

Burney Street PMS

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 Burney Street PMS on 26 January 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 to patients were assessed and well managed. There was an up-to-date fire risk assessment but it had not previously been updated at regular intervals.
- 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 said they found it easy to make an appointment with a named GP and 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. Yearly appraisals had been conducted but they were not always recorded appropriately and the practice had not followed its policy on the regularity of infection control training.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- The practice had been awarded a young people friendly award every year from 1999 to 2015, most recently by the Royal Borough of Greenwich local authority, following a 'mystery shopper' programme of assessments carried out by young people seeking advice about contraception and sexual health in the practice.

Summary of findings

There are areas where the provider should make improvements. They should:

- Ensure fire risk assessments are conducted on a regular basis.

- Ensure practice policies are followed, and appraisal summaries are completed.

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 in the practice.
- 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.
- Risks to patients were well assessed and well managed. A fire risk assessment was conducted in 2015 but had not previously been updated at regular intervals.

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 annual appraisals for all staff; however several of the appraisal summaries we reviewed had not been completed.
- Staff worked with multi-disciplinary 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 similar to 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 (CCG) to secure improvements to services where these were identified. For example, the practice signed up to the CCG's Year of Care scheme in August 2015 which aimed to improve the diagnosis and management of chronic obstructive pulmonary disease, diabetes, hypertension and heart disease.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- Staff had received customer service training to improve patients' experience.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice had not adhered to its infection control training policy which stated that infection control training should be completed annually.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and regularly contributed ideas for improvements to the practice.

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.
- Longer appointments and home visits were available for older people when needed.
- Every patient aged 75 and over had a named GP.
- The GPs provided care for a local residential care home twice a week, and feedback from the manager of this home was positive about the level of service they received.
- Seventy percent of patients aged over 65 years received the annual flu vaccine, which was comparable to the national average of 73%.
- All female patients aged above 60 years were given an optional bone density scan to detect those at risk of osteoporosis.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, 100% of patients aged 75 years or over with a fragility fracture and a diagnosis of osteoporosis were being treated with a bone-sparing agent, compared to the clinical commissioning group average of 97% and the national average of 93%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Seventy-five percent of patients with diabetes had well-controlled blood sugar levels, which was comparable to the national average of 77%.
- Longer appointments and home visits were available for these patients when needed.
- All these patients had a named GP and the practice was performing in line with national averages for conducting annual reviews of patients with a long term condition. For example,

Summary of findings

73% of patients had a review in the previous 12 months (national average 75%) and 87% of patients with chronic obstructive pulmonary disorder had a review in the previous 12 months (national average 90%).

- 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.
- There were monthly meetings to discuss patients at risk of unplanned hospital admission.

Families, children and young people

The practice is rated as outstanding 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.
- Childhood immunisation rates for the vaccinations given to children aged under two years ranged from 75% to 100%, and for five year olds from 56% to 83%. Eighty-two percent of women aged 25 to 64 years had a cervical screening test in the previous five years, which was comparable to the national average of 82%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice was awarded a young people friendly award every year from 1999 to 2015, most recently by the Royal Borough of Greenwich local authority, following a 'mystery shopper' programme of assessments carried out by young people seeking advice about contraception and sexual health in the practice.
- There was a system to alert practice staff to vulnerable young patients living at a local youth hostel. These patients were prioritised for urgent appointments after the practice identified there was a high incidence of non-attendance to booked appointments by this group due to poor mental health and emotional problems.
- 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.
- Extended hours were available from 7.00am to 8.00am Monday to Thursday for patients who could not attend during normal opening hours.
- The practice offered online appointment booking and repeat prescription requests as well as a full range of health promotion and screening that reflected the needs of this age group.
- Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

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. They told us homeless people were able to register as patients.
- 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 and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

- Eighty percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.

Summary of findings

- Eighty percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was below the national average of 88%. The practice had implemented changes to improve their management of patients with poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They carried out review consultations with a local psychiatrist to improve the management of these patients.
- 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.
- A consultation room was used for counselling sessions provided by a local psychological therapies group, for patients at the practice.
- 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.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 07 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 124 were returned. This represented approximately one percent of the practice's patient list.

- 82% found it easy to get through to this surgery by phone compared to the clinical commissioning group (CCG) and national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 65% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were mostly positive about the standard of care received. Several patients commented that they received a good, efficient service and that staff were attentive and respectful, but there were five comments about difficulties getting appointments. We spoke with five patients during the inspection, all of whom were members of the practice's patient participation group. All of these patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice carried out a monthly friends and family test. In December 2015, 332 survey forms were distributed and 104 were returned, which represented around one percent of their patient list. Results from December 2015 showed that 86% of patients at the practice were either likely or very likely to recommend the practice to a friend or family member, and eight percent were unlikely or very unlikely to do so. There were very positive comments on consultations with the GPs and nurses and five responses regarding long waits to get appointments.

