Sir John Kirk Close Surgery

Inspection report

3 Sir John Kirk Close
London
SE5 0BB
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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 location	Requires improvement
Are services safe?	**Inadequate**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as Requires Improvement overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced Sir John Kirk Close on 9 May 2018 as part of our inspection programme.

At this inspection we found:

A number of concerns regarding the provision of safe services and that governance systems were unclear in some places.

For example:

- The practice had not sufficiently mitigated risks associated with infection control, legionella or fire. The practice's practice triage appointment system that reception worked to posed potential risks to patients which had not been adequately considered or addressed. There was a lack of clarity among staff about what amounted to a significant event and who assumed responsibility for patient safety alerts. Some aspects of medicines management and arrangements to ensure equipment was safe to use were not satisfactory. We were provided evidence after our inspection that the practice had taken action to address most of these issues.
- Not all staff had received a DBS check and not all clinical staff had been vaccinated against common communicable diseases. We were provided with evidence on inspection that DBS checks had been requested for staff who did not currently have these on file.
- Most patients found the appointment system easy to use and reported that they were able to access care when they needed it; though some said they occasionally had difficulty accessing routine appointments. The practice had changed their appointment system in response to patient feedback but the new system presented potential risks which had not been assessed or addressed.
- There was a focus on continuous learning and improvement though we were only provided with one two cycle audit from the last two years which demonstrated quality improvement.
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However, we did see some areas of good practice. For example:

- We saw that the practice had systems in place to enable care and treatment to be delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Consider the way it engages with Patient Participation Group members to ensure that all members are able to participate in meetings.
- Consider ways to improve patient satisfaction with the nursing service provided by the practice.

We issued a warning notice to the provider after our inspection in respect of the concerns identified.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a CQC inspection manager.

Background to Sir John Kirk Close Surgery

Sir John Kirk Close Surgery is a GP practice located at 3 Sir John Kirk Close, London, SE5 0BB. The practice website can be found at http://www.manorplacesurgery.co.uk/

The practice provides GP practice services to approximately 4,100 patients. The practice is located in an area ranked among the second most deprived in the country on the index of multiple deprivation scale. The practice has an ethnically diverse patient population with 61% of patients being black or ethnic minority. The practice is located in an area with a transient population and has an annual turnover of between 10 and 15% of the patient list.

Out of hours services are provided by South East London Doctors on Call (SELDOC)

The practice is operated by Nexus Health Group which is a GP partnership that operates from a number of locations under a single PMS contract. However Sir John Kirk Close operates as a separate location under an Alternative Medical Service Provider (APMS) contract. We were told that the contract for the site was due to go out for retendering in the spring of 2019. Three GP partners work at this site. There are also two salaried GPs. The practice offers 1.9 whole time equivalent GPs. In addition, the practice employs two nurses offering 53.5 nursing hours and they employ an Health Care Assistant that work 23 hours per week.

The practice is a GP training practice and research ready accredited training practice.

Sir John Kirk Close Surgery is registered to provide the following regulated activities Diagnostic and screening procedures, Treatment of disease, disorder or injury, Maternity and midwifery services, Surgical Procedures and Family planning.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

Safety systems and processes

Systems to keep people safe and safeguarded from abuse were not always present or effective.

- The practice had undertaken an audit of staff files prior to our inspection and found that staff did not have a Disclosure and Barring Service check in place. We saw that certificates were requested prior to our inspection and one, for a clinical member of staff, was provided after our inspection. We saw that one nurse did not have a note of their immunisation status against common communicable diseases on file. All other required recruitment checks had been completed.
- The premises were clean and tidy in most areas and there were arrangements in place to monitoring cleaning arrangements for the surgery for most areas of the surgery. However, the report for the practices most recently completed infection control audit (undertaken 4 May 2018) was not available on the day of the inspection. We were provided with the report after our inspection. The points highlighted for action related to the sinks and the taps in some areas of the practice. The practice had obtained quotes for these items to be replaced but said that they could not make the investment until the outcome of the practice tendering process. The previous infection control audit was completed in August 2015. There were toys in the reception area which did not appear to be clean. The cleaning monitoring sheets available did not list the toys within the schedule of items to be cleaned. The practice provided a toy policy which did not refer to the procedure for cleaning toys in the reception area.
- On the day of the inspection we found expired equipment on the premises including four swabs which expired in 2013, syringes which expired in 2013, needles which expired in 2014 and a speculum which expired in 2014 stored in an emergency bag and an oxygen mask which expired in 2010 stored with the oxygen supply. We were told that the emergency bag was not in use and the expired equipment had now been disposed of. The practice had undertaken portable appliance testing and equipment calibration of medical equipment. However, we found a doppler stored with the emergency equipment (a doppler is a non-invasive test that can be used to estimate the blood flow through your blood vessels by bouncing high-frequency sound waves (ultrasound) off circulating red blood cells) and a blood pressure monitoring machine in the reception area which appeared to have not been calibrated since February 2017. Staff at the practice told us that they were unsure if the machine had been calibrated after this date and within the last 12 months and that potentially this had not been recorded on the machine. There was no other evidence which indicated this item had been calibrated within the last 12 months.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role but not all had a DBS check on file. (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.) However, we did see evidence that DBS checks had been requested prior to our inspection.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Although there were some arrangements in place to monitor risk in respect of some aspects of the premises and staffing the arrangements for responding to medical emergencies were not effective.

