

Dr Ngozi Uduku (Woodlands Health Centre)

Quality Report

Woodlands Health Centre
4 Edwin Hall Place
London
SE13 6RN

Tel: 020 8698 6664

Website: www.woodlandshealthcentre.co.uk


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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ngozi Uduku (Woodlands Health Centre) on 28 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- 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.
- Patient responses regarding getting a routine appointment and with a GP of their choice was mixed. However, patients told us there was continuity of care and urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the cleaning arrangements for the practice.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

Summary of findings

- Continue to review the telephone and appointments system to ensure patients can access the surgery and get appointments in a timely manner.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey was comparable with CCG and national averages for several aspects of care. For example, 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%; national average 86% and 90% of patients said the GP was good at listening to them (CCG average 87%; national average 89%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care

Good



Summary of findings

and treatment. This was echoed in the National GP Patient Survey where 78% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 79%; national average 82%).

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had formed a federation with 11 GP practices in Lewisham (a federation is a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local communities).
- Patient responses on the day of the inspection regarding getting a routine appointment or with their preferred GP was mixed. This was echoed in the National GP Patient Survey where 42% said they usually get to see or speak to their preferred GP (CCG average 50%; national average 59%) and 72% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%; national average 85%).
- Patients told us there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice undertook a weekly 'ward round' at a nearby residential home.
- The practice had increased its influenza and pneumonia vaccine uptake for the over 65s from 59% in 2014/2015 to 75% in 2015/2016 following a focussed campaign which included an increased number of vaccine sessions (Saturday morning, late evening and open access sessions), letter and telephone reminders and home visits for their vulnerable housebound patients.

People with long term conditions

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

Good



- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 79% (national average 78%).
- The principal GP had recently co-founded the group Healthy Habits, formed to engage African Caribbean's in improving and managing their health outcomes. Recent events included seminars on obesity, cardiovascular disease and diabetes.
- The practice worked closely with patients receiving end of life care and had instigated a system of calling each patient on a weekly basis to ask how they were, if they had any concerns,

Summary of findings

needed a GP visit or medication. The practice told us this had been received well by patients, family and McMillian team and district nurses. All patients on the EOLC register had an alert on the clinical system to offer same-day appointments.

- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was comparable to the national average (practice 88%, national 75%).
- The practice's uptake for the cervical screening programme was 85%, which was comparable with the national average of 82%.
- There were dedicated sexual health and family planning clinics.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same-day appointments were available for children.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on Monday from 7pm to 9pm, Tuesday from 7am to 8am and 6.30pm to 7.30pm and the last Saturday of each month from 7am to 10am for working patients who could not attend during normal opening hours.

Good



Summary of findings

- Telephone consultations were available.

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice website had the functionality to translate to other languages and change the font size, contrast and colour to assist patients with visual impairment.

Good



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).

- Performance for mental health related indicators was comparable with the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% (national average 88%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 93% (national average 90%).
- The percentage of patients diagnosed with dementia who care has been reviewed in face-to-face review in the preceding 12 months was 97% (national average 84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and carried out advance care.

Good



Summary of findings

- The practice managed patients housed in four nearby mental health care homes. Multi-disciplinary 'ward rounds' were undertaken on a monthly basis.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and one of the GPs had a special interest in the management of dementia.
- Some of the non-clinical staff had undertaken dementia training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and forty survey forms were distributed and 112 were returned. This represented a response rate of 33% and 1.5% of the practice's patient list. The results were mixed and showed that the practice were below local and national averages for some outcomes and comparable in others. For example:

- 53% of patients found it easy to get through to this practice by phone (CCG average 67%; national average of 73%).
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%; national average 85%).
- 92% of patients said the last GP they saw or spoke to was good at giving them enough time (CCG average 84%; national average 87%).
- 83% of patients said the last nurse they saw or spoke to was good at involving them in decision about their care (CCG average 81%; national average 85%).

- 62% of patients described the overall experience of this GP practice as good (CCG average 84%; national average 85%).
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 76%; national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. However, seven of the cards included mixed responses of which the negative comments included waiting time to get an appointment and getting through on the telephone.

We spoke with five patients during the inspection, all of whom said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients said it was sometimes difficult to get an appointment quickly.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the cleaning arrangements for the practice.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Continue to review the telephone and appointments system to ensure patients can access the surgery and get appointments in a timely manner.

Dr Ngozi Uduku (Woodlands Health Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Ngozi Uduku (Woodlands Health Centre)

Dr Ngozi Uduku (Woodlands Health Centre) is located at 4 Edwin Hall Place, London SE13 6RN in a purpose-built medical centre on the site of the former Hither Green Hospital with access to eight consulting rooms. There is a pharmacy adjacent to the practice which is open 7am to 9.30pm seven days a week.

The practice provides NHS primary care services to approximately 7,800 patients living in the Hither Green, Lewisham and Ladywell area through a through a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of Lewisham Clinical Commissioning Group (CCG) which consists of 41 GP practices.