Burney Street PMS

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Burney Street PMS

The practice operates from two sites in the London borough of Greenwich. The main site (Burney Street PMS) is situated in Greenwich and the branch site (Wallace Street Health Centre) is located in Deptford. It is one of 42 GP practices in the Greenwich clinical commissioning group (CCG) area. There are approximately 15,800 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include influenza and pneumococcal immunisations, learning disabilities, minor surgery, and rotavirus and shingles immunisation.

The practice has a higher than average population of patients aged from birth to five years and from 15 to 44 years. Its rate of income deprivation affecting children and

adults is higher than the national average. Of patients registered with the practice, 92% are white, 4% are black, 9% are Asian and 5% are from a mixed or other ethnic background.

The clinical team includes a male GP partner, a female GP partner, five female salaried GPs, a male salaried GP, two female long term locum GPs, four practice nurses and a health care assistant. The GPs provide a total of 46 sessions per week across both sites. The clinical team is supported by a practice manager, an assistant practice manager and six reception/administrative staff.

The practice is open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 7.00am to 8.00am Monday to Thursday. Appointments are available from 7.00am to 5.30pm Monday to Thursday and from 8.30am to 5.30pm Friday. There are three treatment/consulting rooms on the ground floor and four consulting rooms on the first floor at the main site. There are two treatment rooms and four consulting rooms at the branch site, all of which are on the ground floor. There is wheelchair access and baby changing facilities at both sites.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing urgent care out of normal hours to contact the NHS emergency and urgent care service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. It had not previously been inspected by the Care Quality Commission.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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 26 January 2016. During our visit we:

- Spoke with a range of staff including the practice manager, receptionists and administrative staff, GPs and nurses. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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.

- 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)

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, following an incident involving a missed screening result, the practice investigated the incident and implemented a policy for dealing with test results. This policy was included in the induction for new employees and learning points from the incident were discussed with practice staff at a subsequent meeting.

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 were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, nurses to level 2 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, staff had received training in 2014 but this training had not been updated in 2015 in accordance with the practice policy. The last infection control audit was undertaken in September 2015 and we saw evidence that action was taken to address any improvements identified as a result. A further audit was booked, to be conducted in February 2016.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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.
- Recruitment checks included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment.
- 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.

Are services safe?

Monitoring risks to patients

Risks to patients were well assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice conducted regular fire drills. They had carried out a fire risk assessment in 2010 with an update carried out by the practice manager in 2015. This was the first update since 2010. 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).
- 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, and staff provided cover for each other during periods of planned or unexpected absence to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- 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 defibrillator available on the premises, and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, and staff were encouraged to keep a personal copy of these contact details.

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 guideline updates 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. They told us they did not conduct random sample checks of patients' records but the partners analysed records data on a quarterly basis and investigated any instances where guidelines were not being followed, and any learning points would be shared with staff at a subsequent practice meeting.

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 for the practice were 94.3% of the total number of points available, with 7.1% 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 2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example, 75% of patients with diabetes had well controlled blood sugar levels in the previous 12 months (national average 78%).

Eighty-six percent of patients with diabetes had a foot examination and risk classification in the previous 12 months (national average 88%).

Ninety-five percent of patients with diabetes received the annual flu vaccine in the previous seven months (national average 94%).

Eighty-two percent of patients with diabetes had well-controlled blood pressure in the previous 12 months (national average 78%).

- Performance for hypertension related indicators was similar to the national average. Eighty-five percent of patients with hypertension had well-controlled blood pressure (national average 84%).
- Performance for mental health and dementia related indicators was below the national average. Eighty percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan (national average 88%). Eighty percent of patients with dementia had a face-to-face review of their care in the previous 12 months (national average 84%). The practice told us all patients who needed a review had been invited to receive it at the time of our inspection, and they participated in joint consultations with a local consultant psychiatrist to improve their management of patients with poor mental health.
- After recognising that their prevalence figures for chronic obstructive pulmonary disease (COPD) were low in 2014, the practice upgraded their spirometer to a more effective model. They told us this resulted in an increase from 96 patients identified as having the disorder in 2014 to 117 in 2015. Nationally published health statistics showed that prevalence for COPD remained 56% below the national average in 2015. The practice explained that a GP partner recently ran a search to identify all patients with COPD who needed a review, and they would continue to monitor their performance in relation to COPD.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of which was a completed two-cycle audit on wound dressings, where the improvements made were implemented and monitored. The first cycle of the audit conducted in June 2014 identified 11 patients who needed a review of their wound management in conjunction with a podiatrist or tissue viability nurse. The second cycle conducted in March 2015 found that six of these patients had received their review and two had passed away.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation and research. The practice participated in peer reviews with a syndicate of 10 local GP practices which met regularly.

