

# Dr Naseem Akbar

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Naseem Akbar on 16 August 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.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however some of these were not fully implemented or did not comply with guidelines.
- 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 must make improvement are:

- Ensure any controlled drugs kept on the premises are managed in line with the Misuse of Drugs Act 1971, including their handling, storage, security, prescribing, administering, recording and destruction.

# Summary of findings

- The practice must review and improve arrangements for the security and use of blank prescription forms.
- The practice must review the stocks of emergency medicines the practice keeps, ensuring these are in line with guidelines and the needs of the practice patient population and that the rationale for any decision made is clearly recorded.
- The practice should review the need for non-clinical staff acting as chaperones to have checks through the disclosure and barring service and clearly risk assess and record the decision.

The areas where the provider should make improvement are:

- The practice should make copies of its business continuity plan available off site as well as on site for use in emergencies.
- The practice should continue to hold, record, monitor and review regular governance meetings.
- The practice should review how patients are informed about how to make a complaint.

**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 requires improvement for providing safe services.

**Requires improvement**



- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however some of these were not fully implemented or did not comply with guidelines. For example checks through the Disclosure and Barring Service (DBS) had not been undertaken for non-clinical chaperones, the types of emergency medicines available were not risk assessed and did not meet guidelines, controlled drugs were kept on the premises without complying with relevant legislation, and security arrangements for blank prescriptions did not meet guidelines.
- 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.
- Other risks to patients were assessed and well managed, including those relating to infection prevention and control.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local clinical commissioning group (CCG) and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others locally and nationally for several aspects of care.
- 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.

Good



- 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. For example, the practice shared services such as phlebotomy with the co-located GP practice within Balham health centre.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with patients being able to get a routine appointment within 48 hours or an urgent appointment 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a 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 but had not held regular practice meetings. However we saw evidence that formal practice meetings had recently taken place, were effectively recorded and that they were scheduled to continue.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people had a named GP responsible for their care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Clinical indicators for diabetes related care showed the practice performed comparably with other practices locally and nationally.
- Longer appointments and home visits were available when needed.
- 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.

Good



### 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was comparable to the CCG and the national average.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.

**Good**



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

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

- Performance for mental health related indicators showed the practice performed comparably with practices locally and nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

**Good**





# Summary of findings

- The practice carried out advance care planning for patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy six survey forms were distributed and one hundred and eleven were returned. This represented 7% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the local Clinical Commissioning Group (CCG) average of 81% and the national average of 73%.
- 88% 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 78% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 82% 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 85% and the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Patients commented that the practice provided an excellent service, that staff were friendly and helpful and that there was continuity of care.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recently available NHS Friends and Family Test data showed that 100% of patients would recommend the practice to a friend or family member.

# Dr Naseem Akbar

## 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 practice manager specialist adviser and an Expert by Experience.

## Background to Dr Naseem Akbar

Dr Naseem Akbar provides primary medical services in Balham to approximately 1600 patients and is one of 44 member services of the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Wandsworth has 50% more 20 to 40 year olds, but 33% fewer older people than other south west London boroughs. This is reflected in the patient demographics for the practice with 14% of patients aged 65 or over, 64% of patients aged 18-65 years old and 22% aged 18 or younger.

The practice population is in the fifth less deprived decile with income deprivation affecting children and adults in line with local and national averages.

Dr Naseem Akbar provides services from within the purpose built Balham Health Centre which is owned and operated by NHS Property Services. The health centre is shared with local Clinical Commissioning Group (CCG) services, a dentist practice and a GP group practice. There

are car parking facilities, an automatic door at the entrance and step free access throughout the building. The health centre is within walking distance of Balham train station and is served by local bus services.

Dr Naseem Akbar operates from one GP consulting room and one practice nurse treatment room, one practice manager office, shared staff facilities, shared records management room with separate purpose built records storage unit, a shared reception and waiting area with a separate reception desk and receptionist for Dr Naseem Akbar patients. There are toilets for staff and patients with disabled access and baby change facilities. Breast feeding areas are made available on request. All of these facilities are located on the ground floor.

Dr Naseem Akbar is a full time female GP providing 11 clinical sessions per week and is supported by two female part time practice nurses who each provided services one day per week. The non-clinical team consists of one part time practice manager and three part time administrative and reception staff.

