

# Plumstead Health Centre PMS

## Quality Report

Plumstead Health Centre

Tewson Road

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Date of inspection visit: 10 November 2016

Date of publication: 11/01/2017

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?

Requires improvement 

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 Plumstead Health Centre PMS on Thursday 10 November 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 for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, there was no failsafe procedure in place to ensure that results were received for all specimens sent for cervical screening.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, the performance rates for the Quality and Outcomes

Framework for a number of indicators were below the local and national average. Only two audits had been undertaken in the previous 12 months neither of which showed an improvement to patient outcomes.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able 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. However, a business continuity plan was not available and the practice were unsure if Legionella checks had been carried out and did not monitor cleaning schedules.

# Summary of findings

- 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.

There were areas where the provider must make improvements:

- The provider must improve patient outcomes by implementing a clinical quality improvement programme and monitoring performance against the Quality and Outcomes Framework and clinical audit.

There were areas where the provider should make improvements:

- The provider should implement a failsafe procedure to ensure that results are received for all specimens sent for cervical screening.
- The provider should produce a business continuity plan for major incidents such as power failure or building damage and ensure this is made available to staff.
- The provider should ensure that they establish protocols with the premises owners of both sites for sharing information about the maintenance of the premises, such as cleaning schedules and various risk assessments.

**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 for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. However, a failsafe procedure was not in place to monitor and ensure that results were received for all specimens sent for cervical screening.
- The practice were unsure if legionella checks had been carried out on the premises and did not monitor cleaning schedules.

### Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- The total QOF points achieved by both practices for 2014/15 was 89% which was comparable with the clinical commissioning group (CCG) average of 92% and national average of 95%.
- The overall Exception Reporting rate for Plumstead Health Centre PMS of 9% and Tewson Road PMS of 11% was comparable to the CCG average of 7% and national average of 9%.
- QOF data for 2014/15 and 2015/16 showed that patient outcomes for a number of indicators were below the local and national averages.
- Clinical audits did not demonstrate quality improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and staff maintained confidentiality of patient information.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice 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.
- Despite the pressures imposed on the provider by the recent merger they had agreed to continue their arrangement to temporarily care for the patients from a neighbouring practice whilst the NHS England area team confirmed future arrangements for the patients.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- 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.

Good



# Summary of findings

- 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 the reporting and investigation of incidents and shared this information 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 contributed to the development of the practice improvement programme.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Some Quality and Outcomes Framework (QOF) performance indicators for conditions found in older people were below the local and national average.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the multi-disciplinary care team and met regularly to discuss patients on their caseload.
- Patients with poor mobility were visited at home for their annual review and flu vaccination.

Good



### People with long term conditions

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

- GPs worked closely with practice nursing staff and community specialist nurses in the management of patients with long-term conditions.
- The practice performance rate for the Quality and Outcomes Framework (QOF) diabetes related indicators was comparable to the local and national average. However, QOF performance indicators for some long-term conditions were below the local and national average.
- Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review was offered 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. These patients were discussed at the quarterly multi-disciplinary team meetings.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations were comparable to local and national averages.
- Children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national averages.
- 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, who held an antenatal clinic at the surgery every week. Health visitors were based on the premises and attended safeguarding meetings at the practice as required.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available at the surgery two evenings a week.
- The practice was proactive in offering online services.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.
- A daily phlebotomy clinic was provided on-site from Monday to Friday.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and annual reviews for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good





# Summary of findings

- The practice informed vulnerable patients 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.

## 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).

2014/15 QOF performance rates for Plumstead Health Centre showed that:

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local average of 84% and national average of 84%.
- 67% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was below the local average of 85% and national average of 88%.

2014/15 QOF performance rates for Tewson Road showed that:

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 84% and national average of 84%.
- 90% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 85% and national average of 88%.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia.

- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency with mental health problems.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed that both practices were performing in line with local clinical commissioning group (CCG) and national averages for most indicators.

