

# Dr Shabir Bhatti

## 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

Following an earlier comprehensive inspection of Bermondsey Spa Medical Practice on 15 October 2015 the practice was given an overall inadequate rating. The practice was placed in special measures and was found to be in breach of seven regulations. Requirement notices were set for regulations 12, 13, 15, 16, 17, 18 and 19 of the Health and Social Care Act 2008.

Since the October 2015 inspection the registered provider of the practice changed from Dr Shabir Bhatti to a partnership of Dr Shabir Bhatti and Dr Bilal Bhatti. A registration site visit to the practice took place on 02 August 2016 and the partnership was registered with CQC on 15 September 2016.

We carried out an announced comprehensive inspection on 03 November 2016 to consider if all regulatory breaches in the previous inspections had been addressed, and to consider whether sufficient

improvements had been made to bring the practice out of special measures. At this inspection we found significant improvements had been made. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and managed, however the practice did not keep records of multidisciplinary meetings.
- 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.

# Summary of findings

- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs, however there was no defibrillator on the premises. The practice told us that this had been discussed in a clinical meeting and a risk assessment made which determined that a defibrillator was not needed.
- There was a clear leadership structure and staff felt supported by management. Staff told us that the level of support had increased significantly since the previous inspection.
- 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 areas where the provider must make improvements are:

- Do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users with regards to providing an automatic external defibrillator (AED) for use in medical emergencies.

The areas where the provider should make improvements are:

- Implement formal procedures for checking equipment and medicines taken on home visits, to ensure they are safe for use, comprehensive and accessible in a timely manner.
- Keep minutes to evidence frequency and content of multi-disciplinary meetings.
- Review how they identify carers to ensure their needs are known and can be met.

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 requires improvement for providing safe services.

**Requires improvement**



- Risks to patients were mostly well-managed although the practice did not have a defibrillator. The practice told us that this had been discussed in a clinical meeting and a risk assessment made which determined that a defibrillator was not needed.
- Locum induction and information was available, although this was minimal and did not cover all areas of practice service and care.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care, the practice was trying to improve areas identified in national survey results by recruiting additional staff, and had since conducted their own patient survey.
- 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.
- The practice had worked to identify patients who were carers and provided a range of information to support carers via noticeboards and leaflets.
- The practice had identified 49 patients who were carers and offered health checks and flu vaccinations to these patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included the extended hours service which ran from the practice building.
- The practice had increased the length of appointments for locum GPs from 10 minutes to 20 minutes to ensure patients seeing a new doctor had enough time to discuss their care.
- Patients did not find it easy to make an appointment with a named GP though most were able to get appointments, with urgent appointments available the same day.
- 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 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 as good for being well-led.

- 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.
- A practice manager had been in post since November 2015 and staff told us that the level of managerial support had improved significantly since the last inspection.

Good



# Summary of findings

- 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, though there were still some improvements required.
- 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.

# 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health checks for older patients.
- The practice worked closely with the community matron, district nurses and other partners to provide good care for older patients

### People with long term conditions

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

Good



- Patients with long-term conditions were invited for annual reviews with a GP.
- 90% of patients on the diabetes register had a recent blood pressure reading which was within a normal range, which was in line with the local and national average of 91%.
- 83% of patients with asthma had a review in the last 12 months which was comparable to the local average of 77% and the national average of 76%.
- 93% of patients with chronic obstructive pulmonary disease (COPD, a lung condition) had a review in the last 12 months which was comparable to the local and national average of 89%.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and an annual review to check their health and medicines needs were being met, however the practice was not using care plans for patients with long-term conditions (care plans set out how the care and support needs of each patient within specific groups will be met).
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

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. Immunisation rates were comparable to local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 73% of eligible women had attended a cervical screening test in the last five years, this was comparable to the local average of 77% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and a baby clinic was available at the practice.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning and late appointments to meet the needs of working age people.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice worked with a local club which supported vulnerable men.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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 supported a local care home and visited when appropriate.

