

# Paxton Green Group Practice

## 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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Outstanding	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Paxton Green Group Practice on 30 November 2015. Overall the practice is rated as good.

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.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed but not always well managed with regards to recruitment procedures and the management of medicines in the doctor's bags; however we saw that the practice was pro-active in addressing these issues shortly after our inspection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The system for ensuring updates were read and actioned was not clear but the practice took action to make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand, with the exception of translation services.
- Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice pro-actively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice:

- The practice set up a drop-in service for older patients who wanted to socialise with and engage in a range of activities with their peers. The drop-in was started after staff identified that isolated older patients attended the practice solely seeking social interaction.
- The practice provided food vouchers to patients facing serious financial difficulties, which allowed them access to a hot meal on the day, temporary food and sanitary supplies and access to local support groups to help them improve their circumstances.
- The practice set up a local time bank in 2011 for isolated patients and those living with depression to encourage social interaction. The practice had received very positive feedback from patients including comments that the time bank had had a positive impact on their feeling of purpose.

However, there are areas where the provider should make improvements.

The provider should:

- Ensure staff follow the protocol for reading and actioning alerts received.
- Ensure there is a system in place to record that medicines in the doctor's bags have been checked.
- Ensure the recruitment process includes two references for all staff, in accordance with the recruitment policy, and an assessment of the immunisation status of all newly-recruited non-clinical staff.
- Ensure outcomes relating to the care of patients with poor mental health and diabetes are continually monitored and areas for improvement are identified and actioned.
- Ensure translation services are clearly advertised in the waiting areas.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed but not always well managed. For example, two references were not in place for all newly-recruited staff, there was no audit log for medicines in the doctor's bags and the practice did not always assess the immunisation status of newly recruited non-clinical staff. We saw that the practice took action to address these issues.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines; however the process for ensuring alerts were read and actioned needed to be more robust.
- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care.
- Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Although information about translation services was not advertised in the practice, information displayed for patients about all other services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, it signed up to a pilot scheme to facilitate sharing of patients' records and results with secondary care health providers.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, it provided extra seating for the walk-in clinic after feedback from patients.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- People could access appointments and services in a way and at a time that suited them. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available in a format patients could understand. Evidence showed that the practice responded quickly to complaints and learning from complaints was shared with staff and other stakeholders.

Outstanding



## Are services well-led?

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

Good



# Summary of findings

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice's vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of open-ness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice participated in local pilot schemes and set up its own schemes to improve outcomes for patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, 100% of people aged over 75 years with a bone fragility fracture were being treated with a bone-sparing agent, compared to the Clinical Commissioning Group (CCG) average of 96% and the national average of 93%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than CCG and national averages.
- The practice provided care and treatment for older patients in line with current evidence-based practice and all they all had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. It carried out Holistic Healthcare Assessments (HHAs) for patients aged over 80 years and for those who were housebound. There was a dedicated flu vaccination clinic for patients aged over 65 years who found it difficult to attend the practice during early hours of the day.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.
- The practice had engaged with this patient group to look at further options to improve services for them. For example, a weekly drop-in club for patients aged over 60 years was set up to provide social interaction and peer support for those who required it.

Outstanding



### People with long term conditions

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

- All of these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nationally reported data for diabetes related indicators was variable. For example, the percentage of patients with diabetes who received the annual flu vaccine was in line with Clinical

Good



# Summary of findings

Commissioning Group (CCG) and national averages; however the percentage of patients with diabetes who had well-controlled blood sugar levels was below CCG and national averages.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had a register of patients at the highest risk of hospital admission and provided appropriate support such as longer appointments and home visits. The senior nurse called and reviewed all patients discharged from secondary cardiac services to check on their well-being and to ensure they attended cardiac rehabilitation appointments.
- The practice set up regular virtual clinics for patients with diabetes, hypertension and heart failure, and undertook Doppler pressure studies in their leg ulcer clinics with the aim of reducing referrals to secondary care.
- The practice was a top referrer to pulmonary rehabilitation services for Lambeth and Southwark and hosted a dedicated weekly primary care outreach clinic for patients with the human immunodeficiency virus (HIV) where these patients were able to receive specialist care and collect their medicines.
- The practice set up and ran a peer support group for patients diagnosed with diabetes which met regularly.