The practice population is in the fourth most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice

has a higher than England average for the male and female age groups between the ages of 25 and 44. Sixty per cent of the practice population were from the Black and Minority Ethnic (BME) communities.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury and maternity and midwifery services.

The practice staff comprises of a lead female GP (six clinical sessions per week), one male and one female salaried GP (totalling 10 clinical sessions per week), a part-time pharmacist, two practice nurses and a healthcare assistant. The clinical team is supported by a full-time practice manager, a practice administrator and receptionist and six receptionists.

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided on Monday from 7pm to 9pm, Tuesday from 7am to 8am and 6.30pm to 7.30pm and the last Saturday of each month from 7am to 10am.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

Detailed findings

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.

The practice had been previously inspected on 8th July 2014. At that time the practice was found to be meeting standards but included a recommendation to review their ability to effectively deal with a medical emergency. The practice procured an Automated External Defibrillator (AED) after the inspection.

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 28 July 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurse, healthcare assistant and receptionists) and spoke with patients who used the service.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and had reviewed and discussed 23 in the past 12 months (July 2015 to July 2016).

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, the process of recording and monitoring two-week wait referrals was reviewed and amended following a referral being sent to the wrong service. A central log is now maintained by the practice secretary and referrals are followed-up with all patients.

Overview of safety systems and processes

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

- There was a lead member of staff for safeguarding. All staff we spoke with knew who the safeguarding lead was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities

and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the practice nurse and the healthcare assistant were all trained to safeguarding children level three.

- A notice in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones 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). None of the staff who acted as chaperones had received formal training. However, those staff we spoke with understood their role in the procedure and stood within the curtain during the examination. The practice contacted us immediately after the inspection and sent evidence that chaperone training had been booked for August 2016.
- Although we observed the premises to be clean and tidy we found evidence of high level dust in several consulting rooms. The practice nurse was the infection control lead. All staff available to work in the practice had received training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- An infection control audit had been undertaken in January 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, all sharps containers in use should be labelled with date, location and signed. On the day of the inspection we noted that this had been achieved.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had recently recruited a part-time pharmacist to assist with medicine reviews and optimisation. Blank prescription forms and pads were securely stored and there was a system in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in

Are services safe?

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). All PGDs had been signed by the practice nurse and prescribing lead. The healthcare assistant was trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber (PSDs are a written instruction 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. We reviewed documentation on a locum doctor and found all appropriate checks had been undertaken.

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. The practice had undertaken both a health and safety and Disability Discrimination Act (DDA) risk assessment of their premises. There was a health and safety policy available with a poster located in reception which identified the local health and safety representative.
- There was a fire procedure in place and we saw evidence that all fire extinguishers and the fire alarm were maintained. All staff had undertaken fire training and there was a nominated fire marshal. Fire evacuation drills were undertaken every 6 months and all staff we spoke with knew where the fire evacuation point was located and who the nominated fire marshal was.
- The practice had an up-to-date fire risk assessment undertaken in September 2014 and we saw evidence that findings identified had been actioned.

- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in July 2016 and portable electrical appliances had been checked in July 2016.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in September 2014. The action plan included checking water temperature and we saw evidence of a temperature log.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. At the time of our visit the practice had engaged locum doctors to cover two salaried GP vacancies that had been advertised.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the nurse's room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 99% of the total number of points available.

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

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 79% (national average 78%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 84% (national average 81%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 89% (national average 84%).
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% (national

average 90%) and the percentage of patients diagnosed with dementia who care has been reviewed in face-to-face review in the preceding 12 months was 97% (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Information about patients' outcomes was used to make improvements. For example, the practice was identified in 2014/2015 to have one of the lowest uptakes for influenza and pneumonia vaccines for the over 65 year olds in Lewisham (practice 59% compared with CCG average uptake of between 58% and 76%). Ahead of the 2015/2016 influenza campaign the practice increased the number of vaccine sessions for its practice nurses and healthcare assistant which included Saturday morning, late evening and open access sessions, undertook letter and telephone reminders, made home visits for their vulnerable housebound patients and tracked their progress throughout the campaign in weekly clinical meetings. The practice reported that their uptake had increased to 75% (CCG average 54% to 79%). The practice told us this is an ongoing audit.

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 infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had undertaken asthma, diabetes and COPD updates.

Are services effective?

