

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Exchange Surgery on 17 March 2016. 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 within the practice were assessed and well managed though the practice did not have immediate access to all information in respect of risks managed by the building manager.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients told us that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of **outstanding** practice

- Twenty five percent of the practice's population suffered from a mental health condition yet QOF scores for mental health indicators were much higher than the national average and exception reporting lower. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared to 88% nationally. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 91% compared to 84%

Summary of findings

nationally. The practice had 0% exception reporting for dementia patients compared to 8.3% nationally, 12% for patients with depression compared to 25% nationally and 1% for other mental health patients compared to 11% nationally.

The areas where the provider **should** improve are:

- Have prompt access to risk assessments, policies and procedures that are held by the building manager.
- Review processes around the provision of basic life support training.

- Undertake analysis to identify additional patients with chronic obstructive pulmonary disease.
- Consider strategies to improve the identification of patients with caring responsibilities
- Continue to liaise with the CCG with a view to improving telephone access

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 both in the practice and with external organisations.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed, although the practice did not manage risks relating to fire and legionella. Though we saw evidence of steps taken to mitigate these risks after our inspection; the practice did not have this information available on the day of the inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 multidisciplinary teams 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



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Some patients we spoke with said it was difficult to get through to the practice on the telephone.
- 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.

Are services well-led?

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

Good



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

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 participated in the CCG wide Holistic Health Assessment scheme; undertaking health and social assessments for those patients over 80 or housebound patients over 65 with a view to putting together a comprehensive package of care through engagement with a wide variety of organisations including those within the voluntary sector.

People with long term conditions

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

Good



- Each GP took responsibility for a long term condition and worked to improve the standards of care for patients with the condition they managed. Patients at risk of hospital admission were identified as a priority.
- The practice held bi-annual 'virtual clinics' where patients with diabetes were reviewed with the assistance of a specialist consultant from a local hospital to ensure that care and treatment was optimised in accordance with best practice. The practice also held annual virtual clinics for patients with hypertension, atrial fibrillation, asthma and COPD.
- The practice performance was similar to national averages in respect of the management of its diabetic patients. The practice undertook two audits, proactively case finding and coding diabetic patients and recalling them. They also produced a leaflet for patients at risk of diabetes which provided advice on prevention. This had been translated into Spanish. The practice had also completed a CCG diabetes development plan, which focused on improving systems for patient recall and coding as well as staff training, in an effort to improve the management of diabetic patients.

Summary of findings

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 Royal College of Physician questions was 80% compared to 75% nationally.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice engaged with a number of services designed to support those with long term conditions or help prevent them from developing through lifestyle changes.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice held a paediatric clinic with the support of a paediatric registrar from a local hospital with a view to reducing the number of children referred to secondary care. The practice informed us that they held educational sessions for all practice staff after these clinics. The practice also had access to telephone advice from paediatric consultants based at three of the local hospitals.
- The practice could refer children to a paediatric allergy clinic based in the same building and a service which encouraged children to lead healthier lifestyles.
- The practice had developed information packs for pregnant mothers which were given out at the point of referral to an antenatal clinic and other information packs that are given out the 6 week check.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 77% compared with 82% nationally.
- 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 offered extended hours access Monday to Wednesday in the evenings.

People whose circumstances may make them vulnerable

Good



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 those with a learning disability. The practice had identified that they had a higher number of learning disabled patients than the local average.
- The practice had a high number of patients with learning disabilities (8.34 per 1,000 patients) we were told that this was recognised by the CCG as an exceptional outlier.
- One of the practice nurses undertook annual disability checks for all learning disabled patients, including a mental as well as physical health assessment; ensuring that patients were referred to appropriate primary and secondary care services where required. These checks were undertaken either in the practice or at the patient's home.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice provided a dedicated mobile contact number for patients who are deemed especially vulnerable to facilitate access.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- The practice nurse, GP and practice manager met with an 'Enter and View visitation team' from Lambeth Healthwatch to see how they could improve access and empathy in our services for patients with a learning disability.
- 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.
- The practice provides GP services to a number of services which cater to the needs of vulnerable people, for example a woman's refuge, homeless shelters and residential homes for those with learning disabilities.
- The practice provided support to a number of residential care homes which supported patients with learning disabilities. There was a lead GP who took responsibility for each home. We contacted staff at two of these homes who said that they were satisfied with the quality of care provided by the practice. They told us that staff treated residents with compassion and dignity and would refer them to secondary care where appropriate. One of the people we spoke with said that the only drawback was the difficulty in getting an urgent appointment. However the practice informed us that they encourage the homes to use email to contact them in order to prevent delays and that there was a bypass mobile number that staff in the homes could ring to facilitate contact.