## Families, children and young people

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

- Nationally reported data showed immunisation rates were average for all standard childhood immunisations.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice worked with the local authority on a programme to reduce childhood obesity and a practice nurse delivered an outreach programme on childhood eczema to local primary

Good





# Summary of findings

schools. As a result of the eczema outreach programme, parents at the school formed a small group of people who had experience of the condition, to offer on-going advice at the school.

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

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

- Nationally reported data showed the cervical screening rate was similar to Clinical Commissioning Group and national averages.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, text messaging appointment reminders, email follow-up and advice, facilities and a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Eighty-nine out of 99 patients with a learning disability had received an annual health check.
- It offered longer appointments and a dedicated weekly clinic for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Outstanding**



# Summary of findings

- The practice dispensed food vouchers to patients who faced serious financial difficulties and was involved in a local pilot scheme to offer patients legal advice on a range of issues from the Citizen's Advice Bureau. 150 patients had used this service since it began and feedback from patients was positive.
- The primary care assistant practitioner had worked closely with local partners to develop booklets with individual care and communication preferences to support patients with learning difficulties.

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

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

- Nationally reported data showed performance for mental health indicators was below the Clinical Commissioning Group (CCG) and national averages. For example, 77% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the previous 12 months compared to the CCG average of 86% and the national average of 88%.
- The practice carried out advance care planning for patients with dementia. Eighty-five percent
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Most staff had received training on how to care for people with poor mental health. They had a good understanding of how to support people with enhanced mental health needs and dementia.
- There were regular talking therapy clinics and the practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice set up a local time bank to encourage social interaction for isolated patients and those with depression, where patients could earn credit for and exchange services such as gardening and computer lessons.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and fifty-four survey forms were distributed and 109 were returned.

- 77% of patients found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 74%.
- 91% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 92% said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 68% described their experience of making an appointment as good (CCG average 72%, national average 74%).

- 42% usually waited 15 minutes or less after their appointment time to be seen (CCG average 60%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients reported that staff were respectful, kind, helpful and caring, and they were happy with the standard of care and treatment they received.

We spoke with nine patients during the inspection. All patients told us they were able to get appointments when they needed them and did not have to wait too long to be seen. Seven patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. One patient found it difficult to see their named GP.

# Paxton Green Group Practice

## 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 advisor, a second CQC inspector, a practice manager specialist advisor, and an Expert by Experience.

## Background to Paxton Green Group Practice

The practice operates from one location in the south London borough of Lambeth. It is one of 47 GP practices in the Lambeth Clinical Commissioning Group (CCG) area. There are approximately 19,000 patients registered at the practice and it is a training practice for doctors in their final year of foundation training.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours, dementia diagnosis and support, flu and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, remote care and rotavirus and shingles immunisation.

The practice has a larger than average population of patients aged between 25 and 40 years, and a higher than national and CCG average representation of income deprived older people. Of patients registered with the practice, 80% are white, 10% are Asian, 6% are of mixed other ethnic background and 4% are black.

The practice clinical team consists of two female and three male GP partners, six female and two male salaried GPs, six female practice nurses and a primary care assistant practitioner. The partners and GPs worked a total of 84.5 combined sessions per week. The practice is supported by a practice manager, assistant practice manager, 19 reception and administrative staff, and a buildings facilitator.

The practice is open between 8.00am and 7.00pm Monday to Friday. Appointments are available in the mornings between 8.00am and 12.00am and in the afternoons between 2.00pm and 6.00pm. It offers extended hours Monday and Wednesday from 6.30pm to 8.00pm, and Saturday from 8.00am to 11.00 am. It operates a walk-in clinic Monday to Friday between 8.00 am and 10.00am and is closed on Sundays and bank holidays.