(for example, treatment is effective)

- The practice hosted consultant-led educational seminars as part of their continuous medical development which included the management of asthma and type II diabetes.
- 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.
- 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 training that included: safeguarding, fire safety awareness, basic life support and information governance, health and safety, equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

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 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 at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service. Smoking cessation advice was also available at the practice.
- The practice worked closely with patients receiving end of life care and had instigated a system of calling each patient on a weekly basis to asked how they were, if they had any concerns, needed a GP visit or medication. The practice told us this had been received well by patients, families and McMillian team and district nurses. All patients on the EOLC register had an alert on the clinical system to offer same-day appointments.
- The principal GP had recently co-founded the group Healthy Habits, formed to engage African Caribbean's in improving and managing their health outcomes. Recent events included seminars on obesity, cardiovascular disease, diabetes, mental health and men's health. There is also a weekly walking group each Saturday morning. The practice shared with us a quarterly Healthy Habits newsletter and participant feedback from the community events regarding what they found useful and what they would do differently in the future regarding their health.

Are services effective?

(for example, treatment is effective)

- Carers were coded on the practice's clinical system and given access to priority appointments.

The practice's uptake for the cervical screening programme was 85% which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 90% and five year olds from 66% to 94%.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 29 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect. However, seven of the cards included mixed responses of which the negative comments included waiting time to get an appointment and getting through on the telephone.

The practice told us they had received similar comments through NHS Choices and previous surveys and had taken action to address these issues. For example, the practice had started offering telephone consultations, promoted appointments available on-line, added additional extended hours appointments, installed a queuing system on the telephone and put extra reception staff on duty at busy times.

We spoke with one member of the patient participation group (PPG) who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 75% 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. We also saw that care plans were personalised.

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

- 81% 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%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw information in the practice leaflet and in the reception area informing patients this service was available. Several of the practice staff were bilingual and languages included Spanish, French, Bulgarian and Bengali.
- British Sign Language interpreters were available upon request.
- Information leaflets were available in easy read format which included a selection of leaflets produced by the practice. For example, practice leaflet, complaints and comments leaflet, patient charter.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (0.6% of the practice list). The practice offered priority access appointments for carers and we saw alerts on the clinical system. 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 sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on Monday from 7pm to 9pm, Tuesday from 7am to 8am and 6.30pm to 7.30pm and the last Saturday of each month from 7am to 10am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. For example, end of life care patients and carers.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever Centre.
- There were disabled facilities available which included a patient lift, ramp access, accessible toilet and disabled parking. The practice had undertaken a Disability Discrimination Act (DDA) risk assessment and audit of its premises.
- There was a hearing loop and the practice had coded an alert on its clinical system patients with hearing and visual impairment.
- Translation services were available and several practice staff were bilingual. Patients had access to British Sign Language interpreters upon request.
- The practice website had the functionality to translate to other languages and change the font size, contrast and colour to assist patients with visual impairment.
- The practice had baby changing and breast feeding facilities.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.15am to 12.45pm and 3pm to 6pm. Extended hours appointments were offered

on Monday from 7pm to 9pm, Tuesday from 7am to 8am and 6.30pm to 7.30pm and the last Saturday of each month from 7am to 10am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

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

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 53% of patients said they could get through easily to the practice by phone compared to the CCG average of 87% and the national average of 87%.

Feedback from patients on the day of the inspection were mixed about being able to get a routine appointment and with the GP of their choice.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the practice had developed a complaints and comment leaflet which included a complaint form. Information on how to complain was also available on their website and in the practice leaflet.

The practice had received eight written complaints in the last 12 months and 13 comments via NHS Choices. We

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

found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw that action was taken as a result to improve the quality of care. For example, the practice had responded to feedback

regarding unhelpful reception staff by undertaking customer care-related role-play exercises and supporting and facilitating staff to undertake a Level 2 Diploma in Customer Services.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the senior GP demonstrated she had experience, capacity and capability to run the practice and ensure high quality care. She told us they prioritised safe, high quality and compassionate care. Staff told us the doctors were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice responded and kept a written records of comments on NHS Choices as well as written correspondence. All comments and complaints were discussed in practice meetings.

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

- Communication across the practice was structured around key scheduled meetings which included a weekly clinical meeting and reception meetings. We saw evidence of a standing agenda for meetings and minutes were kept of these. Staff told us they valued these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the lead GP and practice manager.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), surveys, complaints, and comments, NHS Choices and the Friends and Family Test (FFT).
- The practice had an active PPG and it met approximately four times a year. The practice had also established a virtual patient participation group for patients unable to attend meetings. Information regarding the PPG was available in the form of a leaflet in the waiting room, in its practice brochure and on the website. Meeting agenda and minutes were also available on the practice website. The PPG had submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, the practice had provided a privacy cubicle near reception for patients who wanted to speak confidentially as a result of PPG feedback.

- The practice had a poster display in the waiting room “you said we did” which outlined feedback received and what action the practice had taken in response.
- The practice had gathered feedback from staff through staff meetings and annual appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice participated in the Lewisham Neighbourhood Primary Care Improvement Scheme (LNPICIS) which aims to support GP practices increase self-management for people with long term conditions and improve outcomes, enable a positive impact on access to primary care services, build on collaborative working within neighbourhoods in Lewisham and reduce variation between practices.
- The practice had formed a federation with 11 GP practices in Lewisham (a federation is a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local communities).