Cross Hall Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Location Cross Hall Surgery on 17 May 2017. Overall the practice is rated as requires improvement.

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

- The practice did not have clearly defined and embedded systems to minimise risks to patient safety. For example patients' pathology results were not checked or cleared daily. We found one urgent referral had not been processed.
- Fridge temperatures were monitored, however there was only an internal thermometer being used and it was not calibrated frequently. This is not in accordance with Public Health England guidance.
- Blank prescription forms were not stored securely.
- Staff were aware of current evidence based guidance; however, we found that National Institute for Health and Care Excellence (NICE) guidelines were not always followed. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- 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.

Summary of findings

- The practice was piloting a phlebotomy clinic once a week which started on the 12 May 2017.

The areas where the provider must make improvements are:

- Ensure they assess, monitor and improve the quality and safety of patients, ensuring pathology results and docman letters are cleared daily. Also ensuring that National Institute for Health and Care Excellence (NICE) guidelines are followed.
- Ensure urgent referral policy is followed.
- Ensure that full cycle audits are performed to improve patients outcome.
- Ensure there is appropriate supervision and mentoring for the nurse practitioner.

The areas where the provider should make improvements are:

- Review, assess and monitor staff training, records for cleaning equipment and labelling of sharp bins.
- Review temperature monitoring on medicine fridges to make sure they are in line with current guidance.
- Review flexibility with nurse appointments.

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?

Requires improvement

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

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had poor systems, processes and practices to minimise risks to patient safety. We found that there were two sharps bin's in the nurses room, none of these were labelled. We also found that thought there was a cleaning schedule for specific equipment, there was no log to record when cleaning took place.
- There were no clear processes for two week urgent referrals. On the day of the inspection we identified one urgent two week referral had not been processed. Shortly after the inspection we received assurances that the practice had followed this up and recorded it as a significant events. The two week referral policy had also been updated with a new process to ensure this did not happen again.
- There was no clear process for GP cover on a Monday between 8am-9am and 5pm-6.30pm. Although staff told us they could contact a GP on their mobile phone or refer patients to one of the GP hubs in Bromley. Non clinical staff knew how to respond in the event of a medical emergency
- 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?

Requires improvement

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

- Staff were not following current evidence based guidance, for example the management of diabetics patients, a significant amount of diabetic patients were coded incorrectly.

Summary of findings

- Pathology results and Docman letters were not being checked daily.
- There had not been any two cycle audits over the last year to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was no evidence of appraisals and personal development plans for clinical staff, as all clinical staff working at the practice were locums. The clinical service manager from Living Care Medical had clinical oversight of the practice.
- We checked five training records, (all clinical staff) and found four of these staff had not completed mental capacity act training.
- There were no arrangements for the supervision for the nurse practitioner who worked one day a week.

Are services caring?

Good

The practice is rated as good for caring services.

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.
- We received 17 comment cards 15 were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

Requires improvement

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

- There was no clear process for GP cover on a Monday between 8am-9am and 5pm-6.30pm, as the practice used locum GPs who worked 9am-5pm.
- There was limited flexibility with nurse appointments, for example child immunisations were only available on a Thursday or Friday morning.
- 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.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a blood pressure/weight machine installed in reception.
- The practice provided a weekly phlebotomy clinic.

Are services well-led?

Inadequate

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Within the practice there was a clear leadership structure and staff felt supported by management. Three senior staff members from Living Care Medical Service attended the inspection, however one staff member reported to us they had never meet them before the day of the inspection.
- The practice lacked an overarching governance framework which supported the delivery of the strategy and good quality care. For example there were no completed full cycle audits. There was no clear system in place for urgent two week referrals. The practice did send an updated policy with a new process after the inspection.
- The provider did not have clearly defined and embedded systems to minimise risks to patient safety. For example patients' pathology results were not checked or cleared daily.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities, there was a locum pack.
- The provider was aware of the requirements of the duty of candour. In five examples we reviewed we saw evidence the practice complied with these requirements.
- The provider 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.

Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The senior managers engaged with the Patient Participation Group (PPG) and attended their meetings.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

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

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

Families, children and young people

Requires improvement

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

Summary of findings

- 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.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. However child immunisations were only available on a Thursday and Friday morning.
- The practice worked with midwives, health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours on Saturday mornings.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- A phlebotomy service was available for patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 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.
- 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.
- 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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards 15 were positive about the standard of care received, two were less positive with patients feeling rushed in appointments and finding it difficult to see to see a GP.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients described having positive experience at the practice, reporting staff were friendly, helpful and professional.

Results from the practice friends and family test conducted in March 2017 showed 90% of patients surveyed were likely or extremely likely to recommend the practice to others. Ten percent of patients were unlikely to recommend the practice.

Cross Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector.

Background to Cross Hall Surgery

The practice operates from one site in Bromley. It is one of 47 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There are approximately 3300 patients registered at the practice. The practice had been taken over by the provider Living Care Medical services Limited in January 2017. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder or injury.

The practice has an alternative provider medical services (APMS) 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 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 has a higher than average population of female patients aged from birth to 19 years and 30 to 39 years, and male patients aged from birth to 14 years and from 20 to 39 years. It has an above national average income deprivation affecting children and adults.

The clinical team includes two male long term locum GPs and a female locum GP. The GPs work a combined total of 10 sessions per week. There is a male nurse practitioner, a female salaried practice nurse, and a female locum nurse. The clinical team is supported by a practice manager, three receptionists and a prescription clerk.

The practice is currently open between 8am and 6.30pm Monday to Friday. It offers extended hours from 9am to 1pm Saturday. Appointments were available from 9am to 1pm and from 2pm to 5pm Monday and 2pm to 6pm Tuesday, and on Wednesday to Friday appointments were from 2pm to 6.30pm. There are two treatment/consulting rooms on the ground floor.

There is wheelchair access and baby changing facilities. There is car parking available in front of the premises, and two disabled parking bays at the rear.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing care outside of normal hours to the national out-of-hours service 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 17 May 2017.

During our visit we:

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

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 five 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, after a patient incident, the practice reviewed their procedure regarding reception staff working alone and all staff were provided with personal attack alarms.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The lead GP 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 or child safeguarding level 3. The practice nurses were trained to child protection or child safeguarding level 2. All non-clinical staff were trained to child protection or child safeguarding 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.
- There was no clear process for GP cover on a Monday between 8am-9am and 5pm-6.30pm, as the practice used locum GPs who worked 9am-5pm. When we asked staff what they would tell patients who needed to see or speak to a GP they were unsure. However they did confirm they would call a GP on their mobile, and that Bromley GP Alliance hub, rapid response team were also accessible
- There were no clear processes for two week urgent referrals. On the day of the inspection we identified one urgent referral had not been processed, the referral was issued on 26 April 2017, and was identified unprocessed on 17 May 2017. The day after the inspection the practice provided us with evidence to show they had reviewed their two week urgent referral process.

The practice did not have appropriate processes to maintain standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. However, there was no log of when equipment had been cleaned.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Requires improvement

Are services safe?

- We found three sharp bins in the nurses' room had not been labelled.

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). Fridge temperatures were monitored, however there was only an internal thermometer being used. This is not in accordance with Public Health England guidance.

- 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 in clinical rooms, the practice also kept a log of prescription numbers. However we found blank prescriptions forms were left in the printer in the interview room. This room was used by patients unsupervised. The practice manager explained that she did not know why prescriptions were in the interview room and said she would get them removed. There were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, 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 first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were no relevant Quality and Outcomes Framework (QOF) figures because the provider had recently taken over the practice.

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, we found that not all clinicians were following best practice. For example the management of diabetics patients, we found a significant amount of diabetic patients were coded incorrectly.

- The practice did not monitor and ensure that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

There was no evidence of quality improvement including clinical audit:

- There had been two clinical audits, one related to patients on specified disease modifying Anti-Rheumatic medicines who have had their blood test routinely monitored. However none of the audits were completed audits where the improvements made were implemented and monitored.
- We were told that pathology results were checked and actioned daily. However, on the day of the inspection, pathology results had not been checked since the 12 May 2017. We found 51 letters on Docman (a patient management system) these had not been checked. The practice cleared the pathology results and the letters on the day of the inspection.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training 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.
- The practice had a nurse practitioner (a nurse who is qualified to treat certain medical conditions without the direct supervision of a doctor) who worked one day a week, however no one was monitoring the nurse practitioner.
- The learning needs of non-clinical 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. All non-clinical 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. We checked five training records, (all clinical), four had not completed mental capacity act 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

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.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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. The practice had recently started appointing staff with role specific duties, for example there was a primary care navigator champion, a learning disability champion.