**Good**





# Summary of findings

- The practice held joint a weekly clinic with the local substance misuse service for patients with substance misuse conditions.
- The practice worked with the local community matron and social services to support vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice identified patients with safeguarding concerns through alerts on the clinical system.
- 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 is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 92% of patients with complex mental health conditions had a care plan completed in the last 12 months which was comparable to the local average of 88% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing slightly below local and national averages. Of 346 survey forms distributed, 100 (32%) were returned.

This represented 1% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card in which a patient was unhappy due to cancelled appointments because the practice had no practice nurse.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, though two mentioned that getting appointments could be difficult at times.

# Dr Shabir Bhatti

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Dr Shabir Bhatti

The practice operates from a single location in Bermondsey, south east London. It is one of 49 GP practices in the Southwark Clinical Commissioning Group (CCG) area. There are approximately 9,400 patients registered at the practice. The building is a purpose built health centre, managed by NHS Property Services Ltd.

The practice has a contract to provide personal medical services (PMS) with NHS England and provides a number of enhanced services. Enhanced services require an increased level of service provision above what is normally required under the core GP contract. These enhanced services include childhood vaccination and immunisation, flu and pneumococcal immunisations, extended hours and minor surgery. The practice offered a private service for the circumcision of male babies under the age of 13 weeks.

The practice has a larger than average population of patients aged between 20 and 40 years, and a higher than national and CCG average representation of income deprived children and older people. Life expectancy is 78 for males and 84 for females, which are similar to the national average life expectancies of 79 for males and 83 for females. The population consists of a range of different ethnicities, around 30% white British; 60% African or mixed African Caribbean and Mexican, Chinese, Japanese and South American patients.

The practice clinical team is made up of a two male GP partners, two male and one female salaried GPs, a female health care assistant (HCA), a phlebotomist, osteopath and counsellor. The practice was using locum cover for a vacant practice nurse role and recruiting for this position at the time of our inspection. The clinical team is supported by a practice manager, ten reception/administrative staff members and a medical secretary. The practice is a teaching practice, and has medical students attached to the practice for short periods.

The practice is open between 8.00am and 6.30pm Monday to Friday. It offers extended hours from 7.00am to 8.00am Monday and from 6.30pm to 7.30pm on Tuesday for patients who are not able to access appointments at the practice during normal opening hours. Routine and urgent appointments are available throughout the day. The practice is closed at weekends and on bank holidays.

When the practice is closed, patients are directed to South East London Doctors On Call (SELDOC) or NHS 111.

The partnership is registered to carry on the regulated activities of diagnostic and screening procedures, surgical procedures and treatment of disease disorder or injury.

## 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.

# Detailed findings

Following an earlier comprehensive inspection of Bermondsey Spa Medical Practice on 15 October 2015 the practice was given an overall inadequate rating. The practice was placed in special measures and was found to be in breach of seven regulations. Requirement notices were set for regulations 12, 13, 15, 16, 17, 18 and 19 of the Health and Social Care Act 2008.

The provider was required to take the following action:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure staff have appropriate training and appraisals for their roles.
- Ensure complaints are dealt with in line with the practice policy.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2016.

During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, two reception staff, the practice secretary, a locum nurse and healthcare assistant.
- Spoke with patients who used the service.
- Observed how staff interacted with patients 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

At the previous inspection in October 2015, there was a system in place for reporting and recording significant events and we saw evidence that significant events had been discussed on the 16 and 30 September 2015. However, no other evidence was available to demonstrate that significant events were routinely recorded, investigated and reviewed to ensure continuous learning.

During this inspection in November 2016, we found that there was an effective system in place for reporting and recording significant events. Six significant events had been reported since April 2016 and a comprehensive record kept of investigations, actions and learning.

