The Broomwood Road Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Broomwood Road Surgery on19 February 2015. The overall rating for the practice was good with requires improvement in the responsive key question. The full comprehensive report on the 19 February 2015 inspection can be found by selecting the 'all reports' link for The Broomwood Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 28 June 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- There was no process for the security of prescription pads/forms; however, shortly after the inspection the practice provided us with a new policy detailing a new system that had been implemented to record prescription pads and forms.
- Not all staff had completed role specific training on the day of inspection; however, shortly after the inspection, the practice provided us with evidence to show all staff were up to date with training.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice was recording verbal consent had been obtained for implants, and long-acting reversible contraceptives.
- The practice had systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it difficult to make an appointment with a named GP and there was lack of continuity of care; however, urgent appointments were available the same day.

Summary of findings

- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice won a 'Star Practice' award within Bromley by Public Health in 2016 for high levels of Chlamydia screening for patients age 16-24.

We saw one area of outstanding practice:

- The practice organised a diabetes prevention day on 18 May 2017 to target all pre-diabetic patients. They had a gym company on site; HBA1C test strips were handed out to attendees, so they could check their blood glucose levels. The practice sent out 300 invites and had a turnout of 200 patients. They identified two previously undiagnosed patients with diabetes as a result, that would not have been identified had it not been for the prevention day.

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

Importantly, the provider must:

- Review systems and processes to ensure good governance in accordance with the fundamental standards of care, ensuring all staff training is maintained and up to date.
- Ensure there is a process for logging and recording prescription pads and forms.
- Ensure improvements are made to the availability/ access to appointments in response to patient feedback.

In addition the provider should:

- Review arrangements for appropriate disposal of sharps.
- Review the business continuity plan regularly to ensure it covers disruptions for patients and plan how best to meet the needs of different patient groups in such situations.

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?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Not all staff had completed role specific training on the day of inspection; however, shortly after the inspection, the practice provided us with evidence to show all staff were up to date with training.
- There were no orange top bins (used for the disposal of syringes) in the practice on the day of the inspection; however, shortly after the inspection the practice provided us with evidence to show they had obtained one.
- There was no system in place to monitor blank prescription forms and pads. Shortly after the inspection the practice provided us with evidence to show a new process and policy was in place to monitor their use.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or comparable to the local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice was recording verbal consent had been obtained for implants, and long-acting reversible contraceptives.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to the local and national average for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- On the day of the inspection the practice lift had broken down, we saw and heard a patient being told to leave her buggy downstairs and bring her baby upstairs to her appointment to be seen by the nurse, even though there was a room not in use on the ground floor.

Are services responsive to people's needs?

Requires improvement

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

- National GP patient survey data was below average for telephone access and getting appointments. Patients spoken to on the day of the inspection also reported difficulties in getting appointments.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it difficult to make an appointment with a named GP and there was lack of continuity of care; however, urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders
- The practice loaned out 15-20 blood pressure machines to patients so they could take them home to check their blood pressure.
- The practice had a midwife who attended the practice weekly.
- Chlamydia screening kits were accessible for patients in the toilets.
- LARC (Long-acting reversible contraceptives) clinics were run weekly.
  The practice held electrocardiogram clinics (ECG is a test that checks for problems with the electrical activity of your heart which saved patients from being referred to secondary care).
- Smoking cessation support was provided by the practice nurse and health care assistant by appointment.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- Improvements had not been reflected in appointments/access to the service in response to patient feedback.
- The business continuity plan was not updated to ensure that it covered patients having easy access to rooms on the first floor in the event that the lift stopped working.
- Practice polices were not always followed, as not all staff were up to date with training.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the Patient Participation Group.

Summary of findings

- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national averages:
- 70% of patients with diabetes on the register had their blood sugar recorded as well controlled (local average 77%, national average of 78%). The exception reporting rate for the service was 9%, local 8% and national 13%.
- 76% of patients with diabetes on the register had their cholesterol measured as well controlled (local 77%, national average 80%). The exception reporting rate for the service was 7%, local 10% and national 13%.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed 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.
- Immunisation rates were slightly below national averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

  Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives who attended the practice weekly, to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Chlamydia test kits were available to patients aged 16-24years.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- 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 did not provide extended hours.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. The practice had 25 learning disability patients on its register, 17 had an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. Additionally, the provider was rated as requires improvement in effective for this population group.

- The practice carried out advance care planning for patients living with dementia.
- 59% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (local average 81%, national average of 83%). The exception reporting rate for the service was 10%, local 5% and national 7%.

Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was below compared to the local and national average:
- 63% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 83%, national average 89%).The exception reporting rate for the service was 2%, local 7% and national 10%.
- 56% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (local average 83%, national average 88%). The exception reporting rate for the service was 2%, local 8% and national 13%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was below compared to the local and national average:
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- 56% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (local average 83%, national average 88%). The exception reporting rate for the service was 2%, local 8% and national 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages in some areas. Two hundred sixty eight survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list.

- 70% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 61% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards 18 were positive about the standard of care received. There was a mixture of less positive feedback ranging from difficulties in getting appointments, to appointment times running late, to problems with GPs.

We spoke with seven patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, patients also reported difficulties in getting appointments, and appointments not running on time.

The practice implemented a change in their appointment system in December 2016, they issued a questionnaire to evaluate patient satisfaction regarding availability and accessibility of appointments. Over a period of a week 100 questionnaires were handed out, 68 were completed. In terms of the practice opening hours the results ranged from poor to excellent. 44% patients did not want any alteration to the practice opening hours, of those patients that suggested a change the majority suggested the practice could be open weekends or in the evening. The practice had not implemented any of these requests as they had tried offering extended hours in the past and had a high number of patients not attending. The practice was part of the Bromley GP hub scheme, so patients could be offered appointments from 4pm-8pm Monday to Friday and also be offered appointments on the weekend 9am to 1pm.

The Broomwood Road Surgery

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 The Broomwood Road Surgery

The Broomwood Road Surgery is located in St Pauls Cray in Orpington Kent. At the time of our inspection, the practice had 10132 registered patients. The practice is a member of the Bromley Clinical Commissioning Group (CCG).

The demographics of the practice population are similar to that of average practices across England in terms of age distribution. Young people, aged 18 and under, make up 38% of the practice population (the average across England is 32%). Those aged over 65 make up 15.7% (England average is 16.7%), and the remainder of the practice population are of typical working age, between 18 and 65, and make up 46.3% of the practice population.

The deprivation (IMD) score for the local area is 32.9, and the practice is located in an area ranked in the third most deprived decile in the country. People living in more deprived areas tend to have a greater need for health services.

The practice operates from a newly established purpose built building operating over two floors, with lift access. There are eight consulting rooms, four on the ground floor and four on the first floor. There are three toilets on the ground floor including two patient accessible toilets and one staff toilet. There is also a patient accessible toilet on the first floor. There are two patient waiting areas, one on the ground floor and one on the first floor and a reception desk located on the ground floor. There is a baby changing room and a room for breast feeding.

The staff team consists of two GP partners both female, one salaried GP male, three female nurses, one female health care assistant, a practice manager, a deputy practice manager, a reception manager and a team of administrative and reception staff. The regular GPs provide 16 sessions per week and locum GPs provided 20 sessions per week. The partners acknowledged that they need additional clinicians and are in the process of recruiting regular salaried GPs.

The Broomwood Road Surgery is a training practice. At the time of our inspection there was one GP registrar being trained at the practice.

The Broomwood Road Surgery is registered with the Care Quality Commission (CQC) to carry on the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The practice provides general practice services under a General Medical Services (GMS) contract.

Appointments are available Mondays to Fridays between 8:30am and 12pm, then between 2pm and 6pm, with the exception of Thursdays when appointments are only available between 8:30am and 12pm. The practice closed at lunchtimes between 12.30pm and 1.20pm. The surgery

was open daily from 8am to 6:30pm, with the exception of Thursdays when it closed at 12:30pm, if patients needed to be seen in an emergency they would be offered a hub appointment or triaged by the duty doctor.

The practice has opted out of providing out-of-hours services to their own patients. When the practice was closed, patients were directed to the out of hours provider, EMDOC, via NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of The Broomwood Road Surgery 19 February 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement for responsive.

We issued a requirement notice under the following regulation:

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The full comprehensive report on 19 February 2015 inspection can be found by selecting the 'all reports' link for The Broomwood Road Surgery on our website at www.cqc.org.uk

We undertook a further announced comprehensive inspection of The Broomwood Road Surgery on 28 June 2017. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2017.

During our visit we:

- Spoke with a range of staff GPs, practice nurses, practice manager, assistant practice manager, administrative and reception staff, and spoke with patients who used the service. Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

At our previous inspection on 19 February 2015, we rated the practice as good for providing safe services. These arrangements remained the same when we undertook a follow up inspection on 28 June 2017. The practice is still rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a disoriented man fell asleep in the patient waiting area. Upon waking up he was verbally abusive and intimidating towards a member of staff . The staff member was working alone. The practice discussed the incident, and reviewed there processes and implemented a no lone working policy, all staff were also issued with a personal attack alarm.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were no orange top bins (used for the disposal of syringes) in the practice on the day of the inspection; however, shortly after the inspection the practice provided us with evidence to show they had obtained one.

