Hetherington at The Pavilion Medical Centre

Quality Report

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Date of inspection visit: 19 November 2014
Date of publication: 28/05/2015

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

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Overall summary

Letter from the Chief Inspector of General Practice

The Hetherington at The Pavilion Medical Centre, is located in Brixton in the London Borough of Lambeth in south-west London, and provides a general practice service to around 6,817 patients.

We carried out an announced comprehensive inspection on 19 November 2014. The inspection took place over one day and was undertaken by a lead inspector, along with a GP specialist advisor. We looked at care records, and spoke with patients, members of the patient participation group (PPG), and staff including the management team. The practice is commissioned to provide services under an Alternative Provider Medical Services (APMS) NHS contract, and is registered with the Care Quality Commission to carry on treatment of disease, disorder or injury; maternity and midwifery services; and diagnostic and screening procedures at one location.

Overall the practice is rated as Good.

Our key findings were as follows:

• There were systems in place for reporting, recording and monitoring significant events to help provide improved care. Staff were clear of their roles in regards to monitoring and reporting incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.

• Staff shared best practice through internal arrangements and meetings and also by sharing knowledge and expertise with external consultants and other GP practices. There was strong multidisciplinary input in the service delivery to improve patient outcomes.

• Feedback from patients we spoke with during our inspection, in relation to their care and treatment was very positive. However patient feedback seen from the national GP survey 2013/2014 was mostly in the middle range or average with no risk. Patients were treated with kindness and respect and felt involved in their care decisions. All of the 19 comment cards completed by patients in the two weeks prior to our inspection visit had very positive comments about the care and service provided by the surgery.

• The practice was responsive to the needs of vulnerable patients and there was a strong focus on caring and on the provision of patient-centred care. The practice also offered nurse led clinics for health checks, diabetes and asthma checks. Information on health promotion and

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prevention, on the services provided by the practice and on the support existing in the community was available for patients. The practice had an established patient participation group (PPG) and a virtual patient participation group which can be accessed on line. The practice website was detailed and informative. Patients could make on-line appointments and prescription requests.

• The practice has a clear vision and strategic direction which was to improve the health, well-being and lives of those that they care for at the practice, and was well-led. Staff were suitably supported and patient care and safety was a high priority.

All the population groups including older people; people with long term conditions; mothers, babies, children and young people; the working age populations and those recently retired; people in vulnerable circumstances and people experiencing poor mental health received care that was safe, effective, caring, responsive and well-led.

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?

Good

We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a culture of reporting, sharing and learning from incidents within the organisation. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection. The lead GP was the lead for safeguarding and all GP's and counsellors who worked at the practice were appropriately trained at level three and level two for the nurse. The equipment and the environment were well maintained, and staff followed suitable infection control practices. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates. Information sharing and updates took place with all staff by regular planned weekly and monthly meetings.

Are services effective?

Good

The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England. There were suitable systems in place for assessment of patient needs, and care and treatment was delivered in line with current legislation and best practice. Clinical staff kept up to date with best practice and guidelines. Regular updates and referencing from National Institute of Health and Clinical Excellence (NICE) guidelines were used to support clinical practice and patient care. Audits were completed on various aspects of the service and were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development. Immunisation, vaccinations, smear tests, health checks and blood testing were available within the practice. The practice also offered nurse led clinics for health checks, diabetes and asthma checks. Other services available included counselling, drug and alcohol misuse and refugee clinics.

Are services caring?

Good

The patients and carers we spoke with were complimentary about the care and service that staff provided and told us they were

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treated with dignity and respect. They felt cared for, were well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy, dignity and respect.

The practice feedback from patients we spoke with during our inspection, in relation to their care and treatment was very positive. However patient feedback seen from the national GP survey 2012/ 2013 was mostly in the middle range or average with no risk. National data showed that patients rated the practice higher than others for several aspects of care. Eighty four percent of respondents to the national GP patient survey had confidence and trust in the last nurse they saw or spoke to against the local CCG average of 78%.

Patient's we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and treatment decisions and services on offer were of a high standard. Staff told us that they treated patients with kindness and respect ensuring confidentiality was maintained at all times. There were systems in place to effectively manage all vulnerable patients and patients that had an agreed care plan for any long term conditions or diseases, including the completion of follow ups for nonattendance of appointments, and for patients requiring immunisations. The practice also had facilities for patients to access non NHS services including private medicals and travel immunisations.