The premises are arranged over ground and first floors. There are 34 consultation rooms which include an isolation room, a podiatry room, two treatment rooms, two Talking Therapy rooms and two rooms used for Speech and Language Therapy. There is a lift, three reception areas with seating, baby changing facilities and a wheelchair-accessible toilet.

The out-of-hours service is provided by a co-operative of local GPs, for which some of the practice GPs work shifts.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This practice had not been inspected prior to our inspection on 30 November 2015.

We carried out this inspection to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2015. During our visit we:

- Spoke with 10 patients who used the service and a range of staff including receptionists, the practice manager, administrative staff, the buildings facilitator and GPs.
- Observed how people were being cared for and talked with carers and/or family members

- Reviewed the personal care and treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in October 2015 an oxygen cylinder was found to be low in oxygen during a medical emergency. The practice discussed this incident with all staff and implemented a policy to keep two full oxygen cylinders available at all times, and for staff to inform the lead nurse whenever a cylinder was used.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe but they were not always robust.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The GPs attended monthly safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, 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; however cleaning schedules had not been signed. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified as a result, with the exception of assessing the immunisation status of newly-recruited non-clinical staff. The practice told us they would implement this as part of their recruitment procedures.
- The sharps disposal bin outside the practice was not locked. The practice informed us that they had experienced problems with vandalism of the bins and security gates. We saw that the gates were being secured during our inspection.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security) but there were areas for improvement. For example, the vaccine fridges were stocked almost at full capacity and there was no robust system to ensure an uninterrupted electrical flow to the fridges.
- 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. Prescription pads were securely stored and there were very robust systems in place to monitor their use. Prescriptions had to be signed out by both patients and pharmacists on collection and the practice kept a list of patients for whom the pharmacy had collected prescriptions. All receptionists had been trained in the management of prescriptions for controlled drugs. Patient Group Directions had been adopted by the

# Are services safe?

practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We reviewed 10 personnel files and found that appropriate recruitment checks had been undertaken prior to employment for most staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that requests for two written references had been made for all newly-recruited staff but some files only had records of one reference. The practice told us some referees had not responded and in future they would seek references by telephone from referees who did not respond in writing.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents but there were areas for improvement.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition, there was a tannoy system to summon help which was linked to every room, and every visitor and member of staff was allocated a personal alarm device.
- There were emergency medicines available in the treatment room and all clinical staff received annual basic life support training. Non-clinical staff had not received annual training updates in line with recommendations from the Resuscitation Council but the practice arranged this training after our inspection, to be completed in December 2015.
- There were two doctor's home visit bags which were checked regularly but there was no policy to indicate which medicines should be stored in the bags or an audit log to show that medicines in the bags were checked.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- The practice had three emergency boxes and a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Clinical staff sporadically checked relevant websites for guidance updates and safety alerts, and the practice manager and clinical leads sent updates received from the local Clinical Commissioning Group (CCG) and NHS England to relevant staff. There was no system to ensure staff had read this information and no consistent process to ensure that updates had been actioned. After we raised this with the practice, they signed up to receive email updates directly from NICE and the Medicines and Healthcare products Regulatory Agency (MHRA) on the day of our inspection, and provided evidence shortly after of a comprehensive protocol for managing alerts and updates.
- Staff were able to demonstrate that they used information received to deliver care and treatment that met people's needs.
- The practice monitored that guidelines were followed through risk assessments and audits but did not carry out random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 84.6% of the total number of points available, with 5.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was variable. For example, 90% of patients with diabetes had received the flu vaccine in the previous six months, which was in line with the Clinical Commissioning Group (CCG) average of 90% and the national average of 94%. However, 66% of patients with diabetes had

well-controlled blood sugar levels which was below the CCG average of 73% and national average of 78%. The practice set up virtual diabetes clinics in 2015 which were run in conjunction with local consultants, in order to improve the management of, and care delivered to patients with diabetes, and to further learning about the disease within the practice.