### **Plumstead Health Centre PMS:**

306 survey forms were distributed and 121 were returned. This represented a response rate of 40% (2.24% of the practice patient list).

- 81% of patients found it easy to get through to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 76% and national average of 80%.

### **Tewson Road PMS:**

291 survey forms were distributed and 104 were returned. This represented a response rate of 36% (1.95% of the practice's patient list).

- 62% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 30 comment cards which were positive about the standard of care received. Two cards also included negative comments regarding difficulty booking appointments. Patients described the care received as excellent and commented that staff were friendly and patients were always treated with courtesy and respect.

We spoke with 11 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients said they would recommend the practice.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

#### August 2016

- Plumstead Health Centre PMS: 280 patients surveyed (83 responses) – 83% of patients were likely to recommend the practice
- Tewson Road PMS: 391 patients surveyed (109 responses) – 79% of patients were likely to recommend the practice

#### September 2016

- Plumstead Health Centre PMS: 407 patients surveyed (82 responses) – 84% of patients were likely to recommend the practice
- Tewson Road PMS: 30 patients surveyed (7 responses) – 71% of patients were likely to recommend the practice

#### October 2016

This was the first Friends and Family survey carried out following the merger of the two practices:

- 342 patients surveyed (112 responses) – 86% of patients were likely to recommend the practice.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- The provider must improve patient outcomes by implementing a clinical quality improvement programme and monitoring performance against the Quality and Outcomes Framework and clinical audit.

### Action the service **SHOULD** take to improve

- The provider should implement a failsafe procedure to ensure that results are received for all specimens sent for cervical screening.
- The provider should produce a business continuity plan for major incidents such as power failure or building damage and ensure this is made available to staff. The provider should ensure that they establish protocols with the premises owners of both sites for sharing information about the maintenance of the premises, such as cleaning schedules and various risk assessments.

# Plumstead Health Centre PMS

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser, a Practice Nurse Specialist Adviser and an Expert by Experience.

## Background to Plumstead Health Centre PMS

Plumstead Health Centre PMS is based in Plumstead Health Centre, a large two storey, purpose-built property off Tewson Road in Plumstead. The premises are shared with various community health services such as district nursing, health visiting and speech therapy. There is a large amount of free parking surrounding the premises.

The ground floor accommodation rented by the provider includes five consulting rooms, four treatment rooms, an isolation room, a private/examination room, five administration offices and a large reception area. There is also a large waiting area which is shared with community services.

The practice also has a branch surgery based in purpose-built premises at 2 Garland Road, Plumstead, SE18 2AE which is less than one mile from the main surgery. The minor surgery treatment room is located at the branch surgery.

Both properties are rented from Oxleas NHS Foundation Trust (the Trust) and located within a predominantly residential area of Plumstead in the Royal Borough of

Greenwich. Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality. The provider is in current negotiations with the Trust regarding the updating and refurbishment of the property.

The provider, Plumstead Health Centre PMS, is registered with the CQC as a Partnership of four GP partners. This newly merged partnership has 10,738 patients. (Plumstead Health Centre PMS (5,412 patients) and Tewson Road PMS (5,326)). The current partnership was formed from the merger of two previously separate practices both of which were based in Plumstead Health Centre. The Tewson Road PMS partnership (two partners) merged with Plumstead Health Centre PMS partnership (two partners) on 1 October 2016.

At the time of the inspection the provider was also temporarily responsible for providing GP services to an additional 3,600 patients from a local practice which was temporarily closed. These patients were mainly seen at the branch surgery.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are locally agreed agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure, ie who can hold a contract).

The practice is registered with the CQC to provide the regulated activities of maternity and midwifery services; treatment of disease, disorder or injury and diagnostic and screening procedures.

## Detailed findings

The practice age distribution is similar to the national average. The surgery is based in an area with a deprivation score of 5 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by four full time GP partners (three male and one female); three part-time locum GPs (providing five sessions per week); two Practice Nurses (1.4 wte), one locum Practice Nurse (0.4 wte) and one part-time Health Care Assistant (0.6 wte).