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

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

Good

Are services caring?

Our findings

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.

As a new provider there were no up to date National GP survey data.

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

We received 17 comment cards; 15 were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two were less positive with patients feeling rushed in appointments and finding it difficult to see to see a GP.

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

Care planning and involvement in decisions about care and treatment

There was no clear process for GP cover on a Monday between 8am-9am and 5pm-6.30pm.

Although staff told us they could contact a GP on their mobile phone or refer patients to one of the GP hubs in Bromley.

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.

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

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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 35 patients as carers (1% of the practice list) The practice had recently created a carers champion role, to help ensure that the various services supporting carers were coordinated and effective, as well as a primary care navigator. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support, for example offered the flu vaccine, longer appointments.

Good

Are services caring?

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Saturday from 9am-1pm 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.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, also interpretation services were available.
- 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 had a blood pressure/weight machine installed in reception.
- The practice provided a weekly phlebotomy clinic.
- The nurse provided smoking cessation.
- The practice did health checks for 40 plus and over 75s.
- Child immunisations were only available on a Thursday and Friday morning.

Access to the service

The practice was open from 8am to 6:30pm Monday to Friday. Appointments were available from 9am to 1pm and from 2pm to 5pm Monday and 2pm to 6pm Tuesday, on Wednesday to Friday appointments were from 2pm to 6.30pm. We were told there was no GP after 5pm on a Monday and Tuesday, if patients needed to be seen they would be seen by Bromley GP Alliance Hub. Extended hours appointments were offered every Saturday between 9am-1pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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 in the waiting area, and on the practice summary leaflet.

We looked at two complaints received since the new provider took over and found these were satisfactorily handled, dealt with in a timely way, there was 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 that the GP did not call them back. The complaint was dealt with in line with the practice policy; it was investigated, responded to. The GP contacted the patient and apologised, and resolved the issue.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- The practice lacked arrangements to monitor and improve quality and identify risk. For example there were no completed full cycle audits. There was no clear system in place for urgent two week referrals, however the practice did send an updated policy with a new process after the inspection.
- The provider did not have clearly defined and embedded systems to minimise risks to patient safety. For example patients pathology results were not checked or cleared daily.
- We found 51 letters on Docman (a patient management system) these had not been checked. The practice cleared the pathology results and the letters on the day of the inspection.
- There was no clear process for GP cover on a Monday between 8am-9am and 5pm-6.30pm. Although staff told us they could contact a GP on their mobile phone or refer patients to one of the GP hubs in Bromley.
- There were no arrangements for the supervision for the nurse practitioner who worked one day a week.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example the practice manager was the complaints lead, the practice nurse was the infection control and diabetic patient lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Monthly newsletters were given to staff.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- A staff member that we spoke to on the day of the inspection said they had never met the senior staff who had taken over the practice, however they were visible on the day of the inspection.
- Senior managers who took over the practice, came to the PPG meeting held every six weeks.

Leadership and culture

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

- 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.

Are services well-led?

Inadequate

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

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider 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 practice changed the telephone access system, as patients were finding it difficult to get through. There was also an issue with the practice website, patients could not book appointments or request repeat prescriptions which the PPG raised, this issue had been resolved.
- The NHS Friends and Family test, taken in March 2017 completed by 10 patients showed 90% of patients were extremely likely or likely to recommend the practice 10% were unlike to recommend.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management . Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking. The practice had recently set up a phlebotomy clinic which operated once a week. The practice set up new roles, giving staff additional responsibility. For example a learning disability champion role was developed, and a carers champion.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not have effective systems or processes to make sure they assessed and monitored the service provided. For example: • There was not an effective system in place for urgent referrals. • There was no second thermometer for the vaccine fridge in the practice. • Sharp bins were not labelled.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems or processes did not enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. • Staff were not following National Institute for Health and Care Excellence (NICE) guidelines. • Pathology and Docman results were not monitored on a regular basis. • Staff had not completed mental capacity act training.

This section is primarily information for the provider

Requirement notices

- No full cycle audits were performed to improve patients outcomes.