Reception and telephone lines are operational between 9.00am and 1.00pm and 4.00pm and 6.30pm Monday to Friday. Appointments are available between 10.00am and 12.30pm Monday to Friday and between 4.30pm and 6.30pm on a Monday, Tuesday, Wednesday and Friday. Patients are able to request a telephone consultation with the GP to be held daily after the morning session. Extended hours are available on Monday evening from 6.30pm until 7.30pm and Friday evening from 6.30pm until 7.00pm for pre booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 9.00am when the practice directs patients to seek assistance from the locally agreed out of hours provider. Between 12.30pm and 4.30pm on a Monday, Tuesday, Wednesday and Friday,

# Detailed findings

and between 12.30pm and 6.30pm on a Thursday, calls to the practice are diverted to the locally agreed out of hours provider who will call Dr Akbar with any patients needing to be seen urgently.

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

The practice has not previously been inspected by CQC.

## 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.

## 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 16 August 2016. During our visit we:

- Spoke with a range of staff including the GP, a nurse, the practice manager and a receptionist and spoke with patients who used the service, including members of the patient participation group (PPG).

- Observed how patients were being cared for.
- 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 or the GP of any incidents and there was a recording form available. 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 the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a medical emergency involving a patient, the practice reviewed the incident with all staff involved. The practice identified positive aspects of the response to the incident including that staff had completed regular basic life support training including cardio pulmonary resuscitation and that joint working with the group practice sharing the health centre was effective. The practice also identified areas for improvement and actions to be taken to ensure a similar incident could be effectively responded to. Actions included reviewing the practice emergency response plan and quick reference flowchart, reviewing emergency equipment to ensure there were appropriate types and levels of equipment to manage incidents involving adults, children and babies and the ordering of a portable screen to be used to maintain patient dignity and privacy should an incident occur in the waiting room. The practice also provided counselling support services for staff involved in the incident and reviewed the incident with the hospital the patient had been receiving care under.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however some of these were not fully implemented or did not comply with guidelines. For example:

- 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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice GP and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to 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 but non clinical staff acting as chaperones had not received a Disclosure and Barring Service (DBS) check and the provider had not completed a risk assessment to decide if this was needed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The day after the inspection the practice provided evidence that they had applied for DBS checks for all non-clinical staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the GP and local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, in the nurses' room, a chair with a fabric covering had been replaced with an impermeable covering which could be wiped clean.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). For example:
  - 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 after delivery, however blank prescriptions were left in printers overnight at the front reception desk and there was no system for recording and monitoring serial numbers or prescriptions when they arrived in the building or when they were issued out. The GP carried blank prescriptions in the GP on call bag which was locked and kept secure, however the serial numbers of these prescriptions were not recorded, meaning they could not be easily identified if lost or stolen. At the end of the inspection, the practice provided evidence that they had reviewed prescription security, storage and handling and that they had put in place a prescription security policy.
  - 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 three personnel 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.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage because of their potential misuse) but did not have procedures in place to manage them safely and in line with the Misuse of Drugs Act 1971. For example:
- The practice did not have clear standard operating procedures covering all aspects of managing CDs such as ordering, storing, administering, recording and destruction. This meant that staff were not able to understand and follow these procedures.
  - Staff were not trained to ensure they have the relevant knowledge and skills to undertake the CD related tasks required of them, such as knowing what to do and who to contact if they have a concern about an incident or the performance or practice of other healthcare professionals or staff.
  - The practice did not have a CD register or a controlled drugs cupboard to keep CDs secure in line with the Misuse of Drugs Safe Custody Regulations 1973 as the minimum standard for CD security.
  - The practice did order the CDs using the FP10CDF form (the approved requisition form) and had kept stock levels to a minimum.
  - The practice told us that they had reviewed their emergency medicines ahead of the CQC inspection and had decided to include Morphine (a medicine prescribed for the relief of severe pain, regulated under Schedule 2 of the Misuse of Drugs Act 1971 depending on its strength), however the decision making process and rationale had not been documented. We saw evidence that five ampoules of Morphine Sulphate had been ordered on 8 August 2016 and that the Morphine had been stored alongside the other emergency drugs in a locked cabinet in the nurses' room. We saw that five ampoules remained in stock at the time of the inspection and that the morphine was in date. We did not see evidence that CDs had been kept on the premises prior to 8 August 2016. During the inspection the practice completed the controlled drugs governance self-assessment tool for primary care organisations, a tool available from the CQC website, which gave a series of actions the practice must take in order to comply with the Misuse of Drugs Act 1971. The practice also downloaded a controlled drugs policy document to be applied to the practice. We saw evidence within 48 hours of the inspection taking place that the practice had contacted their local pharmacy and informed the CCG and NHS England Controlled Drugs Accountable Officer (CDAO) of the situation. The NHS England CDAO

