

# Parkside Medical Centre

## 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?

Requires improvement 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkside Medical Centre on 19 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 19 May 2016 inspection can be found by selecting the 'all reports' link for Parkside Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection on 22 June 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Results from the national GP patient survey were below local and national standards for showing patients were treated with compassion, dignity, respect and for showing patients 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 sometimes found it difficult to make an appointment with a named GP; however, urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice provided extended hours three times a week, Monday and Wednesday 6.30pm-8pm and Friday 7am-8am.

# Summary of findings

- The practice was in a transition stage of using a new data management system that would record, complaints, significant events, training, recruitment, minutes, and alerts.
- Monitor patient satisfaction with access and appointment availability, including improving patient satisfaction with compassion, dignity, respect and involvement in decisions on care.

The areas where provider should make improvements:

- Continue to review uptake of child immunisations rates.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Weekly internal snapshot reports were produced which detailed the target for every QOF indicator.
- The practice was part of Southwark contractual key performance indicators; they had achieved five A grades and one C grade for the management of patients with high cholesterol, high blood pressure and diabetes.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

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

Requires improvement



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice below 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 sometimes found it difficult to make an appointment with a named GP; however, urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

# Summary of findings

- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The providers encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the Patient Participation Group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- The practice was in a transition stage of using a new data management system that would record, complaints, significant events, training, recruitments, minutes, alerts. A monthly training report would be generated and used to track staff training to ensure it was up to date.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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.
- The practice offered double appointments for older patients that required more time for their care.
- Dementia screening and reviews were carried out to ensure patients received the appropriate care and support.

### People with long term conditions

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

Good



- 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 average:
- 88% of patients with diabetes on the register had their blood sugar recorded as well controlled (local average 70%, national average of 78%). The exception reporting rate for the service was 20%, local 7% and national 13%.

# Summary of findings

- 89% of patients with diabetes on the register had their cholesterol measured as well controlled (local 81%, national average 80%). The exception reporting rate for the service was 10%, local 8% and national 13%.
- 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.
- Southwark had contractual key performance indicators for practices to work within. This covered the management of cholesterol, blood pressure and diabetes. The grades for achievement were A to F. The practice achieved five A grades and 1 C grade.

## Families, children and young people

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

- 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 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.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics, regular meetings were held to discuss individual patients.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good





# Summary of findings

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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours three days a week Monday, Wednesday evening until 8pm and Friday morning from 7am.
- 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.
- Patients who reach 40 years of age were invited to have an NHS Health check.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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 nine patients on its learning disability register, 88% had an annual review.
- 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.
- The practice had a substance misuse clinic.
- Team members had attended domestic violence training.

**Good**



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

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

- The practice carried out advance care planning for patients living with dementia.

**Good**



# Summary of findings

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, (local average 86%, national average 84%) which is higher than local and national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 86%, national average 89%).
- 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 in line with local and national averages. Three hundred sixty six survey forms were distributed and 74 were returned. This represented 1% of the practice's patient list.

- 74% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% 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 34 comment cards 29 were positive about the standard of care received, five were less positive with mixed feedback with some patients raising concerns about the difficulty in getting an appointment, waiting times for appointments, staff being rude, lack of continuity of care, and a poor phone system.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients also said they found it difficult to get an appointment and they often had to wait 15-20 minutes for their appointment.

The practice friends and family test from January 2017 to May 2017 feedback had 211 responses, 151 patients were extremely likely or likely to recommend the practice 37 patients were neither likely or unlikely to recommend and 23 were unlikely to recommend.

The practice carried out its own practice survey between May and June 2017, they received 53 responses 94% patients were generally satisfied, 95% felt GPs treated them with care and concern, and that GPs involved them in decision making. 100% felt GPs listened, 93% felt that GPs gave them enough time.

The practice also carried out an action plan as a result of the GP survey, whereby they looked at improving the telephone access, they increased the number of reception staff answering the phones at busy times. They had also recruited a new GP and a new nurse which would aid in appointment availability.