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

Good

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were stored securely; however, there was no system in place to monitor their use. Shortly after the inspection the practice provided us with evidence to show a new process and policy was in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis) from a prescriber were produced appropriately.

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

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- One clinical and three non-clinical staff had not completed basic life support training; however, shortly after the inspection, the practice provided us with evidence to show all staff were up to date with training. There were emergency medicines available in the treatment 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 February 2015, we rated the practice as good for providing effective services. At this inspection we again looked at effective performance of the practice and found that it continued to perform well except for outcomes for those with mental health conditions.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

This practice was an outlier for three QOF (or other national) clinical targets when compared to local Clinical Commissioning Group (CCG) and national averages. This related to mental health. The practice explained this was because they had a high number of patients that did not attend; the practice did invite the patients to attend three times.

Data from 2015/2016 showed that in the previous 12 months:

- Performance for diabetes related indicators was comparable to the local and national average:
- 72% of patients with asthma on the register had a review in the last 12 months which included as assessment of asthma control (CCG average 73%, national 76%). The exception reporting rate for the practice was 4%, local 7% and national 8%.
- 75% of patients with diabetes on the register had their cholesterol measured as well controlled local 77%, national average 80%. The exception reporting rate for the practice was 7%, local 10% and national 13%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the local and national average:
- 77% of patients with hypertension had a blood pressure reading of 150/90mmHg or less local average 80%, national average 83%. The exception reporting rate for the practice was 3%, local 3% and national 4%.
- 93% of patients with chronic obstructive pulmonary disease (COPD) had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months local average 84%, national 89%. The exception reporting rate for the practice was 4%, local 10% and national 12%.
- Performance for mental health related indicators was below local and national average:
- 63% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months (local average 83%, national 89%).The exception reporting rate for the practice was 2%, local 7% and national 10%.
- 59% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months local average 82%, national average 84%. The exception reporting rate for the practice was 10%, local 5% and national 7%.
- 56% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 83%, national average 89%. The exception reporting rate for the practice was 2%, local 8% and national 13%.

There was evidence of quality improvement including clinical audit:

Good

Are services effective?

(for example, treatment is effective)

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit looked at colonoscopy (a test that looks at the inner lining of the large intestine) follow up arrangements in patients with inflammatory bowel disease (IBD). In the first cycle 49 patients were identified as having IBD that would require surveillance. Thirty six patients were identified under the gastroenterologist (gastroenterologists have extensive training in the diagnosis and treatment of conditions that affect the oesophagus, stomach, small intestine, large intestine), only six records made it clear that the patients were having regular surveillance. Twelve patients were identified as having no obvious surveillance. In the second cycle 59 patients were identified as having IBD of these 47 had a recent gastroenterologist appointment for treatment or surveillance. The remaining 12, four were newly registered patients, two were considered too old to require screening, two had colon cancer, two did not attend appointments and one did not require surveillance. As a result of the first audit, the practice changed their process for these patients and had implemented a series of measures to check patients were having surveillance, such as writing to all patients and their gastroenterologist to request they were added to the surveillance list. They had set up a recall system. The practice identified that new patients with this issue could still slip through the net and not have surveillance, so the practice adapted the new registration form to stipulate "If you have ever had Crohns (a long-term condition that causes inflammation of the lining of the digestive system (or Ulcerative (a long-term condition, where the colon and rectum become inflamed) in the past it is important to have regular follow ups from a gastroenterologist".

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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. Staff had access to and made use of e-learning training modules and in-house training. However on the day of the inspection not all staff were up to date with their 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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients'

Good

Are services effective?

(for example, treatment is effective)

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice was recording verbal consent had been obtained for implants, and long-acting reversible contraceptives.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services.

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from the nurse and the health care assistant.

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

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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.

Childhood immunisation rates for the vaccinations given were slightly lower than the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in three out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.9 (compared to the national average of 9.1).

The practice had good screening rates for patients aged 16-24 for Chlamydia winning Bromley 'Star Practice' by Public Health in 2016.

The practice organised a diabetes prevention day to target all diabetic patients. They had gym company on site to encourage a healthy lifestyle. HBA1C test strips were handed out to patients, so they could check their levels, the practice sent out 300 invites had a turnout of 200 patients. They had identified two new patients with diabetes as a result, that would not have been identified had it not been for the prevention day.

Good

Are services caring?

Our findings

At our previous inspection on 19 February 2015, we rated the practice as good for providing caring services. At this inspection we again looked at caring services of the practice and found that it continued to perform well.

Kindness, dignity, respect and compassion

During our inspection we observed that some members of staff were courteous and very helpful to patients and treated them with dignity and respect. However, we also witnessed the lift had stopped working a parent was told to leave their buggy downstairs and to carry their baby upstairs to attend their appointment, despite there being consultation rooms on the ground floor.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 32 patient Care Quality Commission comment cards 18 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients including one member of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 90%.
- 78% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 86%.