- Performance for hypertension related indicators was in line with CCG and national averages. Eighty percent of patients with hypertension had a blood pressure test in the previous 12 months (CCG average 82%, national average 84%).
- Performance for mental health related indicators was below CCG and national averages. Seventy-seven percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the previous 12 months (CCG average 86%, national average 88%). The practice held monthly psychiatry services team meetings to discuss cases of patients with severe mental health problems, with an aim to improving outcomes for these patients and to seek guidance for practice clinicians on best practice in this area.
- Performance for dementia related indicators was similar to CCG and national averages. Eighty-five percent of patients diagnosed with dementia had a face-to-face review of their care in the previous 12 months (CCG average 88%, national average 85%).
- There were 10 emergency hospital admissions per 1,000 patients in the previous 12 months, which was better than the national average of 14.

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits conducted in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, as a result of an audit on the management of 13 patients with chronic obstructive pulmonary disorder (COPD) which was reviewed in November 2015, the practice identified ten patients who needed referral for specialist review and three patients who needed a steroid safety card. All of these patients received the



# Are services effective?

## (for example, treatment is effective)

appropriate interventions. Learning points from the audit were shared at a clinical meeting to encourage best practice in accordance with national guidelines and to improve the management of patients with COPD.

- The practice participated in applicable local audits, national benchmarking, accreditation, internal peer review and research. The senior nurse carried out audits of all their cervical screening procedures.

Information about patients' outcomes was used to make improvements. For example, as a result of another audit which identified that consent for 70% of minor surgery procedures carried out in 2013/2014 had not been recorded, the practice introduced a consent form, computer prompts to use the consent form and a coding system for recording consent. As a result, this figure reduced considerably to 4% in 2014/2015.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as information technology, safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was a similar induction for clinical staff including Foundation Year 2 (FY2) doctors.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The senior nurse was a nursing lead for the local CCG and supervised all student nurses on placement in Lambeth.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the training of FY2 doctors and revalidation of GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that monthly multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated. The practice held daily referrals meetings to ensure its referrals processes operated effectively.

The senior nurse called and reviewed all patients discharged from secondary cardiac services to check on their well-being and to ensure they attended cardiac rehabilitation appointments.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 records audits for FY2 doctors to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, weight management, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the primary care assistant practitioner.

The practice manager and senior nurse sought advice from NHS-England in August 2015 about how they could improve the cervical screening and child immunisation uptake at the practice. They subsequently began to send out more patient-specific invitations such as birthday cards and set up an action plan to search for, identify and invite all new child patients for immunisation before they reached the age of 12 months.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The uptake for the cervical screening programme had increased from 75% in 2014 to 77% in 2015, which was in line with the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 80% to 94% (CCG average 81% to 95%) and five year olds from 85% to 96% (CCG average 83% to 96%). The vaccination rate for meningitis C had increased from 80% in 2014 to 92% in 2015 for children aged under two years, which was above the national average.

The flu vaccination rate for the over 65s had increased from 66% in 2014 to 92% in 2015 which was above the national average of 73%. The rate for at risk groups was 29% (from August to November 2015) compared to the national average of 50% and this was on-going.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

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

All of the 12 CQC patient comment cards we received 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, responded compassionately and provided support when they needed help.

Several of the 10 patients we spoke with stated that nursing staff provided an excellent service and were very caring. We also spoke with a member of the patient participation group (PPG) who told us they were satisfied with the standard of care provided by the practice. Patients gave us mixed responses about the helpfulness of reception staff.

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

- 94% said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 91% said the GP gave them enough time (CCG average 84%, national average 87%).

- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

### Care planning and involvement in decisions about care and treatment

Patients told us that 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. Patients' feedback on the comment cards we received was also positive and aligned with these views.

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)

Staff told us translation services were available for patients who did not speak English as a first language but we did not see notices in the reception or waiting areas informing patients that this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

A patient we spoke with told us the practice had been particularly supportive to them while they provided care for a relative and following a bereavement. Staff told us that if families had suffered bereavement, their usual GP

contacted them or sent them a sympathy card; however this was ad-hoc and inconsistent. The practice had discussed plans to offer this service on a more routine basis.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice carried out Holistic Health Assessments (HHAs) for patients aged over 80 years and those that were housebound. These HHAs were used to create individualised care plans in conjunction with the Safe and Independent Living service (SAIL) as part of the GP delivery framework in order to enable older people to maintain a good standard of health, safety and wellbeing. The practice was in the process of assessing the impact of the HHAs on patient outcomes at the time of our inspection.