# Parkside Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Parkside Medical Centre

Parkside Medical Centre is part of Southwark Clinical Commissioning Group (CCG) serves approximately 5150 patients. The practice is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures.

The practice population has a slightly larger number of working age people and lower proportion of elderly people than the national average. The practice is located in an area ranked within the second most deprived decile on the index of multiple deprivation with a higher percentage of unemployment than the national average. The practice is run by Concordia Health Limited. The practice has one full time female salaried GP who supports a male registrar. One full time male GP, one female nurse practitioner and one female practice nurse and a female healthcare assistant.

The practice is a teaching practice and accepts students from the local hospital. The practice had one registrar at the time of our inspection. The GPs worked 37 hours per week, the registrar worked 40 hours per week. The nurse practitioner worked 20 hours and the practice nurse 35 hours. The practice is open from 8am Monday to Thursday and open from 7am on Friday. The practice closes at 8pm Monday and Wednesday and 6.30pm the rest of the week.

The practice offers booked and emergency appointments five days per week. Parkside Medical Centre operates from 52 Camberwell Green, London Southwark SE5 7AQ which are purpose built premises. The property is rented. Concordia Limited are responsible for the maintenance.

The service is based on a single floor and all rooms are accessible to those with mobility problems or those in wheelchairs. Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, patient participation, rotavirus and shingles immunisation and unplanned admissions. The practice is a member of GP Federation Improving Health Limited.

## Why we carried out this inspection

We undertook a comprehensive inspection of Parkside Medical Centre on 19 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We issued requirement notices to the provider under the following regulations:

Regulation 11: Need for consent

# Detailed findings

Regulation 12: Safe care and treatment

Regulation 17: Good governance

The full comprehensive report on 19 May 2016 inspection can be found by selecting the 'all reports' link for Parkside Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We undertook an announced comprehensive inspection of Parkside Medical Centre on 22 June 2017. This inspection was carried out to ensure improvements had been made.

## 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 22 June 2017.

During our visit we:

- Spoke with a range of staff GPs, practice nurses, practice manager, head of governance, training 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.

- Visited all practice locations

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

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing safe services as no action had not been taken to mitigate infection control and fire safety risks and the practice's policies on these matters were not tailored to the requirements of the practice. The storage of and processes related to the management of medicines (including emergency medicines, vaccines, Patient Group Directions and prescriptions) did not ensure that medicines were handled safely.

These arrangements had significantly improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient came in the practice asked to see a GP and wanted additional medication, the patient was told they would need to make an appointment. The patient got angry and was aggressive towards staff and would not leave the practice. The practice discussed the

incident at their all staff meeting. The practice implemented their zero tolerance policy of no aggressive behaviour towards staff and the patient was removed from the patient list.

- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded 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. We found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- 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 nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

## Are services safe?

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.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). had been adopted by the practice to allow nurses to administer medicines in line with legislation. 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 five 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.
- All staff received annual basic life support training and 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 local practice (within past year) came and borrowed oxygen in an emergency. 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of elements of staff inductions had not been completed. Policies around consent suggested that staff did not always seek patients' consent to care and treatment in line with legislation and guidance. These arrangements had significantly improved when we undertook a follow up inspection on 22 June 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was comparable to the local and national average:
- 88% of patients with diabetes on the register had their blood sugar recorded as well controlled (local average 70%, national average of 78%).

- 89% of patients with diabetes on the register had their cholesterol measured as well controlled (local 81%, national average 80%).
- 97% of patients with diabetes on the register had a recorded foot examination and risk classification (local average 87%, national average 89%).
- Performance for mental health related indicators was above the local and national average:
- 100% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (local average 86%, national average 84%).
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 86%, national average 89%).
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (local average 86%, national average 83%).