The practice management team includes a Practice Manager (1 wte), Deputy Practice Manager (1 wte) and human resources (HR) officer (1 wte).

Administrative services are provided by a medical secretary (1 wte), two prescription clerks (1.5 wte), six administration/data entry clerks (5 wte) and 10 reception staff (5.8 wte).

Reception at the Plumstead Health Centre premises is open between 8am and 7pm Monday, Wednesday and Thursday and from 8am and 8pm on Tuesday and Friday. Telephone lines are open from 8am to 6.30pm Monday to Friday.

The reception and telephone lines at the Garland Road premises are open between 9am and 6.30pm Monday, Tuesday, Wednesday and Friday and from 9am to 1pm on Thursday.

At the Plumstead Health Centre premises, pre-booked and urgent appointments are available with a GP from 8.30am to 12.40pm and 3.30pm to 6.30pm on Monday; from 9am to 12.30pm and 4pm to 7.45pm on Tuesday and Friday; from 9.30am to 11.40am and 4.30pm to 6pm on Wednesday and from 9.15am to 12.30pm and 4.15pm to 6.30pm on Thursday.

At the Garland Road premises pre-booked and urgent appointments are available with a GP from 9.30am to 11.40pm and 4pm to 5.50pm Monday, Tuesday, Wednesday and Friday.

The practice is closed at weekends. However, if urgent appointments are not available at the surgery on a Friday, the practice has ten appointments available to book on the Saturday and Sunday at the alliance hub GP service in Thamesmead or Eltham.

Pre-booked appointments are available with the Practice Nurse at the Plumstead Health Centre premises from 4pm

to 6pm on Monday; from 9.40am to 12.30pm and 1pm to 7.45pm on Tuesday; from 9.40am to midday and 2pm to 5.20pm on Wednesday; from 9.15am to 11.30am and 1pm to 4.30pm on Thursday and from 1pm to 7.30pm on Friday.

Pre-booked appointments are available with the Practice Nurse at the Garland Road premises from 9.40am to 12.30pm and 3pm to 5.30pm on Monday and from 10.10am to 12.40pm and 2pm to 7.30pm on Friday.

Pre-booked appointments are available with the Health Care Assistant at the Plumstead Health Centre premises from 9.40am to midday on Monday; from 9.40am to 1pm Tuesday and Thursday and from 9.40am to midday and 4pm to 6pm on Friday.

When the surgery is closed urgent GP services are available via NHS 111.

## Why we carried out this inspection

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

## How we carried out this inspection

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 Thursday 10 November 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, Practice Nurse, Health Care Assistant, the practice management team and reception/administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Reviewed an anonymised sample of the treatment records of patients.

# Detailed findings

- 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 (QOF) data, this relates to the most recent information used by 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 or deputy manager of any incidents and there was an incident recording form available on the practice computer system. The incident reporting procedure supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of all significant events which were discussed at the monthly clinical meeting attended by the Practice Manager and clinical staff. Learning was shared with staff as required and a serious event analysis and complaints meeting was held annually when a summary of incidents and complaints, including a trend analysis, was shared with all practice staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a delayed referral for retinal screening for a diabetic patient led to the development of a new protocol for managing the workflow of clinical letters within the practice.

### 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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when required and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and Nurses were trained to Child Safeguarding level 3; the Health Care Assistant to level 2 and administrative staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. The Health Care Assistant and all reception staff acted as chaperones. They were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead for the practice and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address all improvements identified. The premises cleaning contract was provided and monitored by the premises owners (the local community services Trust). The provider was not aware of, and did not monitor the cleaning schedules provided by the cleaning services.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had appointed two administrative staff as repeat prescription clerks and they received training and support for this role.
- 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.



## Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A record was kept of batch numbers of blank prescriptions placed in printers.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer some medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Patient Specific Directions (PSDs) had been adopted by the practice to allow the Health Care Assistant to administer vaccines and medicines against a patient specific direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 displayed in the reception office.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A variety of other risk assessments had been carried out by the NHS Trust who owned the building such as

control of substances hazardous to health and fire safety. However, the provider was unsure if a legionella check had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- An annual infection control audit was carried out by the Practice Nurse.
- 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 staffing groups to ensure sufficient staff were on duty. GP, nursing and administrative staff provided annual leave cover for colleagues. Locum GPs were also used to ensure sufficient cover was provided. At the time of the inspection locum GPs were being used to help provide the additional cover required to provide GP services to the temporary patients. The rota ensured that there was a GP partner present for all sessions.

### Arrangements to deal with emergencies and major incidents

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

- There was panic alarm on the telephone system in all consultation and treatment rooms which alerted staff to an emergency.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- A first aid kit and accident book were available in reception.
- The practice were in the process of finalising their business continuity plan for major incidents such as power failure or building damage.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

#### Plumstead Health Centre PMS

The QOF results for 2014/15 showed that Plumstead Health Centre PMS had achieved 89% of the total number of points available compared to the local Clinical Commissioning Group (CCG) average of 92% and national average of 95%. The exception reporting rate for this period was 9%. This was similar to the CCG average of 7% and the national average of 9%. (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).

- 2014/15 performance for diabetes related indicators of 82% was comparable to the CCG average of 81% and national average of 89%. The 2015/16 performance data remained comparable.

QOF performance data also showed that Plumstead Health Centre PMS was an outlier for some clinical targets:

- The 2014/15 performance for mental health related indicators of 81% was below the CCG average of 90% and national average of 93%. The 2015/16 performance rate of 47% remained below the CCG average of 84% and national average of 93%.

- 2014/15 performance for hypertension related indicators of 85% was below the CCG average of 96% and national average of 98%. The 2015/16 performance rate of 68% remained below the CCG average of 91% and national average of 97%.
- 2014/15 performance for dementia related indicators of 80% was below the CCG average of 91% and national average of 95%. The 2015/16 performance rate of 82% remained below the CCG average of 94% and national average of 97%.
- 2014/15 performance for cancer related indicators of 86% was below the CCG average of 96% and national average of 98%. The 2015/16 performance rate of 61% remained below the CCG average of 92% and national average of 98%.

Data from 2015/16 showed some improvement in the asthma related indicators:

- The 2014/15 performance rate for asthma related indicators of 86% was below the CCG average of 96% and national average of 98%. The 2015/16 performance rate of 100% was comparable to the CCG average of 94% and national average of 97%. The exception reporting rates for the asthma related indicators were above the local and national average.

#### Tewson Road PMS

The QOF results for 2014/15 showed that Tewson Road PMS had achieved 89% of the total number of points available compared to the local CCG average of 92% and national average of 95%. The exception reporting rate for this period was 11%. This was similar to the CCG average of 7% and the national average of 9%.

- Performance for asthma related indicators of 100% was comparable to the CCG average of 96% and national average of 98%.
- Performance for cancer related indicators of 100% was comparable to the CCG average of 96% and national average of 98%.

Data from 2015/16 showed that performance rates for these indicators remained comparable to local CCG and national averages.

QOF performance data showed that Tewson Road PMS was an outlier for some clinical targets.

# Are services effective?

## (for example, treatment is effective)

- 2014/12 performance for hypertension related indicators of 82% was below the CCG average of 96% and national average of 98%. 2015/16 performance rates of 56% remained below the CCG average of 91% and national average of 97%.