- 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 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. Medical alerts were well managed and discussed with relevant clinicians. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a medication error arising from the misreading of a label the patient was contacted and offered a full apology and the practice discussed the incident at their practice meeting to prevent recurrence.

### Overview of safety systems and processes

At the previous inspection in October 2015, we found that the practice needed to make improvements in the systems,

processes and practices it had in place to keep people safe. Concerns during this inspection included: a lack of awareness of safeguarding procedures and no evidence of staff training in safeguarding; administrative staff were acting as chaperones but no risk assessment or disclosure and barring service (DBS) checks had been carried out (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); there were no cleaning schedules in place; portable appliance testing certificates were not available to evidence that electrical equipment was safe for use and there were concerns regarding medicine management as some vaccines were out of date and there was no system to monitor prescription use.

When we inspected in November 2016, we found a number of improvements had been made. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Safeguarding 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 GP 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. All GPs and the practice manager were trained to child protection or child safeguarding level 3, nursing staff to level 2 and non-clinical staff to level 1.
- There were safeguarding alerts on patient records. A notice in the waiting room advised patients that chaperones were available if required.
- A new DBS policy and risk assessment were in place. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. We saw evidence of infection prevention and

## Are services safe?

control audits carried out by a GP and the practice management, 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs give clear guidance on specific medicines including vaccines and allow named non prescribing clinical staff who have signed them to issue the specified medicine) had been adopted by the practice to allow non-prescribing clinical staff to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription (PSD, an instruction from a prescriber to allow a trained non-clinical member of staff to administer medication) or direction from a prescriber.
- We reviewed four personnel and current locum files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring service.

### Monitoring risks to patients

Risks to patients were assessed and well managed, though there was some room for improvement:

- There were building wide procedures in place for monitoring and managing risks to patient and staff safety. The building 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice told us that before a doctor goes on a home visit, they contact the patient or their relative/ carer before leaving the practice, and take whatever equipment they might need with them. The practice did not have procedures in place for checking the equipment and medicines taken on home visits, to ensure they were safe for use, comprehensive and accessible in a timely manner.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited a practice manager and a GP and was attempting to recruit a nurse and currently utilised agency staff to cover this vacancy, though they recognised this had left shortfalls at times.

### Arrangements to deal with emergencies and major incidents

At the previous inspection in October 2015, the practice did not hold stocks of all medicines recommended for dealing with emergencies and one of the emergency medicines was out of date. There was no oxygen available and the practice had no business continuity plan in place.

When we inspected in November 2016, improvements demonstrated that the practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, and emergency alarms under consulting room desks 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 access to oxygen with adult and children's masks. The practice told us that as emergency services could arrive within 8 minutes they did not consider a defibrillator was required. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their

## Are services safe?

location. All the medicines we checked were in date and stored securely. The practice had systems in place to monitor the stock and expiry dates of emergency medicines.

- 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. At the previous inspection in October 2015, the practice was unable to provide evidence of discussions regarding NICE guidelines. During this inspection, the practice provided minutes of meetings where NICE guidelines had been discussed.

- 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 random sample checks of consultations and patient medical records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available.

The practice had higher clinical exception reporting than comparable practices at 12.5%, compared with the Clinical Commissioning Group average of 7% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

During this inspection the practice explained the process they followed with regards to clinical exception reporting from QOF outcomes. Patients were given a number of opportunities to attend reviews via letter and phone calls. The practice had attempted to offer suitable appointments during extended hours for working patients. A GP reviewed patient records prior to exception reporting them. The

practice had recently recruited a practice nurse which they anticipated would provide more consistency with long-term condition management and was aware that care plans could help improve patient care for these patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

Performance for diabetes related indicators was in line with the local and national averages:

- 80% of patients on the diabetes register had a blood pressure within a normal range in the last 12 months which was comparable to the local average of 76% and national average of 77%.
- 76% of patients on the diabetes register had a cholesterol test within the last 12 months which was within a normal range, which was comparable to the local average of 81% and the national average of 80%.
- 94% of newly diagnosed diabetic patients had a record of referral to a structured diabetes programme in the previous 12 months, which was comparable to the local average of 91% and the national average of 92%.