- All staff whose files we reviewed had received basic life support training within the last 12 months. However, the practice did not have a full supply of all recommended emergency medicines or staff were not clear what the medicines available were used for.
- Clinicians knew how to identify and manage patients with severe infections including sepsis and had attended a training event on the subject in 2018. Though there was no sepsis protocol in place there was

a flowchart on consulting room walls for clinicians to use. Some reception and administrative staff were unclear on the early warning signs of someone presenting with potential sepsis.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of all medicines.

- The systems for managing and storing vaccines were not sufficient. We noted that the vaccine fridge temperature had gone out of range on nine occasions since the beginning of 2018. We asked staff at the practice what action had been taken to ensure the safety of the vaccines and were told that contact had been made with the CCG medicines management team and we were told that if needed subsequent contact would be made with the vaccine manufacturer. When asked about the ultimate outcome staff spoken to referred us to other members of staff and there was no documented evidence of the outcome of enquiries with external bodies or action taken to ensure the integrity of the vaccine affected. The provider did supply details of new systems and processes put in place to ensure appropriate action was taken and documented in the future.
- The practice appeared not to have all the recommended emergency medicines on site. There were some medicines stored with the emergency drug supply and it was not clear what these medicines were to be used for. Staff we spoke with were also unclear on their usage.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There was no system in place for monitoring printer prescription usage.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had assessed risks to health and safety though there were some risks which had not been adequately addressed or considered.

- There were comprehensive risk assessments in relation to safety issues. However, the practice had not implemented some of the action outlined in their fire, disability access and legionella. For example, in respect of legionella the temperature of the water coming from taps in certain areas of the practice were at the temperature that could allow legionella to grow. Legionella is (Legionella is a term for a bacterium which can contaminate water systems in buildings). Staff at the practice were aware that there were issues with water heating system but it was unclear what action had been taken to address this issue. However, samples taken to test for the presence of legionella bacteria in September 2017 showed that there were no bacteria present.
- The practice had altered their appointment system and introduce an algorithm which reception could work to direct patients to the most appropriate type of appointment. The algorithm listed a comprehensive list of medical conditions and suggestions of what appointments patients should be directed to as well a pharmacy for minor ailments. We saw evidence that staff had received training on the system. However the algorithm was not considered sufficiently comprehensive and could have resulted in patients being told to book a routine appointment (which could be around two weeks from the date of the appointment

was booked) when they needed to be seen. For example, a patient calling with the symptom of non-severe back pain would be advised to book a routine appointment. Reception staff would not know to ask for additional symptoms including difficulty passing urine which may lead to cauda equina lesion (a condition which may cause permanent urinary incontinence). The sudden onset severe headache without vomiting could potentially be triaged as routine when the patient could be having a subarachnoid haemorrhage (bleeding between the skull and brain). Some other symptoms listed could indicate possible sepsis and would need to be explored with additional prompts including whether the patient had recently had surgery and how old the patient was. The provider told us that in practice reception staff used the template as a guide and that if patients insisted that they needed an urgent appointment they would be triaged by a clinician or offered an appointment. The provider had audited the urgent appointments they had offered to see if reception had triaged appropriately. The result of the audit indicated that reception were being overly cautious and offering same day appointments when the algorithm indicated it was more appropriate to be seen at a routine appointment or to contact minor ailments services. We were told after the inspection that the practice had suspended the element of their triaging system where reception staff signposted patients.