Are services responsive to people's needs?

Good

Patients' needs were suitably assessed and met. There was good access to the service with walk in and urgent appointments available on the same day. The building was clean, spacious, well lit and ventilated, with good access for all people. There is a child's play area within the waiting area.

The practice was open Monday to Friday 8 am till 6.30 pm and on Saturday from 8 am to12 pm. The practice was also open for extended hours until 8pm every Wednesday and Thursday. The practice offered on line appointments, electronic prescribing and patients were able to access GP led telephone consultations when the practice was not open for appointments.

The practice was operating open appointments every day for all patients. Patient comments and suggestions could be completed within the practice. There was a Patient Participation Group (PPG) and a virtual patient participation group which was accessed on line. The practice had systems in place to learn from patients' experiences, concerns and complaints to improve the quality of care. The practice was responsive to the needs of vulnerable

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patients, those who were homeless and those with disabilities. The treatment and consulting room, the reception area and the patient toilets were all wheelchair accessible. Information leaflets were available to patients within the waiting area. The practice had a child play area within the waiting area. The practice leaflet contained useful and easy read information for patients about the location, staff and services on offer, including who to contact out-of-hours or in an emergency.

Are services well-led?

Good

The practice was well-led and had a clear vision and strategy to provide high quality, effective, treatment and advice in safe surroundings and to make the patient`s visit as comfortable and productive as possible. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear leadership structure and staff felt supported by management. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place. The staff were well supported, and felt able to raise concerns. Meetings were undertaken regularly, and staff received suitable training and appraisals. Staff were clear about their role and responsibility and knew who to report concerns or issues to. Staff told us that they felt supported to carry out their role and were encouraged to take part in development and training, and to contribute to meetings and discussions.

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

Good

The practice was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Support was available in terms of home visits and rapid access appointments for terminally ill and housebound patients.

The lead GP completed planned weekly and monthly meetings with other health care providers such as health visitors, palliative care nurses and district nurses to discuss registered patients requiring care and treatment and any other patients that were of concern. All patients 75 years of age and over were specifically being cared for by a named GP. Older people were afforded the option of home visits, double appointments and telephone contact to a GP of their choice.

Patients in this group were provided with early identification and access to influenza vaccine appointments including follow ups for patients that did not attend the practice, and had access to electronic prescribing which could be requested once registered with the practice. Bereavement services were available through the practice GPs, with referral to NHS services as required.

People with long term conditions

Good

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus, asthma, hypertension and Chronic Obstructive Pulmonary Disease (COPD) was based on national guidance and clinical staff had the knowledge and skills to respond to these patients' needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs.

For example, the practice completed regular monitoring and risk assessments of patients within this group taking hypertension medications. Patients identified with hypertension, had regular reviews and medication audits to update care plans and were provided with education and information during consultations to avoid unplanned hospital admissions. Patients were also sign posted to other specialist services. Patients with Long Term Conditions (LTCs) were monitored for discharge summaries, outcomes of care and were subject to medications reviews in discussion and agreement with patients.

Summary of findings

Patients with long term medication needs were registered and monitored every 6 months to ensure blood tests and prescriptions were being managed routinely and in line with guidance, patient's needs and care plans. The lead GP was the clinical lead for all patients in this group.

The lead GP and partners were engaged with stakeholders working jointly to provide terminal care for patients where required. The practice was providing locally enhanced services such as mental health services and counselling services jointly with other stakeholders.

Families, children and young people

Good

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level 3 for GPs and nurses. There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Patients in this group who required an urgent appointment were seen on the same day in addition to booked appointment slots. Child immunisations were provided in line with national guidelines with any non-attendance being followed up by the GPs or nurse. Immunisations were offered and only given with consent of parents which was recorded on the patient's record. Vaccines were administered by practice GP's and nurses in line with legal requirements. Contraceptive advice and antenatal clinics were held every week in the presence of a midwife and a practice GP.Data available to us showed that the practice was achieving about 82% coverage for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, a cellular pertussis (whooping cough), poliomyelitis and Hemophilus influenzae type b), Meningitis C and MMR vaccination for children.