Performance for mental health related indicators was in line with local and national averages:

- 92% of patients with complex mental health conditions had a record of a care plan in their record in the last 12 months which was comparable to the local average of 88% and the national average of 89%. Clinical exception reporting for this outcome was 14% compared to the local CCG average of 5% and national average of 13%.
- 82% of patients with complex mental health conditions had a record of blood pressure in the last 12 months, which was comparable to the local average of 87% and national average of 89%.
- 100% of patients with newly diagnosed dementia had records of all relevant tests having been carried out which was above the local average of 94% and national average of 85%. The clinical exception reporting for this outcome was 50% which was higher than the local and national averages of 30% and 33% respectively.

The practice discussed with the inspection team the specific issues around exception reporting for patients with complex mental health conditions. Where possible, patients were sent three letters and contacted by telephone. However, the register included vulnerable patients, unemployed patients and those with no fixed



# Are services effective?

## (for example, treatment is effective)

abode or dual diagnosis including substance misuse and mental health concerns. They had introduced reminders to the clinical system to support clinicians and monitor clinical exception reporting.

At the previous inspection in October 2015, we found there was no evidence of quality improvement activity at the practice. During this inspection we found significant improvement, the practice provided evidence of quality improvement including clinical audit.

- There had been six clinical audits in the last year. Two of these were complete two cycle audits where the improvements made were implemented and monitored.
- Clinical audits had been carried out on referrals for urgent screening where there was a possibility of cancer; on repeat prescribing; circumcision procedures and reviews of patient notes by clinicians.
- An audit of antibiotic prescribing highlighted that the practice was not documenting patients where a delayed prescription was issued for respiratory tract infections (RTI). A clinical meeting was held and relevant codes created to document these prescriptions, a second cycle of the audit found that appropriate documentation was being carried out.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit improvements included new procedures for ensuring patients who were experiencing weight loss were given appropriate care and treatment, and continued improvement in relation to prescribing of antibiotics in line with national guidance and to address risks of antibiotic resistance through over prescribing of antibiotics.

### Effective staffing

At the previous inspection in October 2015, we found that the practice had not ensured that staff had the skills, knowledge and experience to deliver effective care and treatment.

During this inspection, we found that the practice had recruited a practice manager, a salaried GP and a practice nurse. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had introduced an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

safety, health and safety and confidentiality. There was a brief locum induction document which contained guidance on making referrals, but no other areas of the practice were covered in the guidance.

- The practice demonstrated role-specific training and updating for relevant staff. They were reliant on agency nurse cover which led to occasions when some patient procedures, for example, cervical screening, could not be carried out.
- Patient group directions had been introduced to ensure national guidance on immunisations was followed, these were signed by agency nursing staff as part of their induction.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice had ensured that all staff attended training including: safeguarding, fire safety awareness, 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 in a timely way, for example when referring patients to other services.

# Are services effective?

## (for example, treatment is effective)

In October 2015, we saw limited evidence of multi-disciplinary meetings taking place.

During this inspection we saw that 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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. Patient medical records were updated following these multi-disciplinary meetings.

### Consent to care and treatment

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

- The practice displayed posters explaining consent in consulting rooms.
- 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.
- A written consent form was used for circumcision which was scanned into the patient notes.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Walk-in flu clinics were available to encourage eligible patients to be immunised.
- All Southwark residents could get free gym access.

- The health care assistant offered a smoking cessation clinic.
- The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 77% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and data from the National Cancer Intelligence Network (NCIN) for 2015/16 indicated the practice's uptake was comparable to CCG averages but lower than national averages. For example, the uptake rate for bowel cancer screening was 38% (CCG average 43%, national average 58%) whilst the uptake rate for breast cancer screening was 59% (CCG average 63%, national average 73%). The practice were aware that these rates were lower than the national averages and had recently employed a full time nurse to encourage uptake with these programmes.