People experiencing poor mental health (including people with dementia)

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

- The practice had identified approximately 25% of the practice population as having a mental health condition.
- The practice participated in the GP plus scheme. The scheme aims to manage patients, who were previously under the control of secondary care services, in a primary care setting.
- One of the practice partners was completing a diploma in mental health.
- Mental health indicators were at or above national averages. The practice had very low exception reporting for mental health related indicators.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 91% compared with 84% nationally.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- 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. For example a local teenage counselling service.
- 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.
- The practice provided GP services to a local rehabilitation service for patients with a history of substance misuse.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and seven survey forms were distributed and seventy-six were returned. This represented 1.2% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared to a national average 76%.
- 83% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to a national average 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were committed and caring. However six of the seven patients we spoke with said that it was difficult to get an appointment at the surgery. Several patients said that it was so difficult to get through on the telephone that they had to come to the surgery in person in order to make an appointment.

The practice scored 100% on the NHS friends and family test based on 17 responses.

The Exchange 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 adviser and a practice manager specialist adviser.

Background to The Exchange Surgery

The Exchange Surgery is based in Lambeth CCG and serves approximately 6,500 patients. The practice is registered with the CQC for the following regulated activities; Maternity and midwifery services, diagnostic and screening procedures, treatment of disease, disorder or injury and family planning.

The practice population has a larger proportion of patients of working age compared to national averages and one of the highest proportions of patients under five years old in the CCG, which is also significantly higher than the national average. The practice has a large proportion of non-English speaking patients. The practice is located in an area ranked within the fourth most deprived decile on the index of multiple deprivation scale.

The practice is run by four GP partners who are all female. The practice is a training practice and had two GP trainees at the time of our inspection. There are two practice nurses.

The practice is located in purpose-built premises at 2-8 Gracefield Gardens, London, SW16 2ST. The practice rents the property from Community Health Partnership who are the main tenant. The building is managed by Guys and St Thomas' Trust and facilities management is provided in part by Kier Group. The premises are shared with another

GP practice in addition to services provided by Guys and St Thomas NHS Trust including a phlebotomy service, district nursing staff and health visitors. The practice is located on the first floor and is accessible by stairs and a lift.

The practice is open between 8 am and 8 pm Monday to Wednesday and 8 am to 6.30 pm Thursday and Fridays. Appointments were available between these times. In addition to pre-bookable appointments that could be booked up to one week in advance (though follow up appointments can be booked up to six weeks in advance as necessary), urgent appointments were also available for people that needed them. The practice also offered telephone consultations with each clinician on a daily basis, as well as email consultations.

The practice offers 23 GP sessions per week with booked and emergency appointments available.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, improving patient online access, influenza and pneumococcal immunisations, learning disabilities, minor surgery, risk profiling and case management, rotavirus and shingles immunisation and unplanned admissions. The practice also provided Pertussis immunisations, Hepatitis B immunisations, HPV vaccinations, MMR catch-up, Hib/Men C and PCV Booster, substance misuse services, sexual health, including fitting

Detailed findings

coils and implants, smoking cessation, NHS health checks, disease-modifying antirheumatic drugs monitoring (medications used to treat rheumatoid arthritis) and ambulatory blood pressure monitoring.

And the local GP Delivery scheme which includes initiatives about children's asthma, long term conditions, severe mental illness, and referral review, as well as medicines optimisation

The practice is part of a local GP federation.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse and administrative staff and spoke with patients who used the service.

- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one of the significant events concerned missed childhood immunisations for a child. A review showed that the processes in place meant that if a baby missed being booked for their first vaccination, there would be a delay until they were picked up as having been missed. As a result the practice changed their processes to review all patients who are pregnant and all babies under 1 year old on a monthly basis. They now proactively sought information on new babies, register them and book them their 6 week check and first immunisation. If parents do not attend the appointment the practice nurse follows them up. The monthly searches also identify those who have made no appointment.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

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

meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and nurses to level 2. The practice had produced a safeguarding awareness checklist to ensure that practice staff were aware of the processes to follow if they identified a safeguarding concern, for example where to access local safeguarding contacts.