Working age people (including those recently retired and students)

Good

These patients' needs had been identified and there were a variety of appointment options available to them such as on-line booking and extended hours. The practice offered health checks, travel vaccinations and health promotion advice including on smoking cessation. The practice also offered telephone consultations throughout the day during opening times Monday to Friday and until 12 pm on every Saturday. The practice nurse was responsible for contraceptive advice and health checks for all patients.

Summary of findings

People whose circumstances may make them vulnerable

Good

People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities for identifying and reporting concerns.

The practice provided a chaperone and advocacy service at request and could provide trained staff to support patients. Staff within the practice had good understanding of the Mental Capacity Act 2005 (MCA), and how it applies, and were able to talk us through the actions they would undertake if they had concerns for patients, relatives or their carers. They worked with other health and social care professionals to ensure a multi-disciplinary input in the case management of vulnerable people. The practice was signed up to the learning disability Direct Enhanced Service (DES) to provide an annual health check for people with a learning disability to improve their health outcomes.

The practice clinical staff held regular meetings with district nurses and health visitors to discuss care and treatment for people within this patient group. Meetings with other agencies related to patient well-being, for example drug and alcohol rehabilitation teams were regularly attended to analyse patient needs and arrange appropriate care planning and treatment.

The GP partners were able to provide examples which included significant event reviews and actions to maintain care and treatment for vulnerable patients. The practice worked in collaboration with local health care partners and practices, such as refugee clinics for this group of patients. This patient group was able to access care or treatment within the practice and any patient concerns or requests were referred to the GP partners for approval.

People experiencing poor mental health (including people with dementia)

Good

The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met. Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to report any concerns and who to report them to within the practice. Reviews of care records of patients with dementia and mental health issues showed they were receiving regular reviews of their health,

adequate multi-disciplinary input and support from the community mental health teams, on site counselling and Cognitive Behavioural Therapy (CBT). The provider also ensured that patients within this group received regular medication and care plan reviews.	

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What people who use the service say

We spoke with four patients during our inspection and received 19 Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection. The four patients we spoke with said that they were very happy with the care and treatment they received. They were very complimentary about the caring, approachable and friendly staff and had no complaints about the practice staff or the care being provided. All of the comment cards received indicated that patients were happy with the GP and the care and treatment afforded to them. Patients also told us that staff were caring, friendly, that they were treated with respect and dignity, and that staff were informative and listened to their concerns or worries. Patients also informed us that they were given options and were included in any treatment plans or recommendations. All 19 comment cards seen indicated satisfaction with the GP, the practice and its staff, and all gave praise to the professional and dedicated caring service and response to patient needs. One comment seen suggested that getting an appointment by telephone was sometimes difficult. The practice had an open walk in appointments service which patients commented was a good way to make services available.

Comments made in the GP patient survey 2013 and NHS choices website showed the practice compared less favourably with other practices in Lambeth in some areas of the report and more favourably in other areas. For example, only 69% of respondents to the GP patient survey would recommend the practice. However 80% rated the practice positively for opening times and 78% for their experience of making an appointment.

The practice was completing patient surveys and audits, recording and analysing the results to produce action points to improved care and outcomes for patients. The practice offered patients the facility to make comments or suggestions anonymously at the reception desk. The practice had an active Patient Participation Group (PPG), which we were able to meet one member of, who spoke highly of the staff and services being provided, and told us that the centre was kind and caring, and respectful and dignified when providing care and treatment.

The 2012/13 GP survey results showed that 90% of respondents said the last GP they saw or spoke to was good at listening to them, where as 81% say the last nurse they saw or spoke to was good at listening to them. 77% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, where as 84% say the last nurse they saw or spoke to was good at treating them with care and concern.

Hetherington at The Pavilion Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP advisor. The inspection team members were granted the same authority to enter the practice as the CQC lead Inspector.

Background to Hetherington at The Pavilion Medical Centre

The Hetherington at The Pavilion Medical Centre is located in Brixton in the London Borough of Lambeth in south-west London, and provides Alternative Provider Medical Services (APMS) to around 6,187 patients.

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

The practice has an Alternative Provider Medical Services (APMS) NHS contract and provides a full range of essential, enhanced and additional services including maternity services, diabetic clinics, child vaccinations and immunisations, family planning, smoking cessation, mental health, contraception services and counselling. The APMS NHS contract is the one kind of contract between general practices and NHS England for delivering primary care services to local communities.