Lessons learned and improvements made

The systems in place for learning and making improvements when things went wrong were not clear.

Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- However, there was some uncertainty in the practice around what amounted to a significant event and we saw examples of things raised in clinical meetings which would have been appropriate to raise under the practice's significant event process including one event involving a patient with lymphoma who had moved out of the area. The practice told us that they this case was considered as part of quality improvement work not a significant event. Although this was not categorised as a significant event there was evidence of discussion and learning but details of the action taken in response was sometimes limited. The practice provided a revised significant event policy after our inspection.
- We saw some evidence that the practice had acted on some recent external safety events as well as patient and medicine safety alerts. However, the process for acting on patient safety alerts was not clear. Staff provided different accounts of who was responsible and we saw recent alerts which had not been fully actioned. For example, we looked at patients prescribed amlodipine and simvastatin higher than 20mg (both medicines used for cardiac conditions). There were four patients prescribed these contraindicated medicines and the practice were unable to provide an explanation of why these patients were on this medicine. The practice told us that they would review these patients on 18 May 2018 and act where appropriate.
- We also reviewed an audit related to a medicines safety alert for Ulipristal acetate (a medicine used for uterine fibroids). The alert required certain patients taking this medicine to have a liver function test. The multisite audit showed that affected patients were contacted for a liver function test. Only one of these patients attended the practice. There was nothing in the audit to indicate further action to be taken. However, the practice supplied evidence of a clinical meeting held after our inspection which reported that all four patients, including the one patient registered at the practice, had now been reviewed and placed a prompt on their system regarding monitoring requirements for any patient prescribed this medicine. The practice also supplied a revised protocol for the management of safety alerts across the provider.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall .

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We were told patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- A member of the practice's reception team had trained as a primary care navigator who could direct patients to local social prescribing schemes in the area including services which encouraged patients with long term conditions to make healthy lifestyle changes and others which tackled social isolation.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. Of these patients 93% had their fall status recorded, 89% had a medication review and 90% of these patients had consented to their care record being placed on a centralised database. Twenty-two of these patients had a care plan in place against a federation target of 13.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Clinicians also had access to advice from a consultant geriatrician.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice held virtual clinics for patients with complex diabetes and chronic obstructive pulmonary disease whereby reviews would be undertaken with the support of specialist consultants and community teams. Plans of care would be developed for these patients and clinicians used this engagement as an opportunity for learning.
- Advice from secondary care consultants could be obtained through a local initiative where clinicians required a second opinion or if it was inappropriate for a patient to wait to be seen by a consultant under a routine referral.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease

including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. In respect of the

percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) the practice had achieved 95% which was a significantly higher than the national target.
- The practice recognised that childhood obesity was a significant health issue within the clinical commissioning group (CCG). Staff directed patients to local resources to ensure once identified, the whole family was supported and signposted appropriately via local drop-in nutrition sessions at children centres, dedicated weight management programmes to local leisure centre facilities.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- Public health data indicated that in 2016/17 the provider had not met the 80% public health England Target in respect of the percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64. The provider had achieved 67% during this period. We were provided with unverified data from the provider in respect of their QOF performance for 2017/18 which indicated they had achieved 76% in this period. There was nothing to indicate that the practice were actively trying to increase uptake.
- The practices' uptake for bowel cancer screening was in line with the national average though uptake for breast cancer screening was below the national average. There was nothing to indicate that the practice were actively trying to increase uptake.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice supported patients at a probation hostel which supported former prisoners reintegrate into the community.
- Practice staff had received training on domestic violence and the practice was linked to a dedicated domestic abuse advocate who could give advice to patients in the practice.
- End of life care was delivered in a coordinated way which considered the needs of those 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. The practice informed us that they had six patients on their register but had only completed checks for one of these patients. The practice confirmed that they had invited all patients to attend a clinic on 14 March 2018. Four patients had booked in for this appointment and three of the patients had not attended. The practice said that this had been overlooked till the end of the QOF year due to changes in staffing. We were told that in future reviews would be undertaken earlier in the QOF year.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicine.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 91%. We were provided with unverified data for 2017/18 which showed that the practice had achieved 85% for this indicator.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the

previous 12 months. This is comparable to the national average. We were provided with unverified data for 2017/18 which showed that the practice had achieved 96% for this indicator.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average. We were provided with unverified data for 2017/18 which showed that the practice had achieved 93% for this indicator.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity. The practice submitted audits to CQC prior to our inspection. Most of these were either over two years old or only a single cycle. We did review an audit related to antibiotic prescribing for urinary tract infections which showed improvement in respect of following prescribing guidance between the first and second cycle. The practice discussed the care of patient in clinical meetings where the effectiveness of the care provided was discussed. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the provider participates in over 30 research studies over the last three years and piloted the Local Care Record (enables hospitals and GPs to share patient records) within the CCG. The success of the pilot contributed to this being rolled out across the rest of the CCG. The practice was also utilising pharmacy support provided by the local federation to improve prescribing.