- The practice had a formal policy for the management of alerts that came from the National Patient Safety Agency, Medicines and Healthcare Products Regulatory Agency and any notifications from the Health Protection Agency.
- A notice in the reception area advised patients that chaperones were available if required. The notice was also translated into Polish and Spanish. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with and received training from the local infection locality lead to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found that the majority of recruitment checks had been undertaken

Are services safe?

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. The practice policy did not specify the number of references required when recruiting new staff. The practice has provided us with an amended policy which stipulates that two references will be obtained for any future employee.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed though the practice did not have immediate access to all information related to risk management.

- 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 on the door of the administrative office. The practice informed us that the responsibility for much of the buildings fire safety management rested with the managers of the building. They were not able to provide a fire risk assessment, proof that their fire equipment has been maintained and evidence of fire drills or fire alarm testing due to the building manager being on annual leave. They have subsequently supplied a risk assessment and confirmation of alarm testing and have supplied emails showing that they have requested the other evidence outstanding from the building manager. The practice was also unable to supply confirmation that legionella testing had been completed or a risk assessment to say why this was deemed unnecessary (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Since our inspection we received evidence that this had been completed within the last 12 months. 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.

- 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 and we were told that members of nursing administrative and reception staff would cover for one another when absent. The practice had a specific policy regarding staffing levels.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and panic alarms 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. However we saw that several members of staff had not completed basic life support training within the last 12 months. The practice believed that this training only needed to be completed every 18 months in accordance with previous guidance. The practice has since provided us with evidence that basic life support training has now been completed by all staff.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice had a lower than expected prevalence of chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD). They advised that they had undertaken audits in conjunction with the CCG in both 2009 which identified all patients over the age of 35 who were smokers. Another audit was undertaken in 2010 which undertook reviews of patients using inhalers to see if these patients should be coded as COPD. These patients were called in for spirometry. The practice had undertaken comparisons with other practices in the local population who had a similar demographic makeup and found that they were comparable to these practices. The practice said that they were confident that they were not missing patients who had COPD as they continue to be vigilant. The practice felt that the expectations for the number of cases has not been adjusted for the age distribution of their practice population. They expressed concern about the methodology for this modelling, as all practices across London have lower levels of COPD than expected by public health projections, despite extensive and repeated initiatives to identify more patients.

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 98.9% of the total number of points available, with 7.3% exception reporting. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable to the national average. For instance the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 93% compared to a national average of 94% and the percentage of those with a record of a foot examination and risk classification within the preceding 12 months was 93% compared to a national average of 88%. The practice held bi-annual 'virtual clinics' where patients with diabetes were reviewed with the assistance of a specialist consultant from a local hospital to ensure that care and treatment was optimised in accordance with best practice
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average; with 85% having had a blood pressure reading of 150/90mmHg or less within the last 12 months, compared to the national average of 84%.
- Performance for mental health related indicators was higher than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared to 88% nationally. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 91% compared to 84% nationally. The practice also had low exception reporting in mental health related fields. For instance 0% exception for dementia compared to 8.3% nationally, 12% for depression compared to 25% nationally and 1% compared to 11% nationally.

Clinical audits demonstrated quality improvement.

- The practice provided us with a list of the clinical audits they had completed since 2009. We review two completed audits which had been undertaken within the last two years. These were completed cycle audits where the improvements made were implemented and monitored. Findings were used by the practice to

Are services effective?

(for example, treatment is effective)

improve services. For example, we were shown an audit of 18 diabetic patients who had been reviewed at the practice's 'virtual clinic'. As a result of the review, care plans were amended for these patients, changing their medication and referring them to support services. At the subsequent review eight of the patients had shown improvement in their HbA1c (a test which determines how well controlled a patient's blood glucose has been over the previous 2-3 months), blood pressure and cholesterol level, further actions were planned for those whose measurements had not improved.

- Another audit aimed to identify and correctly code patients who were at risk of diabetes. This would better allow the practice to provide lifestyle advice and more effective monitoring to reduce progression of their diabetes. The practice reviewed their systems and found that only 41 patients were correctly coded and that there were 163 patients who were possibly at risk. These patients were then correctly coded and invited for a consultation with a GP. A template was set up on the system to prompt GPs to set an annual review date, offer advice and refer to support services. Four months later the practice had identified a further 39 patients as at risk but found that an additional 16 had not been correctly coded. The practice decided to do a search for high risk patients every three months to invite these patients for review.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, business continuity, equality and diversity and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending study days and practice nurse forums.

