of topics were discussed and learning was shared.
- Staff told us there was an open culture within the practice; they said they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They also informed us they had noticed a positive change in the practice's team working under the new partnership.
- Staff said they felt respected, valued and supported by the partners and management team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through its patient participation group (PPG) of five active members and through its monthly NHS Friends and Family Test and complaints received. The PPG had met on 6 July 2016 and had another meeting scheduled in August 2016. They were yet to carry out their first patient survey but had submitted proposals for improvements informally to the practice management team such as having medical specialists attend the practice to give informative health talks to patients with long term conditions.

- 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 improving the management of prescriptions in the reception office, and by delivering additional non-mandatory training that had been requested.