## Are services safe?

provided the practice with advice and guidance and we were informed that the practice had started a CD register and had made the necessary applications for the destruction of the CDs.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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).
- 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 arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in the consultation room and the treatment

room which alerted staff to any emergency. The GP consultation room also had a manual alert button but the nurses' room did not have this additional capability. This had been requested from the building owners.

- All staff received annual basic life support training, the practice had shared access to a defibrillator on the premises and held their own supply of 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, however the stock of emergency medicines were not in line with guidelines and no assessment had been carried out to decide which medicines were required and which were not required. For example, the practice did not stock Diazepam (used to treat epileptic seizures), antiemetics (used to treat nausea and vomiting) or Benzylpenicillin (used to treat suspected bacterial meningitis). The practice told us that the group practice co-located in the health centre held stocks of Benzylpenicillin, however there were no formal arrangements for sharing medicines between the practices. The practice did hold stocks of Morphine (an opioid medicine used to relieve severe pain), however the practice did not hold stocks of Naloxone, a medicine used to treat opioid overdose.
- 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; however the plan was not kept off site for access in an emergency. The practice manager told us they would print out two copies of the plan to be kept away from the premises.



# 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available, with an exception reporting rate of 3.5%. This was comparable to the local Clinical Commissioning Group (CCG) average QOF results of 92% with 7% exception reporting rate and the national QOF average of 95% with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

Performance for diabetes related indicators was comparable to local clinical commissioning group (CCG) and the national average. For example:

- 71% of patients last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less (CCG 75%, national 78%).
- 67% of patients last blood pressure reading measured 140/80mmHg or less (CCG 74%, national 78%).
- 90% of patients had been given an influenza vaccine (CCG 92%, national 95%).

- 82% of patients total cholesterol measured 5 mmol/l or less (CCG 78%, national 81%).
- 78% of patients had a record of a foot examination and risk classification (CCG 88%, national 88%).

Performance for mental health related indicators was comparable to CCG and national average. For Example:

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record (CCG 91%, national 88%).
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (CCG 89%, national 90%).
- 75% of patients diagnosed with dementia had a face to face care review (CCG 87%, national 84%).

The practice explained and demonstrated that during 2014/15 they had four patients registered with dementia in the practice and that three of those patients (75%) had a face to face care review recorded.

There was evidence of quality improvement including clinical audit. There had been five clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example:

- The practice carried out an audit to assess how well guidelines were being applied for the testing and retesting of patients presenting with symptoms of vitamin D deficiency. In the first audit cycle, a random selection of 50 patients who had vitamin D level tests were analysed. Seven of these patients had a second vitamin D test carried out with only two of these meeting the medical criteria for a retest. Following the first cycle, the GP attended a CCG lead vitamin D deficiency in adults educational event and carried out a second audit cycle seven months later. The second audit cycle showed that of 50 patients receiving a vitamin D level test, three had second tests carried out and only one patient did not meet the criteria set out in the guidelines for retesting.
- The practice also carried out audits into whether local guidelines were being applied in relation to testing for hyperthyroidism (a condition in which the thyroid gland overproduces hormones) and testing for Vitamin B12



# Are services effective?

## (for example, treatment is effective)

and folate levels. In both audits, the second cycle showed increased numbers of tests and retests that met guidelines, demonstrating that learning from CCG lead educational events had been applied and that guidelines were being consistently followed.

### 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. 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, additional training had been undertaken in areas such as spirometry (lung function testing) and diabetes management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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 provided by the group practice co-located in the health centre.

### 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. 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.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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. For example:

- Carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, elderly patients and patients with learning disabilities. The practice monitored these patients under a local CCG initiative called PACT (Planning All Care Together). Patients monitored under PACT had access to an enhanced review of 30-40 minutes using a CCG assessment tool and covering a variety of health and wellbeing related questions. Patients were then provided with access to other health and wellbeing related services.

# Are services effective?

(for example, treatment is effective)

- Smoking cessation and diet and lifestyle advice was available on the premises with additional support provided by other local services.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone 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. 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.