Childhood immunisation rates for the vaccinations given were comparable to the local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 88% compared to the CCG average of 87% to 93%, and five year olds from 80% to 97% compared of the CCG average of 78% - 96%.

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

At our last inspection in October 2015, we observed that the waiting room was busy and chaotic with long queues, whilst most patients said reception staff were helpful, some patients said reception staff were sometimes rude.

During this inspection, we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with three patients and reviewed minutes of the patient participation group meeting in July 2016. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The one care quality commission comment card described appointments being cancelled due to no nurse available.

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%. This had improved from 72% in 2015.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%. This had decreased from 84% in 2015.

The practice was aware of areas for improvement from the GP patient survey and had carried out their own local survey. This survey focussed specifically on waiting times for GPs and patient perceptions of communication. Twenty-three patients responded to this and the practice introduced additional measures to inform patients when GPs were running late. The practice had also increased the length of appointments for locum GPs from 10 minutes to 20 minutes to ensure patients seeing a new doctor had enough time to discuss their care.

### 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.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 80% and national average of 85%.

An area the practice was keen to improve was recruiting a practice nurse so they could develop consistency around practice nursing care.

## Are services caring?

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 have English as a first language. We saw notices in the reception areas informing patients this service was available. Other languages spoken by practice staff included Urdu, Hindi, Arabic, Swahili, Gujarati, Bengali and Spanish.
- 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. There was also a carers noticeboard and information about carers support which was not available at the previous inspection in October 2015.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers which equated to 0.5% of the practice list. An improvement since the previous inspection in October 2015 was that a protocol was in place to encourage the identification of carers and the practice now referred carers to a local support group which offered psychological help and advice regarding benefits. Written information was available to direct carers to the various avenues of support available to them.

The practice worked closely with the district nursing and palliative care team to care for older patients. Staff told us that if families had suffered bereavement, GPs would contact the family and support was offered via local bereavement support services, and telephone counselling was available.

# 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. This included the extended primary care service which ran from the practice building from 8am until 8pm as well as engagement with local incentive schemes.

- The practice offered early morning appointments on Mondays from 7am until 8am and evening appointments on Tuesdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported a local care home and GPs visited the home regularly to support patients and staff.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice held weekly joint clinics with the local substance misuse service.
- Patients were referred to other clinics for travel advice.
- There were disabled facilities and translation services available.
- The practice offered a headache clinic, facilitated by a GP with specialist neurology training, to support patients who had frequent headaches.
- Health visitor clinics and baby clinics were available on the premises.
- Appointments with locum GPs had been extended to 20 minutes to ensure good quality patient care.

### Access to the service

The practice was open between 7am and 6.30pm on Mondays, 8am and 7.30pm on Tuesdays and 8am until 6.30pm Wednesday to Friday. Early morning appointments on Mondays and evening appointments on Tuesdays were available for anyone not able to access the practice during normal opening hours. In addition to pre-bookable appointments that could be booked up to six weeks in

advance, urgent appointments were also available for people that needed them. Patients could also attend the extended primary care service run from the building until 8pm weekdays and 8am until 8pm at weekends.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the local average of 73% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the local and national average of 73%.

At the inspection in 2015, we observed patients waiting for up to 90 minutes who were not updated by the reception team, and were told by some patients they had difficulties in making appointments when they needed them. We saw that improvements had been made during our inspection in November 2016. People told us on the day of the inspection that they were able to get appointments when they needed them, locum appointments were longer which reduced over-running and delays to other patients and the practice had conducted a patient survey about communicating with patients over delays to appointments.

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. GPs had provision to make emergency telephone calls to patients and to triage requests for home visits to ensure that patients received urgent medical care when required.

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

At our previous inspection in October 2015, we found there was insufficient evidence that complaints were satisfactorily handled or that lessons were learnt from complaints.