The practice is currently open five days a week from 8.00 am to 6.30 pm. In addition, the practice is open until 8.00 pm on a Wednesday and a Thursday, and from 09.00 till 12.00pm on a Saturday. The practice has opted in for providing out-of-hours services to their patients. Out-of-hours services for Hetherington at The Pavilion medical centre is provided in partnership with South East London Doctors on Call (SELDOC) Out-of-hours service when the surgery is closed.

The practice is one of 49 GP practices located within the Lambeth clinical commissioning group (CCG) and the NHS England local area team, who provide care and services to a diverse population of over 359,394 registered patients within the borough of Lambeth.

The practice is bright, spacious, well lit and ventilated, clean and accessible with automated doors. All rooms and areas within the practice were clean and spacious and secured by lock and key when not in use and facilities such as toilets, disabled toilets and baby changing facilities were also secured but could be accessed on request from staff. The location is smart and clean, with good access and a spacious waiting area and consultation rooms.

The practice comprises of six consulting rooms, a combined reception and waiting area, toilets, disabled toilets, baby change facilities and staff meeting room, and rooms for office space and administration purposes. Parking is limited with few disabled parking bays within the immediate area. The practice is located close to various public transport links.

The practice patient list is varied in ages although adult patients 50 years of age and younger make up the majority

Detailed findings

of patients registered with the practice. The practice provides approximately 130 patient appointments per day including urgent appointments. The patient list is currently over 6187.

Information held about the practice prior to our inspection suggests that it is rated in the middle range or amongst the worst, within four areas of the effective domain, but with little evidence of risk of harm to patients.

There are 19 qualified staff who work within the practice. The staff mix is comprised of a lead GP with four other GP partners and three full time salaried GP's. There are two male GP's and six female GP's, there is one nurse, one practice manager, one health care assistant, two outreach nurses, and five receptionists, one administrator and one team leader.

There was one safeguarding notification received for the practice in the past 12 months.

One whistle blowing notification received for the practice in the past 12.

The CQC intelligent monitoring placed the practice in band two, with band one representing those services which are the highest priority for inspection and 6 the lowest.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and under section 60 of the Health and Social Care Act 2008 and as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them. We also determined which services to inspect through intelligence monitoring, public perception and engagement and partnership working with the local Care Commissioning Group (CCG).

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and, the Lambeth Clinical Commissioning Group (CCG) to share information about the service. We carried out an announced visit on 19 November 2014. During our visit we spoke with patients and a range of staff which included GPs, practice manager, nurse, receptionists, administration staff and the team leader.

We spoke with a four patients who used the service and to one members of the Patient Participation Group (PPG). We observed how people were being cared for and looked at records including recruitment, health and safety checks, staff training, medicines management, equipment checks, audits, complaints and significant events, policy and procedure documents and patient records.

We reviewed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a total of 19 comment cards collected as part of our visit.

We observed interaction between staff and patients in the waiting room. We looked at a range of records, documents and policies and observed staff interactions with visitors and patients in the waiting area.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Good

Are services safe?

Our findings

Safe track record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a significant event policy and a toolkit to report the incidents. The lead GP and practice manager showed us the processes around reporting and discussions of incidents.

Significant events were reviewed regularly, We saw that four had been reported in the past six months. Staff we spoke with were aware of identifying concerns and issues and reporting them appropriately. The provider had policies and procedures in place for safeguarding, infection control and health and safety.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. For example, when a positive chlamydia test was only noticed three months after the results had been received. The practice manager was able to evidence that this event had been raised and discussed and learning implemented to ensure the risk of this happening again was reduced. We were able see the practices' documented evidence for notifying the patient and for further testing, and the actions taken by the practice including letters, minutes and an apology to the patient concerned. They introduced a system of checking results daily to ensure they were not over looked or left without action. Another example where a safety concern had been raised due to staff finding a used syringe in the toilets. The lead GP was able to tell us that a risk assessment had been completed which resulted in the toilets being locked and only available on request. Reception staff would unlock the door for patient access and use. The lead GP was able to evidence and discuss the joint strategy agreed with partners and the Patient Participation Group (PPG) to safeguard all visitors, patients and staff at the practice. Records showed evidence of discussion and learning, and staff we spoke with were aware of the significant event reporting protocols and knew how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents at the practice.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. The lead GP was the designated lead for safeguarding. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues. Clinical staff including all the GPs had completed Level three safeguarding training, whereas nurses, counsellors and health visitor had completed Level 2 child protection training and the reception staff had received Level 1 training. Staff had also received training in safeguarding of vulnerable adults and clinical staff were required to have a criminal records check, with the disqualification and barring service (DBS). The contact details of the local area's child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk. The practice had an up to date chaperone policy in place which provided patients with information about the role of a chaperone and staff were aware of their role and responsibilities. Clinical staff were responsible for chaperoning duties and were suitably checked with the disqualification and barring service (DBS). The practice had a whistle blowing policy which was available to all staff. Staff understood and were aware of the policy.