The practice recognised that their performance for cervical smear uptake was lower than CCG and national average;

however the practice told us that the patient demographics presented cultural and religious barriers which were challenging to overcome. The practice did demonstrate that their performance in cervical smear uptake had improved year on year with 2015/16 uptake slightly higher than 2014/15 but still below CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% compared to the CCG average of 83% to 92% and five year olds from 78% to 96% compared to the CCG average of 65% to 91%.

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 the consulting room and the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that the 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 room to discuss their needs. This service was also advertised to patients via a poster in reception.

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

We spoke with one member 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 to other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 86% 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%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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.

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Staff told us that translation 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.

## Are services caring?

- Information leaflets were available in easy read format and in languages other than English.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (1.4% of the practice list). The practice provided carers with an annual health check, offered influenza vaccination and provided written information to direct carers to the various avenues of support available to them.

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. For example, the practice shared services such as phlebotomy with the co-located GP practice within Balham health centre.

- The practice offered a 'Commuter's Clinic' on Monday and Friday evening 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

Reception and telephone lines were operational between 9.00am and 1.00pm and 4.00pm and 6.30pm Monday to Friday. Appointments are available between 10.00am and 12.30pm Monday to Friday and between 4.30pm and 6.30pm on a Monday, Tuesday, Wednesday and Friday. Patients were able to request a telephone consultation with the GP to be held daily after the morning session. Extended hours were available on Monday evening from 6.30pm until 7.30pm and Friday evening from 6.30pm until 7.00pm for pre booked appointments.

In addition to pre-bookable appointments that could be booked up to eight 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 comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% 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 and we saw and heard evidence that patients did not have to wait more than 48 hours between the time of requesting a routine appointment and seeing their GP.

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.

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

### Listening and learning from concerns and complaints

The practice had 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 in the form of a notice in the reception area; however the practice website did not have clear information on how to make a complaint.

We looked at one complaint received in the last 12 months and found this was satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had their blood pressure taken in the practice which was found to be within expected

## Are services responsive to people's needs? (for example, to feedback?)

limits and did not require a change to the patients medicine. The patient attended hospital where their blood pressure reading was different and the patients medicine was changed to account for this. The patient complained to the practice and the practice investigated, including checking blood pressure measuring equipment which was

found to be correctly calibrated, and reviewing the processes for handling incoming correspondence from hospitals. The patient received an apology and was informed of the investigation, its findings and was informed of how to advance the complaint if they weren't satisfied with the response, however this was not required.

# 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 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 business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however some of these were not fully implemented or did not comply with guidelines.

### Leadership and culture

On the day of inspection the practice GP 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 and we saw evidence to support this. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The practice worked closely with the group practice co located in the health centre. For example the practice staff would attend training and education sessions, and the GP would consult with group practice GPs if there were any clinical issues, for peer review of cases and in emergency

situations, however these interactions were not always recorded. Non clinical staff in the practice told us they would also help and support group practice non clinical staff in day to day tasks during busy periods.

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 GP and practice manager 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 and staff felt supported by management.

- The practice had not always held regular formal meetings, with informal face to face discussions and meetings taking place which were not always recorded. However the practice had recently held a whole practice team meeting which was effectively recorded. The practice had another meeting scheduled and had agreed to hold meetings monthly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. Staff told us they were involved in discussions about how to run and develop the practice, and the GP and practice manager 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



# Are services well-led?

Good 

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

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) and through surveys and complaints received.
- The practice had carried out its own patient surveys and submitted proposals for improvements to the practice management team. For example, the practice received negative comments from practice patients in regard to waiting times as appointments often over ran. The

practice consulted their PPG and has increased its standard appointment time from 10 minutes to 15 minutes. This has reduced appointment overrun and feedback from patients has been more positive with fewer verbal complaints about waiting times.

- The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not comply with the proper and safe management of medicines.</p> <p>The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) but did not have procedures in place to manage them safely and in line with the Misuse of Drugs Act 1971.</p> <p>The practice had not assessed stocks of emergency medicines to ensure they were in line with guidelines and met the needs of the practice patient population.</p> <p>The procedures for managing blank prescriptions did not keep them safe and secure.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not assessed the risk of non-clinical staff performing chaperone duties or had checks carried out through the disclosure and barring service.</p> <p>This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>