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, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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 access to on line resources and discussion at practice meetings and nursing forums.
- The senior partner acted as the CCG's educational lead for Blackheath and Charlton. They were part of an education committee which arranged apprenticeships, peer support for clinical staff, and nursing mentorships, workshops and training within the local area.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months; however details of the appraisal summaries had not always been completed. The practice manager told us they had identified this as an area which needed to be strengthened.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information, such as NHS patient information leaflets, was available in the waiting areas.
- 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 on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Clinical staff received MCA training in November 2015 and the practice had scheduled further MCA training to be completed in February 2016. 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.
- The process for seeking consent was monitored through records audits. Reception staff and the practice manager regularly ran searches on the computer system to identify any records where consent had not been coded for routine consultations and minor surgery.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients were then signposted to the relevant service.
- The practice referred patients who needed weight management advice to the CCG's dietician team. Smoking cessation advice was available from the health care assistant.

The practice's uptake for the cervical screening programme was the same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Seventy-one percent of females aged between 50 and 70 years had been screened for breast cancer in the previous 3 years, which was in line with the

national average of 72%. Fifty-two percent of patients aged between 60 and 69 years had been screened for bowel cancer in the previous two and a half years, which was below the national average of 58%.

Childhood immunisation rates for the vaccinations given to children aged under two years ranged from 75% to 100%, and for five year olds from 56% to 83%.

The flu vaccination rate for the over 65s was 70%, which was below the national average of 78%, and the rate for at risk groups was 51%, which was below the national average of 58%.

The practice invited patients to receive the annual flu vaccine by letter, telephone and text messaging, and offered it to patients in the practice opportunistically. They told us they held early morning and evening flu clinics during the week and Saturday morning flu clinics to encourage attendance for flu vaccination. Additional clinics were held during the half-term school period, and they promoted these services within the practice.

Patients had access to appropriate health assessments and checks. These included 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, and they could offer them a private room to discuss their needs.

The majority of the 30 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 five patients, all of whom were 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 patients 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's satisfaction scores on consultations with GPs and nurses were mostly above local and national averages. For example:

- 95% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 81%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 88%, 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 mostly above local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

Staff told us that translation services were available for patients who did not speak or understand English. We saw notices in the reception areas informing patients this service was available.

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 also a carer. The practice had identified one percent of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population. It engaged with the NHS England Area Team and attended meetings with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice signed up to the CCG's Year Of Care scheme in August 2015 which aimed to improve the diagnosis and management of chronic obstructive pulmonary disease, diabetes, hypertension and heart disease. At the time of our inspection, the practice had not yet analysed the impact of the scheme on patients' outcomes but planned to do so in future.

- The practice offered a 'Commuter's Clinic' on a Monday to Thursday morning, daily telephone consultations and a range of online services for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, those who needed a review of a long term condition or travel vaccine, and patients who needed a translator.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Early morning and evening flu vaccination clinics were available. Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered receptionist and administrative apprenticeship schemes and work experience opportunities for gap year students who wanted to become doctors.
- Both practice sites were wheelchair-accessible, and baby changing facilities and translation services were available.
- The practice provided a room for an external counsellor to provide psychological therapy sessions for patients at the practice.

- Staff had received training to enable them to improve their awareness of female genital mutilation, and to understand their responsibilities in relation to young patients who may be at risk.
- The practice was awarded a young people friendly award every year from 1999 to 2015, most recently by the Royal Borough of Greenwich local authority, following a 'mystery shopper' programme of assessments carried out by young people seeking advice about contraception and sexual health in the practice.
- All staff had received customer service training, including training to improve their management of patients with poor mental health, learning difficulties, language barriers and challenging behaviours.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 7.00am to 5.30pm Monday to Thursday and from 8.30am to 5.30pm Friday. Extended surgery hours were offered between 7.00am to 8.00am Monday to Thursday. 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. Daily telephone consultations were available between 10.30am and 11.30am.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone (CCG & national average 73%.
- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. There were five comments out of the 30 Care Quality Commission comment cards we reviewed regarding difficulties getting appointments. The practice told us they had recently made

Are services responsive to people's needs?

(for example, to feedback?)

efforts to improve access to appointments for patients by recruiting additional GPs, extending telephone consultations by 30 minutes per day and by allocating less complex cases to practice nurses.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available in the practice's leaflet and on their website, and on posters in the waiting areas to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and found they were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint regarding the poor attitude of a member of staff resulted in an apology to the patient affected, a discussion with relevant staff, and staff training in customer service to avoid a similar recurrence and improve patients' experience.

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. It was not displayed in the waiting areas but staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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; however the practice had not followed its infection control training policy which stated that infection control training should be conducted annually by all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however these were not always robust in relation to the regularity of fire risk assessments conducted.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The 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 and we saw evidence to demonstrate this.
- 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 in doing so and felt supported if they did. We noted team away days were held every 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 delivered by the practice.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice introduced a telephone queue system in November 2015 in response to feedback from patients. They also included a recorded telephone prompt to inform new patients about the types of questions the receptionist might ask.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through regular informal discussions, staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run; suggestions from staff had been used to make improvements to the practice's triage system.