

Tunbury Avenue Surgery

Quality Report

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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?

Requires improvement 

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 Tunbury Avenue Surgery on 17 November 2015. Overall the practice is rated as good. Specifically, we found the practice to require improvement for providing safe services. It was good for providing effective, caring, responsive and well-led services.

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

- Urgent appointments were available the same day but not necessarily with a GP of their choice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of survey responses and complaints received.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place,

Summary of findings

monitored, regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

- There was a clear leadership structure and staff felt supported by management.

However there were areas where the provider should make improvements.

Importantly, the provider must:

- Ensure the practice is able to respond to a medical emergency in line with national guidance.

The provider should:

- Review procedures to ensure that all staff that do not have a disclosure and barring service (DBS) check are appropriately risk assessed, in order to ensure patient safety.

- Review the procedure for administrative staff acting as chaperones, in order to prevent the reception area being unmanned for any period of time.
- Review staff contracts (terms and conditions of employment) in order to ensure they are signed, agreed and dated by all parties.
- Review the fire evacuation procedure to ensure it includes supporting deaf, blind or disabled patients out of the practice in the event of a fire and make copies of the fire evacuation procedures available to patients.
- Review health promotion leaflets.
- Review the staffing structure to ensure that female GPs are available to patients.
- Review the timescale for implementing a clinical audit programme.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. For example, the practice did not have a defibrillator to use in the event of a medical emergency, nor was there a risk assessment to show how the practice had determined that a defibrillator was not necessary.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.

Good



Are services caring?

The practice is rated good for providing caring services.

- Feedback from patients about their care and treatment was consistently and strongly positive. For example, patients who had completed comment cards told us that they received good care and treatment and had no concerns with the manner in which they were treated by staff.
- Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times.
- Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- Services were planned and delivered to take into account the needs of different patient groups.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated good for being well-led.

- It had a clear vision and strategy.
- Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management.
- Staff were aware of and understood the practices policies and procedures which governed activity.
- There were systems in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.
- The practice was aware of future challenges.

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 provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits, even out of hours, if necessary as well as rapid access appointments for those with enhanced needs.
- The practice had daily contact with district nurses and participated in monthly or quarterly meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

Good



Summary of findings

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

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

- 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 offered a full range of health promotion and screening that reflects the needs of this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice were carrying out annual health checks for all patients with a learning disability. Where patients had declined or requested a check at a later date, this had been clearly recorded in the patients' record. It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had been trained to

Good



Summary of findings

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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

- All patients experiencing poor mental health had received an annual physical health check.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

During our inspection we spoke with patients who told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they experienced few difficulties when making appointments. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We looked at 15 patient comment cards. All 15 comments were positive about the service patients experienced at Tunbury Avenue Surgery. However, two of these comment cards also included negative comments regarding the appointment system. Patients indicated that they felt the practice offered an efficient service and staff were respectful, helpful and caring.

There was no information available on the NHS Choices website about Tunbury Avenue Surgery Practice that applied to the period of time since Sydenham House Medical Group started providing services in June 2015.

Areas for improvement

Action the service **SHOULD** take to improve

- Have risk assessments to ensure that all staff that do not have a disclosure and barring service (DBS) check are appropriately risk assessed, in order to ensure patient safety.
- Risk assess to ensure the practice is able to respond to a medical emergency in line with national guidance.
- Review the procedure for administrative staff acting as chaperones, in order to prevent the reception area being unmanned for any period of time.
- Review staff contracts (terms and conditions of employment) in order to ensure they are signed, agreed and dated by all parties.
- Review the fire evacuation procedure to ensure it includes supporting deaf, blind or disabled patients out of the practice in the event of a fire and make copies of the fire evacuation procedures available to patients.
- Review health promotion leaflets.
- Review the staffing structure to ensure that female GPs are available to patients.
- Review the timescale for implementing a clinical audit programme.

Tunbury Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Tunbury Avenue Surgery

Tunbury Avenue Surgery is a GP practice based in Walderslade. There are 2,252 patients on the practice list.