Medicines management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridges. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept on site.

GPs followed national guidelines and accepted protocols for repeat prescribing. Prescription documentation was

Good

Are services safe?

used in a safe and secure manner, with prescription pads being secured safely when not required. All prescriptions were reviewed and signed by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicines.

Cleanliness and infection control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control lead for the practice, who was the practice nurse. Staff had received training in infection prevention and control and were aware of infection control guidelines. Staff told us they had access to appropriate Personal Protective Equipment (PPE), such as gloves, aprons and spills packs. There was a cleaning schedule in place to ensure each area was cleaned on a regular basis. Cleaning schedules were recorded and checked for completion by the practice manager. Waste including sharps were disposed of appropriately. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation rooms, treatment rooms and toilets. Equipment such as blood pressure monitors, examination couches and weighing scales were clean. Clinical waste was collected by an external company and consignment notes were available to demonstrate this. Water testing to check for legionella was completed in July 2014.

Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been completed in April 2014. Fire alarm and panic alarms within the practice were tested on a weekly basis within the practice.

Staffing and recruitment

A staff recruitment policy was available and the practice was aware of the various requirements including obtaining proof of identity, proof of address, references and completing health checks and criminal records checks with the Disclosure and Barring Service (DBS), before employing staff. We looked at a sample of staff files and found evidence that appropriate checks had been undertaken as part of the recruitment process. All staff files reviewed contained a contract of employment.

Rotas showed safe staffing levels were maintained and procedures were in place to manage planned and unexpected absences.

Monitoring safety and responding to risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. All staff who worked in the practice had completed risk management training in January 2014. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms and panic alarms were tested weekly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via security locked door to ensure security of staff, patient documents and the computers.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. Emergency medicines and equipment such as an Automated External Defibrillator (AED), oxygen, masks, nebulisers and pulse oximeter were available and these were checked regularly. A business continuity plan was available and the practice manager told us of the contingency steps they could undertake if there would be any disruption to the business model, the premises' computer system, and telephone lines. Staff had access to panic alarms which were available to all staff and within all consultation rooms. These were checked weekly. Staff knew how to use the AED and equipment at the practice and where it was situated.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems and processes in place for identifying and managing patient assessments which were appropriate. The GPs reviewed incoming guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Clinical Commissioning Group (CCG), and where relevant they were discussed in practice clinical meetings. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship between the professionals to ensure information was cascaded suitably and adapted accordingly.

All patients over 75 years of age, patients with learning difficulties, or those that had been identified as vulnerable had a named GP. There were systems in place for patients who were at risk such as house bound patients to be monitored and contacted regularly to maintain care plans and treatment. There was evidence that staff shared best practice via internal arrangements and meetings. All GPs had responsibility for patient referrals.

As part of the unplanned admissions Directed Enhanced Service (DES), care plans had been put in place for patients who met the criteria to avoid unplanned admissions to hospital. Unplanned admissions and enhanced services were subject to regular reviews as were medications usage and prescribing for all patients aged 75 and above. GPs were contracted to provide core (essential and additional) services to their patients.

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably.

Clinical audits such as audit of Inhaled CorticoSteroids (ICS) in Chronic Obstructive Pulmonary Disease (COPD) had been completed by the practice to monitor their compliance with current guidance. The practice completed auditing and analysis for ICS and a sample of patients registered with the practice diagnosed with COPD and receiving treatment with ICS. The practice performed a clinical system search to interrogate and look at the prescribing for two separate two month periods during 2014. The audit cycle took place during September 2014 and again during November 2014. The results of the audit identified no additional spirometry was required and was being managed as per guidelines, also four patients had their ICS reduced as per guidelines, and an updated care plan put in their records. There was learning also for GPs to have an improved awareness of the COPD guideline and the importance of high dose ICS monitoring and reviews.

