

The Whitehouse Surgery

Quality Report

123 Towncourt Lane, Petts Wood,
Orpington, Kent, BR5 1EL

Tel: 01689 821551

Website: www.whitehousesurgeryorpington.co.uk

Date of inspection visit: 17 July 2017

Date of publication: 15/09/2017

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to The Whitehouse Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Whitehouse Surgery on 13 February 2015. The practice was rated as requires improvement for providing safe, responsive and well-led services. It also required improvement for providing services to people whose circumstances may make them vulnerable, and working age people (including those recently retired and students). The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for The Whitehouse Surgery on our website at www.cqc.org.uk.

This inspection was undertaken as an announced comprehensive inspection on 17 July 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- The areas we identified at our last inspection as in need of improvement have now all been addressed
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However the practice had identified a relatively low number of carers in their patient population.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they were satisfied with the care and treatment received at the practice
- 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.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Review procedures for identifying a greater proportion of patients with caring responsibilities so they can provide and signpost them to appropriate support

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.

- From the sample of documented examples we reviewed, we found 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average in many areas
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



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 higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- However the practice had identified a relatively low number of carers in their patient population.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example they were aware of the vulnerable people in their patient population, and they were provided with the additional care and treatment they needed in collaboration with multidisciplinary teams.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from three examples reviewed 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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- All patients over the age of 75 had a named GP
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

Good



People with long term conditions

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

- The practice agreed care plans with patients and/ or their carers, which included details of other agencies and professionals involved in their care
- Where appropriate these patients were referred to the community matron or other community services
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

- The practice maintained clinical registers of their patients with long term conditions including diabetes, chronic obstructive pulmonary disease (COPD), asthma, heart problems, thyroid disorders, hypertension, cancer, arthritis and stroke. All patients within these groups were routinely invited to the practice for appropriate consultations, including treatment by intervention or education.

Families, children and young people

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

- Immunisation rates were higher than national averages for the standard childhood immunisations
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group, such as in the provision of ante-natal, post-natal and child health surveillance clinics.
- For women aged between 24 and 65, the practice offered the cervical screening programme, in line with national guidance, which included providing advice on sexual health and contraception.

Good



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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, by the provision of extended opening hours and telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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, and those with a learning disability.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Vulnerable patients were referred to appropriate community services as required
- Patients were referred to the local food banks as required
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above or in line with local and national averages. Two hundred and sixty survey forms were distributed and 109 were returned. This represented a response rate of 42%, and was 3% of the patient population.

- 77% of respondents usually get to see or speak to their preferred GP, compared with the CCG and national average of 56%
- 80% of respondents find it easy to get through to this surgery by phone, compared with the CCG average of 72% and the national average of 71%.
- 74% of respondents describe their experience of making an appointment as good, compared with the CCG average of 72% and the national average of 73%.
- 81% describe their overall experience of this surgery as good, compared with the CCG average of 83% and the national average of 85%.
- 73% would recommend this surgery to someone new to the area, compared with the CCG average of 78% and the national average of 77%.

Ten Care Quality Commission comment card was completed, and the comments made in all except one, were positive about the service experienced. Patients told us they found the staff caring, polite, pleasant and helpful. However one patient commented that although they found the doctors kind and caring, they had concerns about time restrictions in their appointments, and found an experience of being unable to pre-book appointments stressful. However other patients commented about the staff assisting them when they needed to make urgent appointments and usually being able to get routine appointments within a week.

We spoke with six patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Although we also received a couple of comments suggesting that communication could be improved so patients were given the right information about their care and appointments, especially when referred.

Areas for improvement

Action the service SHOULD take to improve

Review procedures for identifying a greater proportion of patients with caring responsibilities so they can provide and signpost them to appropriate support

The Whitehouse Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and an expert by experience.

Background to The Whitehouse Surgery

The Whitehouse Surgery is located in the Petts Wood area of Orpington in the London Borough of Bromley. The practice provides a general practice service to around 3500 patients.

The practice is registered with the Care Quality Commission (CQC) as a partnership 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 and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two GP partners, one male and one female. There is also a female practice nurse. They also employ two long term locum GPs, one male and the other female; and two regular locum nurses covered any periods the practice nurse was away. The practice has a part time practice manager and a team of nine administrative staff including an assistant practice manager, a medical secretary, reception staff, and an admin assistant. The practice provides 17 GP sessions per week.

The practice was a GP undergraduate teaching practice, taking medical students throughout their time at a local NHS Foundation Trust.