Services are provided at Tunbury Avenue Surgery by Sydenham House Medical Group who also provide general medical services from other locations in the South East of England. The group took over the practice from the previous registered provider in June 2015. The practice was previously rated as inadequate and was placed in to special measures. In the six months since acquiring the practice and becoming the new registered provider for the service, Sydenham House Medical Group have implemented new systems, procedures and processes. They demonstrated clear plans for the future of the practice, prioritising patients requiring a review of their care and treatment.

The practice staff consists of one GP (male), one practice nurse (female), as well as administration staff. There is a reception and a waiting area on the ground floor. All patient areas are accessible to patients with mobility issues as well as parents with children and babies.

The practice is open 8am to 12pm and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday, 8am to 12pm on

Thursday. Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by Medway On Call Care (referred to as MedOCC).

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; extended hours.

Services are delivered from Tunbury Avenue Surgery, 16 Tunbury Avenue, Walderslade, Chatham, Kent, ME5 9EH.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

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 whose circumstances may make them vulnerable
- 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, such as the local Healthwatch, clinical commissioning group and NHS England to share what they knew.

We carried out an announced visit on 17 November 2015. During our visit we spoke with a range of staff (one GP, the practice manager, one practice nurse, one receptionist and several management staff from Sydenham House Medical Group) and spoke with two patients who used the service. We reviewed 15 comment cards where patients and members of the public shared their views and experiences of using the practice. We observed how telephone calls from patients were dealt with. We toured the premises and looked at policy and procedural documentation. We observed how patients were supported by the reception staff in the waiting area before they were seen by the GP.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- All complaints received by the practice were entered onto the system and automatically treated as a significant event.

Since registering with CQC in June 2015, there had been no significant incidents reported. We reviewed the records and processes for safety records, incident reports and minutes of meetings where any issues would be discussed. We were told that if any safety issues or incidents occurred they would be investigated, discussed at a clinical meeting and a record made of how the learning would be shared amongst relevant staff. There were clear policies and processes to show that lessons would be shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

- The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medicine management and staffing.
- There were arrangements in place to safeguard adults and children from abuse, which 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 lead GP 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. However, not all staff who acted as chaperones had received a disclosure and barring check (DBS) and appropriate risk assessments had not been put into

place, whilst DBS checks were in the process of being obtained. T Staff had received chaperone training. Records viewed confirmed this. We found that there was one member of administrative staff covering the reception area of the practice and this staff member also acted as a chaperone, if the nurse was not present. However, whilst we were told that this happened infrequently, this would leave the reception area unmanned for a period time. Meaning that delays would be caused to patients waiting to speak with the reception staff or booking in for appointments.

- 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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had up to date fire risk assessments and fire evacuation procedures. However, fire evacuation procedures did not include reference to supporting deaf, blind or disabled patients out of the premises in the event of a fire. Copies of the fire evacuation procedure had also not been placed around the practice.
- The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. All staff were aware of who the lead was as recorded in the practice's infection control and prevention policy. There was an infection control protocol in place and staff had received up to date training. There were cleaning schedules detailing who was responsible for cleaning which areas of the practice. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local clinical commissioning group pharmacy teams to

Are services safe?

ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system to monitor their use.

- Nurses used Patient Group Directives (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.
- Recruitment checks were carried out and the three files we reviewed showed t

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 fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with adult and children's masks, but did not have a defibrillator or to respond to cardiac emergencies. The practice also did not have a risk assessment to show why a defibrillator was deemed not necessary. There was also a first aid kit and accident book available.
- 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 and consent

- The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date.
- The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- NICE guidance and alerts were routinely discussed and monitored however they were not listed as an agenda item at GP or practice meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Comparison of QOF data to national standards was not possible as the current provider had been operating for less than 12 months.

The practice had not conducted clinical audits. However, audit cycles were planned to commence in the future, once the provider's new systems, procedures and processes had been implemented fully and all patients requiring a review had been seen.

The practice had however participated in medicine audits with the CCG. For example, through a review of patients with diabetes ensuring they receive annual blood screening tests required for patients with this disease. Improvements were implemented following the audit, which included reviewing and changing patients' medicines.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and the facilitation of and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they are

Are services effective?

(for example, treatment is effective)

discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. Consent forms for surgical procedures were used and scanned in to the medical records.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

- Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from a local support groups.