There was a culture of learning and auditing and a number of clinical audit cycles had been completed. For example the practice smear audit indicated 2% inadequate test results for nurses and the practice as a whole and that the results were below the national average and highlighted what actions were taken improve outcomes and results. The practice had identified through the audit that training and support was an area that could be monitored and reviewed more closely for staff to improve test results.

The practice was completing regular audits such as urgent referrals for dermatology, which were identified as higher than average. The process was to audit all patients who had been referred under the two week wait referral system, over a six months period. Thirty six patients were identified to have been screened correctly and referrals were timely. Areas for improvement were highlighted in the recording and capture of patient information, which were discussed and implemented to improve patient records. For example the practice manually documented two week wait referrals for new or suspected cancer to monitor and analyse rates easier in the future.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing mostly in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes. For example the ratio of expected versus reported prevalence of Chronic Obstructive Pulmonary Disease (COPD) was below the national average rate of 0.615%, with a practice rate of 0.207%. One of the GP partners told us that this was mostly due to the age range of their patient list which was predominantly adults below the age of 60 and younger people and adults.

Good

Are services effective?

(for example, treatment is effective)

Regular clinical meetings took place every six weeks, with multi-disciplinary attendance to ensure learning and to share information. The practice also held weekly clinical meetings to share information. There was evidence from review of care records that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice manager was able to evidence that staff training had been completed for all staff to ensure GP's were up to date with revalidations in general practice. Training undertaken included: infection control and cleanliness, basic and advanced life support, recognising vulnerable people, safe guarding and child protection. For example staff had completed basic life support and advanced life support training in March 2013, and again in October 2014. Staff we spoke with confirmed they had received training and were aware of their responsibilities.

All staff employed were subject to an annual review with the practice manager or lead GP. There was evidence of appraisals and performance reviews of staff being undertaken which had been completed in February and March 2014. There were appraisal processes for GPs which had been completed an example of which one of the GPs had received their revalidation in February 2013. (Revalidation is the process by which doctors demonstrate they are up to date and fit to practise.) Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Staff were encouraged to develop within their role and the practice manager was supportive of learning and development. National guidelines and best practice requirements for qualifications and skills was subject to annual checking and we were able to see that GP revalidation requirements had been completed and were in date at the time of our inspection. Patients had access to male and female GPs, practice nurses, a practice manager and a number of receptionists.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for people. There was evidence of close working relationships with hospitals in the area. The lead GP met regularly with drug and alcohol substance misuse service providers and professionals to support local patients' referrals and decision making.

The practice had regular multi-disciplinary team meetings with other professionals including health visitors, community matrons, and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. The practice had good links in specialist areas such as mental health disorders and on site access to additional services such as counselling, drug misuse and refugee clinics and teams. We saw that blood test results, hospital discharge letters, communications from other providers including out of hours provider were acted on promptly.

Information sharing

Regular meetings were held in the practice to ensure information about key issues was shared with relevant staff. The practice was actively involved in work with other GP practices, other healthcare providers and the Lambeth Clinical Commission Group (CCG). We were told that the practice was very open to sharing and learning and engaged openly in pathways and multi-disciplinary team meetings. For example the work being completed in collaboration with counsellors and mental health teams to support and provide patients with appropriate care.

The lead GP and practice manager held weekly staff meetings to discuss any relevant practice or patient concerns. One of the salaried GP's told us that there were regular discussions about care and treatment held with the lead GP. Other staff working within the practice told us that they did attend regular meetings and were able to contribute, make suggestions and raise any concerns or issues that they had. Evidence of learning was seen and corroborated in discussions we had with all staff and by viewing documents.

The practice website provided information for patients including the services available at the practice, health alerts, repeat prescriptions opening hours and latest news. Information leaflets and posters about local services were available in the waiting area. The practice leaflet was

Good

Are services effective?

(for example, treatment is effective)

readily available in the waiting area and included information on services, the GPs and staff, how to contact the practice, and who to contact outside of the practice opening times.