- The practice supplied unverified data from 2017/18 in respect of their QOF performance. Some indicated that achievement in some areas was lower than in previous years and was lower than average performance locally and nationally in 2016/17. For example, the percentage of patients with diabetes who had a blood pressure reading (measured in the preceding 12 months) which was 140/80 mmHg or less was 67% for 2017/18 compared to 79% previous year.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months previously was 100% in 16/17. Unverified data provided by the practice indicated that this had reduced to 85% for 17/18. We were told that only two patients did not have their annual review in 2017/18.
- The overall exception reporting rate for patients with cancer in 2016/17 was 35% compared with 23% locally and 25% nationally. The provider supplied evidence that only one patient had been exception reported and only two other patients had not been reviewed as they had recently been diagnosed and therefore these patients were exempt from the QOF assessment target.
- There was limited evidence of quality improvement activity. The practice had only completed one two cycle audit. However, the practice informed us that they had participated in 30 research projects within the last three years. One study related to Hepatitis B involved 106 of the practice's patients being offered free screening and vaccination against the disease.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Good

Are services effective?

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw minutes of meetings that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns Although the practice informed us that only 23 of 619 had been completed we were told that this service had been contracted out of GP practices. Information obtained from the practice's patient record system indicated that 99% of patients had been offered support to quit. The practice has been used as a set for promotional films related to smoking cessation, diabetes and obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The majority of feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.) However, feedback from the national GP patient survey in respect of nurses involving patients about decisions related to their care and treatment were lower than local and national averages.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The national GP patient survey feedback indicated that patients rated the practice in line with local and national averages in respect of questions about GPs involving patients in decisions about their care and treatment. However, responses related to nurses were lower than local and national averages. For example, the percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them was 79% compared with 85% in the clinical commissioning group (CCG) and 91% nationally. The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care was 74% compared to 80% nationally and 85% nationally. There was nothing to indicate the practice had taken action in respect of this feedback.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours and the practice were in the process of developing a facility for web consultations.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice was in contact with the district nursing team to discuss and manage the needs of patients with complex medical issues where required.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group 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, extended opening hours at the practice. Patients could also be referred to the local extended hours access service which provided GP appointments from 8 am to 8 pm seven days per week.
- The practice was in the process of finalising an e-consultation service which they were due to implement in the summer of 2018.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, those with a learning disability, those suffering addiction, the under-employed and at risk or suffering from domestic violence.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice operated opiate substitution clinics every week in partnership with a local substance misuse charity operating within the clinical commissioning group (CCG).
- The practice hosted a counsellor from the local counselling service.

Timely access to care and treatment

Although patient survey responses showed that patient satisfaction with access to care and treatment was slightly lower than national averages the practice had surveyed

patients in response to this feedback and changed their appointment system on the basis of survey results. Three of the patients we spoke with on the day of the inspection reported difficulties getting appointments in under two weeks.

- Patients had had access to initial assessment, test results, diagnosis and treatment. Some patients interviewed told us they could wait up to two weeks for a routine appointment.
- Cancellations were minimal and managed appropriately. We were told by four of the patients that we spoke to that waiting times could be between 20 minutes and an hour. We were told by some patients that reception would inform them if there was a delay.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

The national GP patient survey indicated that satisfaction with access to care and treatment was lower when compared with local and national averages. The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment was 71% compared with a local average of 73% and a national average of 84%. In response to the results the practice had surveyed their own patient population which indicated that many patients preferred same day access to a GP. In response to this the practice increased the proportion of same day face to face appointments and adopted a telephone triage system whereby reception was trained to follow an algorithm which indicated whether a patient required an urgent appointment, a routine appointment or could be directed to a local self-care service. However, the practice had not fully considered the potential risks of this system. We were told after the inspection that the practice had suspended the element of their triaging system where reception staff signposted patients.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- We reviewed three complaints. One complaint was not responded to within the timescale outlined in the practice's holding letter. We were told that this complaint was received during the time the previous practice manager had left the organisation which caused the delay.
- The complaint policy was from the previous provider although the information contained within the leaflet was relevant to the current provider. The leaflet contained incorrect information about a patient advocacy organisation. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the practice received a complaint about the practice's answer phone message. The complaint said the message was unclear and the practice have now updated the message in response to this complaint.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders knew of the challenges they faced and were putting arrangements in place to address these. However, oversight of certain areas related to safety were lacking and governance processes were not always effective.