- 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, which was detailed in an education plan within their appraisal. Staff were also provided with support during clinical supervision and facilitation and GPs were helped during revalidation. All staff had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support (though some staff had not completed this training within the last twelve months) 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 patients to other services.

Staff worked together, and with other health and social care services, 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. We saw evidence that multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated. The practice told us that as the district nursing team and health visitors were located in their building they were able to have informal discussions when required.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, patients being cared for, at risk of developing a long-term condition, victims of female genital mutilation (FGM), with a learning disability, vulnerable patients and those with complex medical conditions. Patients were then signposted to the relevant service.

- The practice provided advice to patients regarding their diet and encouraged patients to stop smoking. Referrals could be made to other support services where required.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%. There was a designated member of the practice team who was responsible for sending text reminders for patients who did not attend for their cervical screening test and staff offered screening to patients if they attended the practice for other reasons. The practice ensured a female sample taker was available. Staff also promoted national screening programmes for bowel and breast cancer, and the practice was proactive in following up those who did not go for screening.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.9% to 98.7% and five year olds from 75.0% to 95.7%.

Flu vaccination rates for the over 65s were 66%, and at risk groups 53%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (national average 90%).

- 82% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

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 on the comment cards we received was also positive and aligned with these views.

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:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 0.6% of the practice list as carers. The practice website contained information about how to access the local carer's hub and advertised other avenues of support including financial assistance. Realising that this figure was comparatively low, the practice tried to identify other patients who acted as carers by sending text messages to all patients who had provided a mobile telephone number. This did not result in many new patients being identified as carers. Further analysis

Are services caring?

showed that locally many patients requiring carer support lived in residential facilities. As a result the practice now holds a “cared for” register of those patients who are receiving support from professional care staff.

The practice provided support to a number of residential care homes which supported patients with learning disabilities. We contacted staff at two of these homes who said that they were satisfied with the quality of care provided by the practice. They told us that staff treated

residents with compassion and dignity and would refer them to secondary care where appropriate. One of the people we spoke with said that the only drawback was the difficulty in getting an urgent appointment.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and the bereavement was recorded on the family’s records. Patients were then offered a consultation with their named GP at a flexible time to meet the family’s needs and GPs could refer bereaved people to a local counselling service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For instance the practice participated in Holistic Health Assessment initiative; completing assessments of housebound patients over 65 and those over 80 and engaging with other organisations to address the patients' health and social needs.

One of the practice partners was a member of the local medical committee and was Director and Chair of the local out of hours provider. The practice manager was chair of the local practice manager's forum.

- The practice offered a 'Commuter's Clinic' Monday to Wednesday evening until 8.00 pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or those who required a translator or had any communication difficulties.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had a fact sheet on its website that could be translated into numerous languages using translation software which provided patients with information on how to access NHS health services. One member of practice staff spoke Polish and another spoke Spanish, two languages commonly spoken in the area, and they were able to translate for patients. One of the GPs spoke Gujarati. The practice also had access to telephone translators.
- Two of the GPs in the practice ran acupuncture clinics.
- The practice was based in the same building as a local GP access hub which provided care to patients 8 am till 8 pm Monday to Friday and 10 am till 6pm Saturday and Sunday. There was also a walk-in' service available in the building between 11 am and 8 pm weekdays and 8 am- 8 pm weekends and bank holidays . Other services located in the same building as the practice included

midwifery, phlebotomy, ECG, gynaecological ultrasound services, obstetrics, echocardiography, audiology, Diabetic Intermediate Clinical Team, health visitor clinics, paediatric optometry, and a shop front for services provided by Lambeth Council.

- One of the GPs had a specialist interest in dermatology.
- The practice was part of the GP plus scheme; supporting mental health patients in the community who would traditionally be looked after by hospital doctors.
- The practice provided GP services to a number of services which cater to the needs of vulnerable people, for example a woman's refuge, homeless shelters and residential homes for those with learning disabilities.
- The practice provided GP services to a local rehabilitation service for patients with a history of substance misuse.
- One of the practice partners was completing a diploma in mental health which it was hoped would increase the level of expertise in this subject and that patients would improve the quality of the primary healthcare the practice's mental health patients received.
- The practice had a dedicated mobile phone for staff at the associated care homes to use to contact the surgery. The lead GP for each home also encouraged staff to contact them via email.