Consent to care and treatment

All GPs we spoke with were aware of the requirements of the Mental Capacity Act (2005), Gillick competency and their responsibilities with regards to obtaining and recording consent. Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with mental health disorders, learning disabilities and dementia and noted that standard guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients. Consent was always requested of patients prior to any treatment or care giving and was recorded within the patient's notes and electronic records.

Clinical staff were suitably skilled and qualified to ensure best interest decisions for patients who lacked capacity were accountable, and that children were legally able to consent to treatment where appropriate. Clinical staff told us that any concerns they had for a patient in relation to care and treatment and/or consent would be highlighted to the practice manager or GPs for action and support.

We reviewed a sample of care records and found that people with long term conditions such as diabetes and those with learning disabilities, dementia, palliative care and mental health disorders received regular care plan and medicines reviews and an additional annual review of their care.

Health promotion and prevention

All new patients registering with the practice were offered a health check which was undertaken by the practice nurse and is an opportunity to have a health promotion check and discuss lifestyle. For example 91% of smokers had been provided with smoking cessation support and treatment within the preceding 12 months.

There was a range of information available to patients on the practice website and in the waiting areas which included leaflets and posters providing information on the various services, asthma clinics, diabetes clinics, flu vaccinations and smoking cessation.

The GPs had access to services at the practice location and can make referrals for patients with mental health disorders or drug and alcohol misuse to support from specialist community teams.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The 2013/14 GP survey results (latest results published in July 2014) showed that 74% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care and 77% of respondents said the last GP they saw or spoke to was good at treating them with care and concern. Seventy eight percent of respondents said the last nurse they saw or spoke to was good at treating them with care and concern. Ninety four percent of respondents had confidence and trust in the last GP they saw or spoke to and 84% of respondents had confidence and trust in the last nurse they saw or spoke to. Fifty four percent usually wait 15 minutes or less after their appointment time to be seen whereas 52% feel they don't normally have to wait too long to be seen.

On the day of our inspection visit we were able to speak with four patients. We were also able to speak with a member of the Patient Participation Group (PPG). We were told that regular meetings were held with the practice and that the members were encouraged to make comments and suggestions and felt that they had a direct impact on the care and treatment available, and were always treated with dignity and respect. The four patients we spoke with told us that the practice and its staff were kind and compassionate and were always friendly and helpful.

Patients were requested to complete CQC comment cards in the two weeks prior to our inspection visit to provide us with feedback on the practice. We received 19 completed cards. Almost all the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the medical care and treatment at the practice. They stated that the GPs were caring, and that they were treated with dignity and respect. The comment cards we received from patients stated that they were happy with the GPs, the staff and the practice in general for the care, treatment and availability of appointments

The practice phones were located and managed at the reception desk. Telephone calls were taken far away enough from the waiting area not to be over heard and were being managed in a sympathetic manner. Patients could be spoken to in a private room and away from the main reception area on request.

A notice setting out chaperoning arrangements was displayed within the waiting area. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity. We observed staff interactions with patients in the waiting area and at the reception desk and noted that staff ensured respect and dignity at all times. All consultations and treatments were carried out in the privacy of a consulting room. We saw that disposable curtains could be drawn around so that patients' privacy and dignity was maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

In the 2014 PPG patient survey, 94% of the respondents gave a score of 4 or 5 (on a scale of 1-5, where 5 was agree; 1 disagree) in response to the question 'I am confident in the care given to me by the doctors. Seventy four percent of the respondents gave a score of 4 or 5 in response to the question 'The doctors involve me in decisions about my care' and 91% of the respondents gave a score of 4 or 5 in response to the question 'The reception staff are helpful and friendly'. This survey identified improvements were required in regard to access to telephone appointments, which was below the national average; however feedback received through comment cards rated access to appointments as good.

The practice provides services for those in vulnerable circumstances such as refugees or people who were homeless, in partnership with refugee organisations.

Patient/carer support to cope emotionally with care and treatment

The practice offered patients access to counselling services, and drug misuse clinics to support patients and relatives. It also offered information as to what to do in times of bereavement. The lead GP and practice manager told us that where relevant they could signpost people to support and counselling facilities in the community following a bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. Examples included longer appointments and telephone consultations if patients were unable to attend the practice or required more time with the GP.