Tewson Road PMS performance rates for the following indicators were comparable to CCG and national averages for 2014/15 but were below the CCG and national averages for 2015/16:

- 2014/15 performance for diabetes related indicators of 87% was comparable to the CCG average of 81% and national average of 89%. The 2015/16 performance rate of 58% was below the CCG average of 78% and national average of 90%.
- 2014/15 performance for mental health related indicators of 92% was comparable to the CCG average of 90% and national average of 93%. The 2015/16 performance rate of 76% was below the CCG average of 84% and national average of 93%.
- 2014/15 performance for chronic obstructive pulmonary disease (COPD) indicators of 89% was comparable to the CCG average of 93% and national average of 96%. The 2015/16 performance rate of 72% was below the CCG average of 88% and national average of 96%.

Data from 2015/16 showed some improvement in the dementia related indicators:

- The 2014/15 performance rate for dementia related indicators of 80% was below the CCG average of 91% and national average of 95%. The 2015/16 performance rate of 98% was comparable to the CCG average of 94% and national average 97%. The exception reporting rates for the dementia related indicators were comparable to the local and national average.

The practice participated in local audits, accreditation and peer review. We looked at two clinical audits completed in the last two years where necessary changes in the management of treatment were identified and carried out.

One audit was carried out to ensure patients prescribed a proton pump inhibitor (PPI) on a repeat prescription had their treatment reviewed in the previous 12 months in line with current guidelines. (A PPI is taken to reduce the amount of acid made by the stomach and is commonly used to treat acid reflux and ulcers of the stomach and duodenum).

- Of the 212 patients identified as taking a PPI only 10 patients had been reviewed in the previous 12 months.
- The second audit carried out six months later identified that the number of patients who had their treatment reviewed remained at only 10 patients.

Although the second cycle of the audit had identified that there had been no improvements in the monitoring of treatment no further audits had been undertaken.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on-line resources and through discussion and support from colleagues.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support, information governance, Mental Capacity Act and infection control. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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 internal shared drive system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had identified an incident where a delay in a referral had occurred and they had made changes to their systems to address this.

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The 2014/15 uptake rate for the cervical screening programme was comparable to the local CCG and national average for both services:

- The Plumstead Health Centre PMS uptake rate was 86%. The Tewson Road PMS uptake rate was 76%. This was comparable to the CCG average of 82% and the national average of 82%.
- The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice followed up women who were referred as a result of abnormal results. However the practice did not have a process in place to ensure that results were received for all specimens sent for testing.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. 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 that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains or screens 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 30 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they felt valued and listened to by the practice management.

Results from the most recently published national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

Plumstead Health Centre PMS:

- 77% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Tewson Road PMS:

- 82% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 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 from 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 comparable to local clinical commissioning group (CCG) and national averages. For example:

# Are services caring?

## Plumstead Health Centre PMS:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

## Tewson Road PMS:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language and this service was used frequently. We saw notices in the reception area informing patients this service was available. A language book was available at reception for patients to identify the language they required.
- Information leaflets were available in the waiting room on a variety of health related subjects.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 350 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services.

- The practice offered extended hours on a Tuesday and Friday evening between 6.30pm and 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities such as toilets accessible for patients in a wheelchair. However, access to the part of the building where the toilets were located required assistance from staff. The provider was aware of this issue and was in discussion with the premises owners regarding this.
- To improve patient access the practice used the large baby clinic area in the health centre and two adjacent consulting rooms for the GP and nurse. This provided an easily accessible area for parents to wait and get their baby weighed prior to seeing the GP for the eight week check and the nurse for the first childhood vaccinations. This also offered a more manageable process for parents as it avoided the need to move around the premises to visit the various health professionals.

### Access to the service

Reception at the Plumstead Health Centre premises was open between 8am and 7pm Monday, Wednesday and Thursday and from 8am to 8pm on Tuesday and Friday. Telephone lines were open from 8am to 6.30pm Monday to Friday.

The reception and telephone lines at the Garland Road premises were open from 9am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 9am to 1pm on Thursday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available on the same day for people who needed them.

