

Dr Saravanapalasuriyar Shrikrishnapalasuriyar (Mornington Surgery)

Quality Report

Mornington Surgery
433 New Cross Road
London
SE14 6TD

Tel: 0208 692 8299

Website: www.morningtonsurgery.co.uk

Date of inspection visit: 12/07/2016

Date of publication: 05/10/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Saravanapalasuriyar Shrikrishnapalasuriyar (Mornington Surgery)	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Saravanapalasuriyar Shrikrishnapalasuriyar (Mornington Surgery) on 12 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients 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.
- 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 and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Implement a system to ensure that staff who do not attend practice meetings have access to the minutes.
- Ensure the infection control lead has adequate training, time and resources to carry out the role identified.

Summary of findings

- Assess the need to have a nominated fire marshal.
- Develop an ongoing audit programme that demonstrates continuous improvement to patient outcomes.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Advertise translation services in the patient waiting areas.
- Ensure clinical staff have undertaken Mental Capacity Act training.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, there was no ongoing audit programme that demonstrated continuous improvement to patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey was comparable with CCG and national averages for several aspects of care with doctors and nurses. For example, 79% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%; national average 85%) and 94% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%; national average of 91%).

Good



Summary of findings

- 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 easy to understand and 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice participated in the Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS) which aims to support GP practices increase self-management for people with long term conditions and improve outcomes, enable a positive impact on access to primary care services, build on collaborative working within neighbourhoods in Lewisham and reduce variation between practices.
- Patients 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. The national GP patient survey showed 64% usually got to see or speak to their preferred GP (CCG average 51%; national average 59%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Collaborative care plans were in place and the practice held monthly multi disciplinary team (MDT) meetings.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- The practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.
- The practice had referred 82% of its type two diabetic patients to the DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) programme which is a self-management group education course.
- The practice had referred 84% of their chronic obstructive pulmonary disease (COPD) patients to the Lung, Exercise and Education Programme (LEEP) which is a six-week pulmonary rehabilitation course for patients over 18 diagnosed with COPD and other breathing problems.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 97% (national average 94%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 78% (national average 81%).
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and 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

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was comparable to the national average (practice 80%, national 75%).
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on Monday from 6.30pm to 7.45pm for working patients who could not attend during normal opening hours.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (national average 88%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 78%, which was comparable with the national average of 84%.
- The practice registered patients residing in local mental health supported hostel and worked closely with community psychiatric nurses, psychiatrist, mental health social workers and key workers at the hostel.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 showed the practice was performing in line with local and national averages. Four hundred survey forms were distributed and 108 were returned. This represented approximately 3% of the practice's patient list and a 27% response rate.

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 66% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 65% 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 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were professional, approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a system to ensure that staff who do not attend practice meetings have access to the minutes.
- Ensure the infection control lead has adequate training, time and resources to carry out the role identified.
- Assess the need to have a nominated fire marshal.
- Develop an ongoing audit programme that demonstrates continuous improvement to patient outcomes.

- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Advertise translation services in the patient waiting areas.
- Ensure clinical staff have undertaken Mental Capacity Act training.

Dr Saravanapalasuriyar Shrikrishnapalasuriyar (Mornington Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Saravanapalasuriyar Shrikrishnapalasuriyar (Mornington Surgery)

Dr Saravanapalasuriyar Shrikrishnapalasuriyar (also known as Mornington Surgery) is located at 433 New Cross Road, New Cross, London, SE14 6TD. The practice provides NHS primary care services to approximately 4,200 patients living in the New Cross and Lewisham area through a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is part of Lewisham Clinical Commissioning Group (CCG) which consists of 41 GP practices.

The practice operates from a converted end terrace residential property on four levels. The surgery main

entrance is at the rear of the building to the ground floor. There is also an entrance at street-level at the front of the property to the first floor. The practice has access to four consulting room, two on the ground floor and two on the first floor. The first floor is accessed by steps from the waiting room or from a front door entrance at street-level for patient unable to use the stairs.

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice serves a diverse multi-ethnic population.

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

The practice staff comprises of a male lead GP (six clinical sessions per week), a male salaried GP (eight clinical sessions per week) and a male and a female regular locum GP (totalling five sessions per week). The team is supported by a practice nurse (25 hour per week), a full-time practice manager, office manager and four receptionists.

The practice is a teaching practice for 3rd, 4th and 5th year medical students from King's Medical School.

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided on Monday from 6.30pm to 7.45pm.

Detailed findings

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 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.

The practice had been previously inspected on 9 July 2014. At that time we found the practice did not have access to an automated external defibrillator (AED) and had not risk assessed if this was necessary. The practice procured an AED after the inspection.

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 12 July 2016. During our visit we:

- Spoke with a range of staff (lead GP, salaried GP, practice nurse, practice manager, office manager and two receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.

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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of all significant events. Significant events were a standing agenda item at monthly clinical meetings and we saw evidence of minutes where they had been discussed. However, the practice did not have a system in place to ensure staff who did not attend the meeting received a copy of the minutes.
- The practice had recorded three significant events in last 12 months. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed its procedures to respond to medical emergencies after it was identified that not all staff were aware of the location of the automated external defibrillator (AED) and emergency medicines. All staff we spoke with on the day of the inspection were aware of the location of the AED, oxygen and emergency medicines.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level 3.