Cervical screening was offered by the practice. There was a policy to telephone and send written reminders for patients who did not attend for their cervical screening test.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Comparison of immunisation and vaccination rates for this practice with local and national averages was not possible as the current provider had been operating for less than 12 months.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 15 patient CQC comment cards we received were positive about the care service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice was in the process of developing a list of carers. Where carer's had been identified the computer system alerted the GP if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Comparison of National Patient Survey data to national standards was not possible as the current provider had been operating for less than 12 months.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

The practice had recognised the need to conduct diabetes reviews. They had clear plans for a diabetes specialist nurse

to do some reviews, and the Group nurse was spending more time at the practice. However, at the time of visit, many of the key processes of care for patients with diabetes had not been completed.

Comparison of National Patient Survey data to national standards was not possible as the current provider had been operating for less than 12 months.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

There were no notices in the patient waiting room to tell patients how to access support groups and organisations. The notices available related to procedures, for example, requesting a chaperone, making complaints and the practices opening hours. Staff told us that patients were provided with information leaflets during consultations. However, there was no information in the waiting area to inform patients that health promotion, guidance and support group information leaflets were available to them.

The practice's computer system alerted the GP if a patient was also a carer. There was a practice register being developed of all people who were carers and those identified as carers were being supported. For example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

The staff put alerts on the patient record system, that informed others when a patient had died so that they were able to respond in a sympathetic manner. 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.

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.

There was also information on the system about patients who were challenging and those who were sensitive to certain issues. Reception staff therefore received good communication about how to tailor their responses to meet the needs of individual patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the commissioners of services to improve outcomes for patients in the area. For example, the practice provided space for other providers to run mental health, counselling and foot care clinics.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice is open 8am to 12pm and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday, 8am to 12pm on Thursday. In addition, pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were also available.

Comparison of National Patient Survey data to national standards was not possible as the current provider had been operating for less than 12 months.

Online services were not available. However, the practice was in the process of installing a new IT system and a practice website, with online services, would be available after this had taken place.

The practice had one male GP who was supported by a team of GPs within the Sydenham House Medical Group. There was no female GP available at the practice. As a result of this the provider ensured that a nurse of health care assistant was present at all times, so that chaperone services would be available for patients who required them.

People we spoke to on the day and comment cards completed, said on the whole they were able to get

appointments when they needed them. However, two comment cards contained comments from patients stating that they did not like the new appointment system and they didn't feel it had improved the way in which they could access appointments.

Listening and learning from concerns and complaints

- The practice has a system in place for handling complaints and concerns.
- Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.
- Information about how to make a complaint was available in the waiting room and in a practice leaflet.
- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.
- Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the provider's website.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. However, they felt that if they had to make a complaint they would be listened to and the matter acted upon.

We looked at a log of all the complaints received in the last five months and found that none had been received. We discussed with staff how complaints are dealt with when they are received and we were told they would be investigated and responded to within the timeframes demanded by the practice policies. We were told that all complainants would receive a written apology where appropriate.

Staff told us that lessons learned from concerns and complaints and any action taken as a result, would be used to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination where learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GP addressing their professional development needs for revalidation.
- The GP had learnt from incidents and complaints.
- All staff being in appraisal schemes resulted in continuing their professional development.

Leadership, openness and transparency

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The GP was visible in the practice and staff told us that he was approachable and always took the time to listen to all members of staff. There was a culture of openness and honesty between all practice staff.

Staff told us that regular team meetings were held and that there was an open culture within the practice which gave them the opportunity to raise any issues at team meetings and feel confident and supported in doing so. Minutes of meetings confirmed this. Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging them in the delivery of the service.

- It had gathered feedback from patients through surveys and complaints received.
- The practice was in the process of developing a patient participation group and names of patients who wished to join had been gathered.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had a whistleblowing policy and staff told us they were aware of the procedure to follow if they wished to raise concerns outside of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, all staff had completed mandatory training and additional training in other service related matters had been conducted or was planned for the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The providers were doing all that is reasonably practicable to mitigate risks.
Treatment of disease, disorder or injury	The practice did not have a defibrillator in order to respond to cardiac emergencies. The practice also did not have a risk assessment to show why a defibrillator was deemed not necessary.
	Regulation 12 (1) (2) (b)