At the Plumstead Health Centre premises pre-booked and urgent appointments were available with a GP from 8.30am to 12.40pm and 3.30pm to 6.30pm on Monday; from 9am to 12.30pm and 4pm to 7.45pm on Tuesday and Friday; from 9.30am to 11.40am and 4.30pm to 6pm on Wednesday and from 9.15am to 12.30pm and 4.15pm to 6.30pm on Thursday.

At the Garland Road premises pre-booked and urgent appointments were available with a GP from 9.30am to 11.40pm and 4pm to 5.50pm Monday, Tuesday, Wednesday and Friday.

Pre-booked appointments were available with the Practice Nurse at the Plumstead Health Centre premises from 4pm to 6pm on Monday; from 9.40am to 12.30pm and 1pm to 7.45pm on Tuesday; from 9.40am to midday and 2pm to 5.20pm on Wednesday; from 9.15am to 11.30am and 1pm to 4.30pm on Thursday and from 1pm to 7.30pm on Friday.

Pre-booked appointments were available with the Practice Nurse at the Garland Road premises from 9.40am to 12.30pm and 3pm to 5.30pm on Monday and from 10.10am to 12.40pm and 2pm to 7.30pm on Friday.

Pre-booked appointments were available with the Health Care Assistant at the Plumstead Health Centre premises from 9.40am to midday on Monday; from 9.40am to 1pm Tuesday and Thursday and from 9.40am to midday and 4pm to 6pm on Friday.

When the surgery was closed urgent GP services were available via NHS 111.

Telephone consultations with the GP were also available daily.

The practice was closed at weekends. However, if appointments are not available at the surgery on a Friday, the practice had ten appointments available for them to book for the coming weekend at the alliance hub service in Thamesmead or Eltham.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Plumstead Health Centre PMS

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 79%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

## Tewson Road PMS

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 79%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit, alternative emergency care arrangements were made.

## Listening and learning from concerns and complaints

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

- The practice 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 to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Action was taken as a result to improve the quality of care provided. For example, the practice had not been aware that there was a problem with patient accessing the practice on-line services until a patient complained. Following contact with the system supplier it was identified that the supplier had updated the website which required users to have an upgraded internet access system. As a result, the practice arranged a meeting with the system supplier, the local CCG IT service and the patient participation group to discuss the impact this had on patients and to identify a possible strategy to deal with the issue.

# 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 quality care and promote good outcomes for patients. The practice had a strategy in place and supporting plans which reflected the vision and values. However, the practice had not achieved performance rates that were comparable to the local and national average for a number of indicators in the Quality and Outcomes Framework for both 2014/15 and 2015/16. They were aware of the need to make improvements and as they had finally completed the merger process they felt they were in a position to commence the development and implementation of a more effective strategy to address these issues.

### Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff via the practice shared drive.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, performance data for a number of indicators remained below the local and national average.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff.

The partners were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff when communicating with patients about notifiable safety incidents.

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence to support 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 and supported in doing so.
- Staff said they felt respected, valued and supported by the partners. All staff were involved in discussions about how to develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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

The practice encouraged and valued feedback from patients 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 PPG had been introduced three years ago and consisted of 16 members. They met every two months and worked with the practice in the development of patient surveys and submitted proposals for improvements to the practice management team. The PPG told us that they felt the practice were keen to improve the services it provided and acted on their suggestions. Examples of changes that had been implemented by the practice following feedback from the PPG include improvements to the telephone system. The practice were in discussion with the premises owners regarding improved access to the disabled toilet.



# 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 staff meetings, annual staff appraisals and discussion at staff meetings. 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.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team were forward thinking and had maintained an awareness and determination to minimise any negative impact on the workforce and patient care that might result from the recent merger and the provision of GP services to the additional temporary patients.

## Continuous improvement

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and manage the health of patients. The Quality and Outcomes Framework performance rates were below the local and national average for several indicators.</p> <p>The provider must improve patient outcomes by implementing a clinical quality improvement programme and monitor performance against clinical audit results and the Quality and Outcomes Framework.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>