During this inspection, we found significant improvement in the management of complaints and the practice now had an effective system in place for handling complaints and concerns.

## Are services responsive to people's needs? (for example, to feedback?)

- The 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.
- Where possible, the practice manager saw patients the same day as they complained?.
- We saw that information was available to help patients understand the complaints system.
- The practice manager also responded to staff concerns about patient behaviour and worked with patients to resolve difficulties and remove conflict.

We looked at 12 complaints received in the last 12 months and found comprehensive records which demonstrated they were satisfactorily handled and that there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints to improve the quality of care. For example, in one instance, the practice reviewed a complaint about the practice locum nurse which resulted in an apology to the patient and subsequent advice sought from the lead nurse at the local Clinical Commissioning Group about improving nursing interaction with patients.



# Are services well-led?

Good 

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

## Our findings

At the previous inspection in October 2015, the immediate aims were to recruit a full complement of staff and ensure named GPs were assigned to different aspects of care. There was no governance framework in place to support the delivery of good quality care and the partners did not communicate effectively with staff or encourage and value feedback from patients.

### Vision and strategy

The practice had introduced a set of values since October 2016 which were displayed on the walls. These were fairness, openness, respect and accountability. Staff knew and understood these values.

Ongoing objectives were to increase staffing with extra GPs and recruit a practice nurse, at the time of the inspection a new practice nurse was due to start the following month. The practice had increased reception staff and introduced the role of senior receptionist. The practice had installed a new telephone system to improve the patient experience of contacting the practice by telephone.

### Governance arrangements

Improvements had been made in governance arrangements since the inspection in October 2015. The practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance arrangements included:

- A clear staffing structure with staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice intranet.
- Clinical and internal audit was used to monitor quality and to make improvements.
- Each GP had an audit carried out of their clinical consultation entries twice annually as part of continuous governance monitoring.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical meetings had been introduced to review changes to clinical guidelines and practice performance as well as significant events and shared learning.

### Leadership and culture

At the inspection in October 2015, we found that the provider was not communicating effectively with the staff team and staff meetings did not happen.

At the inspection in November 2016, we found that changes had been made and 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. Staff told us that the manager and new GP partner had made a difference and they were approachable and always took the time to listen to all members of staff.

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 now a clear leadership structure in place and staff felt supported by management.

- Staff told us they had seen significant changes since the last inspection.
- Each GP had specific lead areas which staff were aware of.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. 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.

# Are services well-led?

Good 

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

- When a receptionist at the practice took action to alert the GP of a baby in the waiting room who seemed to be very unwell this was raised as a significant event to highlight the action taken and to share good practice with the staff team.

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

At our inspection in October 2015, we found that the practice did not encourage and value feedback from patients.

We found significant improvement during our inspection in November 2016. The practice now 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 started a patient participation group (PPG) with an initial meeting in July 2016. There were only three patient attendees and the practice had surveyed patients to find out how to engage better with them. The PPG was also informed of the results of patient surveys.
- The practice also carried out a survey to ascertain how patients felt about delays waiting for GPs, this led to the introduction of a notice board displaying the current waiting times for GPs working that day.

- The practice had gathered feedback from staff through an open door approach. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, one example was shared with us from a member of staff reporting conflict with a patient and support and intervention from management which addressed the concerns. All the members of staff we spoke to told us that the level of engagement had improved since the last inspection.
- The practice reviewed feedback from medical students which was positive about the practice and their placements.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had plans to increase clinical and non-clinical staffing, widen the remit of reception staff, implement further patients surveys and improve the incoming telephone system.

There were plans to commence long-term condition clinics once a practice nurse was in place and a range of training and study leave was available. The practice was positive about supporting development, had good feedback from medical students and encouraged reflective practice at clinical meetings.



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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users with regards to providing an automatic external defibrillator (AED) for use in medical emergencies.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>