The Whitehouse Surgery is currently open Monday, Tuesday, Thursdays and Friday from 8.30am to 6.50pm; on Wednesday they are open 8.30am to 12.50pm. Consultation times are from 8.30am to 12.30pm and from 2pm in the afternoon. The practice provides extended hours from 6.30pm to 7.30pm on Tuesdays, Thursdays and Fridays. These extended hours are telephone consultations only. The practice is not open at weekends. Although the surgery is closed at present on Wednesday afternoons, a doctor is available (on-call) to provide any necessary assistance. At all other times when the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

As part of its 2017/18 contract, the Whitehouse Surgery will be opening from 8am to 6.30pm from Monday to Friday each week. This new arrangement will commence on 1st October 2017.

Why we carried out this inspection

We undertook a comprehensive inspection of The Whitehouse Surgery on 13 February 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, responsive and well- led services. We set the provider one requirement notices as follows:

Regulation 17 HSCA (Regulated Activities) Regulations 2014 (Good Governance) because we found that the practice did not assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. This was because the

Detailed findings

practice did not have an effective system for monitoring and responding to incidents and complaints which allowed them to evaluate and improve their practice. The practice had also not maintained accurate, complete and contemporaneous records in relation to the decisions taken following incidents or complaints.

We undertook this announced comprehensive inspection on 17 July 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 17 July 2017. During our visit we:

- Spoke with a range of staff (GP Partners, practice manager, practice nurse, healthcare assistant, and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspection on 13 February 2015, we rated the practice as requires improvement for providing safe services as there was not always a co-ordinated response to incidents which involved clinical and non-clinical staff. Some complaints, which constituted 'no harm' incidents, had not been escalated appropriately for clinical review. The systems and processes to address risks to patients were not well implemented: an annual infection control audit had not been carried out and the protocols for repeat prescribing did not have adequate clinical oversight.

These arrangements had significantly improved when we undertook this inspection on 17 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient had not received a hospital appointment despite being referred

several weeks prior, a new process was introduced with additional steps to ensure the referrals were correctly and completely processed, and patients were followed up after their referral.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding people from abuse 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. The GP partners were lead members of staff for safeguarding children and vulnerable adults.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- 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 (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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. We saw IPC checklists were used to ensure appropriate standards of cleanliness and hygiene were maintained throughout the practice.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer 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).

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had up to date fire risk assessments and carried out annual fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan

- We saw records indicating clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 received basic life support training appropriate to their roles and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and child 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.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.8% of the total number of points available compared with the clinical commissioning group (CCG) and national averages of 95%. The practice's exception reporting rate was the same as national average of 6%, but slightly higher than the CCG average which was 4%. 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.

Current published QOF data showed the practice was performing above or in line with local and national averages:

- Performance for mental health related indicators was higher or similar to the CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (practice 100%; CCG 83%; national 89%)

The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (practice 85%; CCG 82%; national 84%)

- Patients with asthma who had had a review of their condition in the preceding 12 months (practice 74%; CCG 73%; national 76%)
- Patients with atrial fibrillation who had had a review of their condition and were being treated with recommended therapies (practice 89%; CCG 85%; national 87%)
- Performance for hypertension related indicators was similar to the CCG and national averages. For example, the percentage of hypertensive patients with well controlled blood pressure (practice 79%; CCG 80%; national 83%)

The practice was not an outlier in any performance areas.

There was evidence of quality improvement including clinical audit:

- The practice provided us with the summaries of seven full-cycle clinical audits completed in the last two years, where the improvements made were implemented and monitored. One of the audits was on antibiotics usage with the initial audit being performed in September 2016, and after reviewing the results all clinicians were updated on the current guidelines. The second cycle was carried out in June 2017. They found that patients' compliance with two of the three antibiotics usage reviewed had improved. The results in September 2016 were co-amoxiclav- 59% compliance, Cefalexin- 60% compliance and Quinolones (ciprofloxacin)-92% compliance. In June 2017, the results had improved to co-amoxiclav- 85%, cephalexin-89%, quinolones-92%.
- Findings were used by the practice to improve services, as clinicians were updated on the current clinical guidelines.

Information about patients' outcomes was used to make improvements, such as triggering clinical audits.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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. These and other topics were also covered as part of the mandatory training for all staff. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for clinical staff reviewing patients with long-term conditions had received update training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff received annual appraisals.

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.
- From the sample of documented examples we reviewed we found that 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 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.

Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and signposted those to relevant services. 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.

Childhood immunisation rates for the vaccinations given were higher than national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved above this target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.4 (compared to the national average of 9.1).

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast

Are services effective? (for example, treatment is effective)

cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG average of 82% and the national average of 81%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Ten Care Quality Commission comment card was completed, and the comments made in all except one, were positive about the service experienced. Patients told us they found the staff caring, polite, pleasant and helpful. However one patient commented that although they found the doctors kind and caring, they had concerns about time restrictions in their appointments, and found be unable to pre-book appointments stressful. However other patients commented about the staff assisting them when they needed to make urgent appointments and usually being able to get routine appointments within a week.