- Effective leadership and oversight of key areas in the practice was lacking. For example, in respect of some aspects of medicines management, patient safety alerts, some areas of recruitment and risk management.
- Practice leadership were aware of future challenges and had plans in place to meet these.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The merging of practices into the Nexus Group increased the leadership capacity within each of the individual services.

Vision and strategy

The practice had a clear vision and credible strategy which aimed to deliver high quality, sustainable care. However, deficiencies in overall governance particularly around safety impacted the practice's ability to achieve their goals.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had an open and supportive culture and staff were committed to providing high quality care to patients.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

We were informed that the provider was going through a period of transition where they were in the process of standardising governance arrangements across all sites within the Nexus Group. We found that in some areas clear lines of responsibility were lacking and there were some areas which had several policies and it was unclear which policy staff were to follow.

- Structures, processes and systems to support good governance and management were not always clearly set out, understood or effective particularly with regard to underlying systems and processes designed at ensuring patient safety. However, we saw evidence of effective arrangements in respect of joint working and shared services that promoted interactive and co-ordinated person-centred care. Though the practice had a policy in relation to the management of breaches of the vaccine cold chain it was not being followed. Though we were told that action had been taken to

ensure the integrity of the vaccines this had not been documented. A new policy was provided after the inspection. Systems and processes in respect of recruitment had not ensured that all staff had received a DBS check, that all healthcare staff were vaccinated against common communicable diseases, that all emergency medicines were in place or that the expiry data of clinical equipment was being monitored.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control but there was less clarity in respect of the management of vaccines and patient safety alerts. The practice provided evidence of changes to strengthen governance arrangements after our inspection.
- The policy framework in place was unclear and we were provided several policies for the same area. Some policies we saw related to the previous provider. Some were specific to the practice and others were for the Nexus Group. For example, the practice had a policy in respect of patient safety alerts from the previous provider and one related to the current practice. There was a lack of clarity among staff for who took responsibility in this area. After our inspection another policy was provided which covered the whole Nexus Health Group.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risk in some areas.

- The practice had not implemented all the recommended actions from risk assessments related to fire and access and there were risks associated with legionella that had not been addressed. The practice's triaging system posed potential risks which had not been fully considered or addressed.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. It was unclear who had responsibility for the managing and responding to national safety alerts. We were provided with an updated policy after our inspection which clarified the position. Not all significant events were dealt with under the significant event process and staff were unclear about what qualified as a significant event. However, we saw evidence of discussion of possible significant events that were not dealt with under the formal procedure being discussed in clinical meetings. Again, an updated policy for managing significant events was provided after the inspection.
- Although limited we did see an example of a clinical audit which had positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses in some areas though some areas of risk management were lacking.
- The practice used information technology systems to monitor the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners in the provision of services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group. However, we were told by one PPG member that meeting was now held at another location that they were unable to attend.
- The service was transparent, collaborative and open with stakeholders about performance. However there was no evidence that the practice had taken action in response to patient survey feedback which indicated lower than average levels of satisfaction with nurse consultations.

Requires improvement

Are services well-led?

Continuous improvement and innovation

There was no evidence of systems and processes for learning, improvement and innovation.

- There was a focus on continuous learning and improvement. For instance, the practice had participated in 30 research schemes of the past three years. We were told that this practice was one of eight out of 488 practices across London who had the research accreditation that they had.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The provider was not undertaken all recruitment and monitoring checks. Not all equipment was being calibrated annually and there was some expired equipment on site. Medicines were not being managed in a safe way including vaccines, prescriptions and emergency medicines. Risks identified with fire and legionella had not been satisfactorily addressed. Infection control risks were not being regularly assessed or addressed. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **We issued the provider with a warning notice as there were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. Specific concerns were identified in respect of systems and processes related to:** • Recruitment • The management of equipment • The management of medicines • Risk management • Infection control • Significant events • Patient safety alerts • The practice's appointment system **This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**