- There were facilities for patients who could not attend the practice during normal opening hours to book appointments and order repeat prescriptions online, receive results, advice and reminders via text and email, and a dedicated telephone advice line. The practice offered extended hours two evenings a week, and daily telephone consultations.
- There were longer appointments available for any patient who needed one. Children and those with serious medical conditions were prioritised for appointments and baby changing facilities were available.
- Home visits by clinical staff and pharmacists were available for patients who were housebound, elderly or terminally ill. Staff occasionally assisted these patients with collecting prescriptions from the pharmacy and personally delivering medications to patients outside of pharmacy delivery hours.
- There was a lift, wheelchair access, a hearing loop for patients with hearing problems and translation services for patients who did not speak English. A member of staff was a qualified Basic Sign Language (BSL) signer for deaf people and staff spoke English, French, Hindi, Portuguese, Spanish, Punjabi and Urdu. The practice website had an automated online translation facility to help patients understand written information.
- There was an electronic sign-in facility for patients attending for booked appointments.
- Clinical staff were alerted to patients who were unable to read the electronic call board in the waiting area so that they could be called personally.
- There were in-house substance misuse workers to help patients stop addictions to alcohol and recreational drugs.
- The practice referred patients to an in-house or external advice bureau representative for legal advice on a range of issues such as domestic abuse, employment, housing and benefits. One hundred and fifty patients had used this service since it began and the practice told us feedback from patients had been positive.
- There were weekly flu vaccination and travel clinics. There was a dedicated flu vaccination clinic for patients aged over 65 years who found it difficult to attend the practice during early hours of the day.
- There was a weekly clinic for patients with learning disabilities. The primary care assistant practitioner had worked closely with local organisations to support patients with learning difficulties and they had subsequently developed personalised books for these patients, which included their preferences for personal care and communication.
- The practice hosted a weekly clinic for patients with the Human Immunodeficiency Virus (HIV) and worked closely with local specialist secondary care HIV teams to deliver specialised care for patients with HIV who were vulnerable or hard to reach. The clinic was started in response to large numbers of patients with HIV travelling to clinics outside of London to avoid any perceived stigmatisation about their condition. Users do not need to be registered at the practice to use the clinic. An evaluation of this service showed that feedback from patients was very positive and 156 patients had used the service over the previous year, which was an increase from 33 in 2012.
- The practice participated in a variety of schemes to improve the well-being of patients. For example, the practice held a drop-in service for patients aged over 60 years who wanted to socialise with and engage in a range of activities with their peers. The drop-in was started after staff identified that isolated older patients attended the practice solely for social interaction.
- The practice gave food vouchers to patients facing serious financial difficulties, which allowed them access



# Are services responsive to people's needs?

## (for example, to feedback?)

to a hot meal on the day, temporary food and sanitary supplies and access to local support groups to help them improve their circumstances. The practice also paid for transport for patients who would otherwise not have been able to attend hospital appointments.

- The practice set up a local time bank in 2011 for isolated patients and those with depression to encourage social interaction. Patients referred to the time bank earned credits in exchange for helping other users such as with gardening or computer lessons. The practice had received very positive feedback from patients including comments that the time bank had had a positive impact on their feeling of purpose.
- Practice nurses ran a diabetes patient group every other month where patients diagnosed with diabetes could get peer support, further education about their condition and access to external speakers.
- All reception staff received customer service training to improve interactions with patients in September 2014 partly in response to patient feedback. Several staff had completed training in managing patients with enhanced mental health needs or behavioural problems.

### Access to the service

The practice was open from 8.00am to 7.00pm Monday to Friday and from 8.00am to 11.00am Saturday. Appointments were available between 8.00am to 12.00am and 2.00pm to 6.00pm Monday to Friday and from 8.00am to 11.00am Saturday. Extended hours surgeries were offered from 6.30pm to 8.00pm Monday and Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, there was a walk-in clinic from 8.00am to 10.00am Monday to Friday. Daily telephone consultations and urgent appointments were also available.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.