- A notice in the waiting room and consulting rooms 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). All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice employed its own cleaner and we saw evidence of a cleaning schedule. The practice nurse was the infection control clinical lead and had undertaken on-line mandatory training but no additional training to enable her to undertake her role. There was an infection control protocol in place and staff had received on-line training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- An infection control audit had been undertaken in March 2016 by the practice nurse and we saw evidence that action was taken to address any improvements identified as a result. For example, the replacement of waste bins for foot-operated waste bins at each hand wash basin. We saw evidence that this had been undertaken on the day of our inspection. A further action point was for the practice nurse to be involved with new staff induction including education around effective handwashing, handling specimens, how to deal with bodily fluid spillages and clinical waste guidance.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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 in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were signed by the practice nurse and lead prescriber.
- We reviewed six personnel records, which included two locum GP files, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters located on each of the four levels of the building which identified the local health and safety representative. The practice had undertaken a health and safety risk assessment.
- There was a fire procedure in place and we saw evidence that all the fire extinguishers and the fire alarm had been maintained. The fire alarm sounder was checked on a weekly basis and we saw a log of this. Fire evacuation drills were undertaken regularly and all staff we spoke with knew where the fire evacuation point was

located. All staff had undertaken fire training on-line but the practice did not have a nominated fire marshal. The practice had an up-to-date fire risk assessment undertaken in June 2016.

- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in July 2015 and portable electrical appliances had been checked in July 2016.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in June 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- 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 which included defibrillator training and there were emergency medicines available in the nurse's room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw evidence that these were checked regularly. 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 which included a 'buddy' system with a local practice. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 65% (national average 78%) and the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 84% (national average 78%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 81% (national average 83%).
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (national

average 88%) and the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 78% (national average 84%).

There was evidence of clinical audit. However, the practice did not have an ongoing audit programme that demonstrated continuous improvement to patient outcomes.

- There had been five clinical audits completed in the last two years, two of these were completed two-cycle prescribing-related audits. For example, the practice had reviewed its patients on pregabalin (a medicine used in the management of pain) to ensure prescribing was in line with primary and secondary care guidance. The first cycle audit undertaken in August 2015 and showed 41 patients were on the medicine. All patients were reviewed face-to-face and dosages and prescriptions amended in line with guidance. A re-audit in June 2016 showed 33 patients were on the medicine and all were found to be appropriately prescribed. The practice indicated they will undertake a re-audit in 6 months' time.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. We saw evidence of completed induction paperwork in the files of recently recruited staff. This covered such topics as fire safety, health and safety and confidentiality. The practice told us they planned to involve the practice nurse in future new staff induction to include education around effective handwashing, handling specimens, how to deal with bodily fluid spillages and clinical waste guidance.
- 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 had undertaken asthma, chronic obstructive pulmonary disease (COPD) and diabetes up-date training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

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.

- 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, clinical supervision and facilitation and support for revalidating GPs. 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.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.
- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

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. Meetings took place with other health care professionals,

for example health visitors, social workers, district nurses, palliative team, on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. However, none of the clinical staff had undertaken formal MCA training.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 were signposted to the relevant service.
- A dietician was available on the premises twice a month.
- Smoking cessation advice was available from the practice nurse and a local support group.
- The practice had referred 84% of their chronic obstructive pulmonary disease (COPD) patients to the Lung, Exercise and Education Programme (LEEP) which is a six-week pulmonary rehabilitation course for patients over 18 diagnosed with COPD and other breathing problems.
- The practice had referred 82% of its type two diabetic patients to the DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) programme which is a self-management group education course.
- The practice supported patients residing in local mental health supported hostel.
- The practice referred to Carers Lewisham therapeutic counselling service.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 93% and five year olds from 68% to 93%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All of the 38 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, compassionate and treated them with dignity and respect. The practice shared with us thank you cards and letters from patients regarding the care and treatment they had received.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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.

The practice utilised the Coordinate My Care personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.

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:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception area informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as

carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice referred to Carers Lewisham therapeutic counselling service.

Staff told us that if families had suffered 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 by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Monday from 6.30pm to 7.45pm 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. However, there was no poster in the waiting room advertising translation and interpreting services.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9am to 11.50 am every morning and 3.30pm to 5.50pm daily. Extended hours appointments were offered on Monday from 6.30pm to 7.45pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 75%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% and the national average of 73%.

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a complaint leaflet and form and poster in the waiting room.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had produced a patient charter leaflet which outlined the practice's mission statement and practice and patient responsibilities.
- The practice had a strategy and supporting business plan which reflected the vision and values of the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Although the practice had undertaken internal audit, there was no programme of continuous clinical and internal audit to monitor quality and to make improvements.

Leadership and culture

On the day of inspection the lead GP and practice manager 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 lead GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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 practice encouraged a culture of openness and honesty. The practice had systems in place 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 in place that had named members of staff in lead roles. For example safeguarding and complaints.

- Communication across the practice was structured around key scheduled meetings. Meetings included a monthly clinical meeting and practice meeting. We saw evidence of a standing agenda for meetings and minutes were kept. However, the practice did not have a system in place to ensure staff who did not attend the meeting had access to the minutes.
- 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.
- Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), surveys, Friends and Family Test (FFT), NHS Choices and complaints received. The PPG was established in 2011 and met twice a year. The PPG had worked with the practice to address the practice's DNA (did not attend) rate and to encourage patients to cancel an appointment if they were unable to attend.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

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. For example:

- The practice had formed a federation with 11 GP practices in Lewisham (a federation is a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local communities).
- The practice participated in the Lewisham Neighbourhood Primary Care Improvement Scheme (LNPICIS) which aims to support GP practices increase self-management for people with long term conditions and improve outcomes, enable a positive impact on access to primary care services, build on collaborative working within neighbourhoods in Lewisham and reduce variation between practices.
- The practice is a teaching practice for 3rd, 4th and 5th year medical students from King's Medical School.