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, there had been an audit looking at medical records and an audit looking at notes, also an antibiotic audit. In the antibiotic reduce prescribing audit in the first cycle the practice had reduced prescribing from 12.8% to 9.4%. Clinicians discussed and reviewed appropriate prescribing to ensure they only prescribe when necessary.

### 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



# Are services effective?

## (for example, treatment is effective)

example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training that 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. 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.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Clinical staff would use a template to record that consent was obtained by asking specific questions.
- 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients had access to a weekly drugs misuse clinic.

The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 77% 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

## Are services effective?

(for example, treatment is effective)

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 8.7 (compared to the national average of 9.1). The practice accounted for the lower immunisation rate as a period when the practice had low nursing hours and they were in transition of training a new member of staff.

# Are services caring?

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as good for providing caring services. The practice is now rated as requires improvement for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

Most of the 34 patient Care Quality Commission 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. Five comment cards were less positive and made comments about difficulties getting appointments.

We spoke with eight 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 below for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 74% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 76% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 72% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice carried out its own practice survey between May and June 2017, they received 53 responses 94% patients were generally satisfied, 95% felt GPs treated them with care and concern, and that GPs involved them in decision making. 100% felt GPs listened, 93% felt that GPs gave them enough time.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

# Are services caring?

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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 77% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 80% 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. 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 53 patients as carers (1% of the practice list). The practice had a designated notice board for carers, there were posters in reception regarding being a carer. Carers were signposted to Southwark carers. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support, they were also offered the flu vaccine.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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. We saw an appreciation card from relative of recently deceased patient, thanking the GP for the care given to the family.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

### Responding to and meeting people's needs

- The practice provided extended hours three times a week, Monday and Wednesday 6.30pm-8pm and Friday 7am-8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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 had baby changing facilities.
- The practice provided a weekly drugs misuse clinic.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice actively publicised its PPG through a dedicated notice board in the waiting area.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 2pm to 6.30pm daily. Extended hours appointments were offered at the following times 7.20am

Friday morning and 6.30pm-8pm Monday and Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 58% of patients said they could get through easily to the practice by phone compared with the CCG average of 73% and the national average of 73%.
- 66% 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 72% and the national average of 76%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 54% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Some of the patients we spoke with told us that they found it difficult to get an appointment.

The practice also carried out an action plan as a result of the GP survey, whereby they looked at improving the telephone access, they increased the number of reception staff answering the phones at busy times. They had also recruited a new GP and a new nurse which would aid in appointment availability.

The practice had a system to assess:

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

The practice did this 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

# Are services responsive to people's needs?

(for example, to feedback?)

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. e.g. posters displayed, information in the practice leaflet.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, a patient complained about being dissatisfied with the lack of care provided during a consultation. The complaint was dealt with in line with the practice policy; it was investigated, responded to and discussed with the GP. The GP reflected on the consultation and apologised to the patient.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing well-led services as policies were generic and did not reflect the features of the practice, there was insufficient attention paid to risk management and little evidence of quality improvement work initiated by the practice:

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 22 June 2017. The practice is now rated as good for being well-led.

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

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

governance meetings were held quarterly, clinical meetings were held weekly, and monthly administration meetings. Once a month education meetings were held, to aid staff with training.

- The practice meet monthly with the CCG, they had monthly locality meeting and was part of the local federation “Improving Health Limited”.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the clinical and managerial leadership team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the clinical and managerial leadership team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The clinical and managerial leadership team 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.
- 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.

# Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the clinical and managerial leadership team in the practice. All staff were involved in discussions about how to run and develop the practice, and the clinical and managerial leadership team 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, the PPG suggested staff should wear name badges, and that books and magazines should be placed in the reception area.

- The NHS Friends and Family test, showed that in May 91% of patients were likely to recommend the practice.
- Staff through, an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had implemented using a new data management system that would record, complaints, significant events, training, recruitments, minutes, and alerts. The practice was in the process of recruiting a new GP who would join the practice in September, who would work 17 hours. The practice had employed a practice nurse who would start work in July.