- 77% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 74%).
- 68% patients described their experience of making an appointment as good (CCG average 72%, national average 74%).

Responses were less positive regarding waiting times.

- 42% patients said they usually waited 15 minutes or less after their appointment time (CCG average 60%, national average 65%).

Following a review of the patient survey and complaints received online, the practice reviewed waiting times and employed two additional GPs in September 2015. The practice told us they had received fewer complaints regarding waiting times since this change. All of the 10 patients we spoke with told us they were able to get appointments when they needed them and did not have to wait too long to be seen. One patient told us they occasionally faced long waiting times for telephone calls to be answered.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system and there were feedback forms at the reception desk.

We looked at 13 complaints received in the last 12 months and found they were dealt with appropriately and with transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement. Staff knew and understood the values but it was displayed in the waiting areas.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. In areas where these did not operate effectively, the practice took action to make improvements.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open, no-blame culture within the practice. They had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. We noted that team away days were held every year.
- Staff said they felt respected, valued and supported, particularly by the partners and manager. 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through its patient participation group (PPG) and through surveys, feedback forms and complaints received. There was an active PPG of 150 members which met regularly with practice leaders and managers and carried out patient surveys. Proposals for improvements submitted to the practice management team were acted on. For example, the practice added 20 new chairs in the waiting area in March 2015 to improve the seating capacity for patients. In addition, the practice prominently displayed information about the walk-in clinic at the practice entrance, in waiting areas and on their website to ensure patients had a better understanding of the correct process to follow. It had sought more recent feedback which indicated that patients were satisfied with these changes.

# Are services well-led?

Good 

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

- The practice had responded to and carried out an analysis of all online patient reviews in the previous 16 months. It encouraged patients who left negative feedback to join the PPG so that they could be more active in influencing improvements.
- The practice had gathered feedback from staff through a survey on appraisal forms. 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. The practice manager had implemented a system to make the management of referral letters more robust in response to feedback from the reception team.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of a local pilot scheme involving three local hospitals, to improve communication and allow direct access to patients' records including test results.

The practice also signed up to a pilot scheme in 2014 to offer weekly appointments in-house for patients to receive legal advice on a range of issues from a Citizens Advice Bureau representative. One hundred and fifty patients had been referred to this service since it began and the practice told us feedback from patients had been positive.

The practice introduced the first weekly Human Immunodeficiency Virus (HIV) primary care outreach clinic in 2011. This service was provided by specialist teams from Kings College Hospital and was hosted at the practice. It was set up in response to a high number of patients with HIV travelling to Brighton for diagnosis and treatment in order to avoid the perceived stigma associated with the

disease. An analysis of the service showed 156 patients had used this service over the previous year, which was an increase from 33 in 2012, and patients were satisfied with the standard of care received. At the time of our inspection, the practice was in the process of expanding the service to allow GPs to supervise medications for patients with HIV.

The practice continually reviewed the availability of appointments for patients and started a campaign in November 2015 to reduce non-attendance rates at the practice from 14% in 2014. They created patient letters to find out reasons for non-attendance and how those patients could be supported to enable them to attend. The practice had plans to review the impact of this campaign in 2016.

The practice PPG developed and actively promoted an on-going 'Self Care Week' programme which began in November 2014 to promote better self-care and encourage patients to explore other secondary care services such as seeking advice from local pharmacies for common health complaints. The programme aims to alleviate pressures on Accident and Emergency services and is run by PPG members who give advice to patients on common health ailments, and to actively encourage patients to join the PPG. The practice had engaged a local school to create information posters for this programme.

The practice's PPG membership had increased by 40% over the previous three years. In order to improve the PPG's demographic, they had identified secondary students from diverse backgrounds who wanted to become doctors and actively encouraged them to join the group, with the aim that they would encourage other young people to do the same. The PPG attended local PPG network meetings, local network events and clinical commissioning group (CCG) events to get ideas for continuous improvement and keep abreast of current issues.