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 positive and aligned with these views. We also saw that care plans were personalised.

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

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:

Good

Are services caring?

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 81%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.

  84% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 336 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 February 2015, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving. These arrangements had improved when we undertook a follow up inspection 28 June 2017; however, the National GP patient survey data was below average for telephone access and getting appointments. Patients spoken to on the day of the inspection also reported difficulties in getting appointments. The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate.
- Chlamydia test kits were available to patients aged 16-24 years.
- Specialised clinics for Long acting reversible contraception (LARC), and sexual health screening were offered. The practice accepted registered and non-registered patients for this service.
- The practice was part of the Bromley GP hub scheme, which meant they could offer patients access to appointments at three hubs Monday-Friday from 4pm-8pm and weekends 9am-1pm.
- A midwife attended the practice weekly.

Access to the service

The practice was open between 8am and 6.30pm daily, except Thursdays when the practice was open 8am to 12pm. Extended hours appointments were not offered. Appointments could be booked from 8.30am to 12pm and from 2pm to 6pm every day except Thursdays when appointments were from 8.30am to 12pm. If patients needed to be seen in an emergency they would be offered a hub appointment or triaged by the duty doctor. In addition pre-bookable appointments could be booked up to eight weeks in advance. Urgent appointments were also available for patients that needed them.

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

- 53% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared with the CCG average of 70% and the national average of 73%.
- 64% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 74% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 61% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 47% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they found it difficult to get appointments when they needed them and they experienced difficulties booking appointments.

The practice implemented a change in their appointment system in December 2016, they offered more appointments at different times, they increased on line booking, They issued a questionnaire to evaluate patient satisfaction regarding availability and accessibility of appointments. Over a period of a week 100 questionnaires were handed out, 68 were completed. In terms of the practice opening hours the results ranged from poor to excellent. 44% patients did not want any alteration to the practice opening hours, of those patients that suggested a change the majority suggested the practice should be open weekends or in the evening. The practice had not implemented any of these request as they had tried offering extended hours in the past and had a high number of patients not attending. The practice was part of the Bromley GP hub scheme, so patients could be offered appointments from 4pm-8pm Monday to Friday and also be offered appointments on the weekend 9am to 1pm.

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example posters displayed, also the practice leaflet.

The practice had received 31 complaints in the last 12 month. We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints, and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had received a number of complaints relating to a locum GP, the practice conducted a 360 degree review and decided not to offer the locum any further sessions.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 19 February 2015, we rated the practice as good for providing well-led services. At this inspection we again looked at the well-led and found that it had changed . The provider is now rated as requires improvement for providing a well-led service.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice lacked an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was no system in place to monitor blank prescription forms and pads; however shortly after the inspection the practice provided us with evidence to show a new process and policy was in place to monitor their use.
- Not all staff had completed role specific training on the day of inspection; however shortly after the inspection, the practice provided us with evidence to show all staff were up to date with training.
- Improvements had not been reflected in the availability of appointments/access to the service in response to patient feedback.
- There were no orange top bins (used for the disposal of syringes) in the practice on the day of the inspection; however, shortly after the inspection the practice provided us with evidence to show they had obtained one.
- The business continuity plan was not updated to ensure that it covered patients having easy access to rooms on the first floor in the event that the lift stopped working.
- Practice polices were not always followed as not all staff were up to date with training.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. One GP was the practice safeguarding lead, all staff were aware of this; the nurse was the infection control lead. The practice manager was the complaints lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Clinical meetings were held weekly, Gold Standard Framework meetings were held every two weeks, all minutes were stored on the share drive so staff could access if they were away.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There was a lack of appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Requires improvement

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they requested for the weight/blood pressure machine to be re-positioned within the surgery, to provide patients with more privacy when using it. They requested that the practice provided a phlebotomy service, which they now do. They also requested the phone booking system to be changed, for example if a patients wants to cancel an appointment they can press number one rather than waiting to be put through to a receptionist. The practice sent a survey out to patients to see what they wanted, a popular suggestion was a ECG machine so the practice got one.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had signed a contract to start taking care of a nursing home commencing August 2017. The health care assistant had recently completed a foundation degree and planned to continue studying until she qualified as a nurse. There was an admin member of staff who was training to become a health care assistant. The practice had recruited their registrar as a salaried GP who would start work at the practice in August 2017.

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • There was no process for logging and recording prescription pads and forms. • All staff training was not up to date. • Improvements had not been reflected to the availability/access to appointments in the service in response to patient feedback. • The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.In particular. This was because the provider had not ensured improvements were made to the accessibility of the service in response to patient feedback. This is in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.