Access to the service

The practice was open between 8 am and 8 pm Monday to Wednesday and 8 am to 6.30 pm Thursday and Fridays. Appointments were available between these times. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them. The practice was located on the first floor and was accessible by lift for those patients with mobility issues.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% patients said they could get through easily to the surgery by phone (national average 73%).
- 34% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that it was difficult to get through to the surgery on the telephone. The practice told us that in response to repeated patient surveys and consultations in 2014 they had amended their system so that appointments were released at three times across the day to try to spread the number of patients calling for an appointment more evenly throughout the day. The practice made all doctor appointments bookable online in 2014, and have extensively advertised online booking on their appointment cards, Jayex board, website and told us that they were continuing to work with their PPG to promote online access. We were told that the practice were unable to get additional phone lines because these were owned and maintained by South East London Commissioning Support Unit (SELCSU) who informed the practice that they were not able to change their telephone system and the current system had limited available configurations. The practice supplied us with an email asking the SELCSU to confirm this for the purposes of our inspection. We saw a similar email from the building manager. We have received no response from the SELCSU and the practice informed us that this service is currently being re-commissioned.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw that the practice had translated its complaints policy into Polish.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had a leaflet with information on how to complain, and how patients could take the matter forward if they were unsatisfied with the practice's response. This was available in several languages. Information on how to complain was also available on the practice's website.

The practice had received nine written and 16 verbal complaints. We looked at four complaints received in the last 12 months and found these were dealt with satisfactorily. Acknowledgement letters were sent out in a timely fashion, investigations were thorough and responses were provided which detailed any action taken as a result of the complaint as well as an apology. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example, a complaint was received at the practice regarding test results which were incorrectly noted as being normal by staff. To reduce the risk of future errors, staff were reminded about the process for receiving and recording results and feedback was sent to the lab about how results were provided.

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 practice manager's office and staff knew and understood the values.
- The practice held annual offsite strategy meetings and fortnightly strategic partnership meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff and staff were aware of them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a risk register which had risks related to governance, IT and finance. However the practice did not have access to risk assessments which related to matters that were under the jurisdiction of the building manager on the day of the inspection. These were subsequently provided after the inspection.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- 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, felt confident in doing so and felt supported if they did. We noted that the practice held learning and team building events six times a year.
- Staff said they felt respected, valued and supported, particularly by the partners 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.
- Practice staff also took active leadership roles in various organisations within the wider locality. For instance one partner was the director and chair of the out of hour's provider and has been involved in the setting up of the local federation. Two of the partners were involved in the local trainers group and the practice manager was the co-chair of the local practice manager's forum.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice PPG met regularly and submitted proposals for improvements to the practice management team. The

Are services well-led?

Good 

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

practice acted on the feedback it had received. For example, on the basis of patient feedback gathered through the Friends and Family test about the limitations of the practice's appointment system and appointment availability, the practice increased the number of telephone consultations that clinicians would undertake each day as a means of increasing patient access. The PPG told us that the practice was in the process of acquiring a television for the waiting area. The practice also told us that they were working with the PPG on a campaign to encourage the use of the online appointment system and were getting Wi-Fi for the reception area.

- The practice had gathered feedback from staff through team building events, staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Moreover staff told us they felt involved and engaged to improve how the practice was run. For instance the practice had a notice board in the corridor which was used for health campaigns and promotions. A member of the reception and administrative team told us that they were involved in designing an upcoming campaign to promote breast screening. One of the nurses showed us a spreadsheet which detailed all the vaccinations that the practice

administered. We were told that this had been introduced at the suggestion of her colleague and served as a failsafe mechanism in the event of any adverse incidents.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For instance the practice participated in the GP plus scheme. This scheme involved the local mental health trust identifying stable patients who were suitable for onward management by a GP. The trust would then meet with a GP and the patient to agree a suitable care plan. The GP would then become the care coordinator for that patient and provide care for these patients within the practice, including an annual physical health check. The practice also participated in the pilot phase of the local care record initiative, to improve information sharing between primary and secondary care organisations in the CCG. The practice was recognised at a national level for this work as a leading example of using innovation to improve patient services. The practice had a strong focus on learning and improvement and participated in a number of initiatives to support training and development including an exchange programme with GP trainees from Europe and various clinical and non clinical work experience and placement programmes.