We spoke with six patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Although we also received a couple of comments suggesting that communication could be improved so patients were given the right information about their care and appointments, especially when referred.

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

- 84% of patients said the GP gave them enough time compared to the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 82% of patients said the GP was good at listening to them compared with the CCG average of 88% and the national average of 89%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and to the national average of 86%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and to the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 80% of patients said the nurse was good at listening to them compared with the CCG and national averages of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages 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 comments cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (0.9% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice encouraged their staff to treat all patients with compassion, kindness, dignity and respect. They sent patients greeting cards congratulating them following the birth of a new baby. They also sent cards of condolences with useful information regarding bereavement services available locally.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 February 2015, we rated the practice as requires improvement for providing responsive services as not all of the written complaints were consistently recorded, investigated or monitored by clinicians. Verbal complaints were not consistently recorded or monitored for recurring themes. These arrangements had significantly improved when we undertook this inspection on 17 July 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients who had that need, such as people with a learning disability or patients whose first language was not English.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included translation and interpretation services available.

Access to the service

The Whitehouse Surgery was open Monday, Tuesday, Thursdays and Friday from 8.30am to 6.50pm; on Wednesday they were open 8.30am to 12.50pm. Consultation times were from 8.30am to 12.30pm and from 2pm in the afternoon. The practice provided extended hours from 6.30pm to 7.30pm on Tuesdays, Thursdays and Fridays. These extended hours were telephone

consultations only. The practice was not open at weekends. Although the surgery was closed at present on Wednesday afternoons, a doctor was available (on-call) to provide any necessary assistance. At all other times when the practice was closed, the telephone answering service directs patients to contact the out of hours provider.

As part of its 2017/18 contract, the Whitehouse Surgery will be opening from 8am to 6.30pm from Monday to Friday each week. This new arrangement will commence on 1st October 2017.

The practice offered a range of appointments including book on the day, book in advance, and telephone consultations.

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

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared with the CCG average of 72% and the national average of 71%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 81% of patients said their last appointment was convenient which was the same as the CCG and national averages
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients we spoke with on the day of the inspection told us on that they were able to get appointments when they needed them, although one patient commented about having difficulties getting an urgent appointment.

The practice had a system to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

This was done, for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 to help patients understand the complaints system. This included posters displayed and a summary leaflet that was available.

We looked at two complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action were taken to improve the quality of care. For example following a complaint in relation to a delay in a referral being made, the practice reception team had received additional training in completing the workflow processes that ensured referrals were completed appropriately.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 13 February 2015, we rated the practice as requires improvement for providing well-led services as there were some human resource issues related to the use of locum staff which could be improved, and the leadership of the practice had not communicated consistently the future plans for the practice with staff and patients.

These arrangements had significantly improved when we undertook this inspection on 17 July 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

The practice's statement of purpose set out the practice's aim which was to provide general practice care and treatment to, and to improve the health, wellbeing and lives of, all its patients within the practice boundary of Bromley and the surrounding areas.

The practice was led by two GP partners, one of whom had joined the practice after the retirement of one of the previous partners in April 2015.

There were practice-wide objectives in place, and a plan documenting the future of service delivery. The patient interactions we observed were all positive and reassuring which reflected the culture and conduct of all staff employed within the practice. This was supported by the positive and complimentary comments received from patients during our inspection and those received within patient comment cards, and the results of the national GP survey.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas for example the GP

partners were the leads for safeguarding children and vulnerable adults, the practice nurse was the lead for infection prevention and control, and the practice manager was the lead for information governance.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example there were checks completed to ensure the safety of premises and equipment, and there was planning and monitoring of staffing levels.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

- 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff meeting minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had formed in January 2017 and met quarterly and submitted proposals for improvements to the practice

management team. For example, they had suggested better advertising of the services offered in the practice, which was being undertaken following agreement from the local clinical commissioning group.

- The NHS Friends and Family test, complaints and compliments received
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the practice management had listened to and responded to staff requests for additional training in specific topics. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The Whitehouse Surgery is one of the six practices chosen locally to take part in the Bromley Integrated Heart Failure Palliative Care Service (HF Pilot), designed to help patients with heart failure manage their symptoms better and to support patients and their families in adjusting to their situations.

The practice supports a nationally approved research of patients with Chronic Obstructive Pulmonary Disease (COPD) to determine best treatment regimes for them.

The practice was chosen by the CCG to trial the Practice Nurse online appointment booking system.

The practice was a GP undergraduate teaching practice, taking medical students throughout their time at a local NHS Foundation Trust, contributing to medical education for medical students in their first two years of training.

They also provided work experience opportunities for sixth formers, either planning to study medicine or any other discipline in the universities or any other higher institution of learning.