The practice was participating in a system to engage with the public by comments or suggestions and had a small but active Patient Participation Group (PPG). Practice feedback from patients was obtained through the GP national survey and the practice used this information to improve services. For example 91% were satisfied with the helpfulness of the receptionists. The practice also asked all patients to complete the friends and family test which is a one page consented questionnaire with space for comments to understand patients care and treatment needs, their experience rating and age range. The results of this test were unavailable during our inspection.

The practice had multi-disciplinary meetings every four to eight weeks with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

The practice had conducted regular audits to support care of patients with long term conditions, an example of which was medication reviews and usage to ensure they met prescribing incentive schemes to enhance and educate patients using long term medications.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Directed Enhanced Services (DES) was undertaken suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as being at high risk of unplanned hospital admission.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and also could use online resources to help with language interpretation.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. Facilities included a hearing loop on the reception desk for patients with hearing difficulties, an easily accessible reception desk, access to the service was good for people in wheelchairs, and the practice was spacious with a seated area in the waiting room, toilets and disabled toilets. Baby changing facilities were available as well. Vulnerable patients were also monitored and easily identified by records to ensure that staff were alerted appropriately to ensure patients' needs and treatment requests were facilitated in a timely manner and by contact with a GP.

We were told that longer appointments could be scheduled for patients with learning disabilities or as needed within the practice population list. Review of care records for people with learning disabilities showed that they were receiving suitable care and had received an annual review within the last year.

Staff told us that translation services were available for patients who did not have English as a first language. There was a hearing aid loop located within the reception area for people with hearing difficulties.

The approach of practice was to treat everyone as equals and there were no restrictions in registering. Homeless people, travellers and asylum seekers could be registered and seen without any discrimination. The practice also was able to offer patients enhanced services to refugees and patients with alcohol and drug misuse.

Access to the service

The practice was located on the ground floor. The waiting area was large and spacious, and had suitable seating with a good amount of seats.

The practice opened five and a half days a week from 8.00 am till 6.30 pm, and on Saturdays from 9.00 am to 12.00 pm for booked appointments. The practice was closed on Sundays. Each Wednesday the practice was open from 8.00 am till 8.00 pm. In addition the practice also offered extended hours on a Thursday from 6.30pm till 8.00pm for booked appointments. The practice maintained a

Good

Are services responsive to people's needs?

(for example, to feedback?)

user-friendly website with information available for patients including the services provided, contact details, booking appointments and ordering repeat prescriptions. There were various information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers within the practice waiting area. The practice had automated appointment check-in screens for patients. The practice also provided walk in, telephone booking and online appointments open to all patients each weekday. The practice offered urgent appointments in addition to scheduled appointments.

All patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to arrange and were available at a time that suited them. Staff told us that for urgent needs patients could be seen by a doctor on the same day. They told us that children, vulnerable and elderly patients were given priority and were seen the same day by the GP. The GP's were contactable outside of appointment times for telephone consultations, and a named GP was providing direct care services to all patients over 75 years of age or diagnosed with cancer or that were vulnerable. The practice policy was to see all mothers, babies and children on the same day in addition to scheduled appointment slots providing additional urgent appointments as needed.

Information was available via the practice leaflet, posters, the telephone answering message and the practice's website. This information included the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

Listening and learning from concerns and complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints. The practice manager was very open to learning from concerns or complains and was able to show us that the practice had received two complaints in the past six months. We saw they had been actioned in line with their policy and, learning had been communicated to the staff team.

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's statement of purpose set out the practice's aim which was to provide general practice care and treatment to, and to improve the health, well-being and lives of, all its patients within the practice boundary of Brixton and the surrounding areas. We observed a bright, spacious, caring and responsive environment. The practice was led by a lead GP and partners. There were practice wide objectives in place, and a plan documenting the future of service delivery. Patient interactions we observed were all positive and reassuring which reflected the culture and conduct of all staff employed within the practice. This was supported by the positive and complimentary comments received from patients during our inspection and those received within patient comment cards but not necessarily the national GP survey.

The practice had a vision strategy and statement of purpose which outlined the practice's aims and objectives and laid out patients' responsibilities as well as their rights. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were friendly and approachable and were encouraged to report issues and patients' concerns to ensure those could be promptly managed.

Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place. We looked at a sample of these policies which were all up to date and accessible to staff.

The practice audits were used to improve services and understanding for better patient care and services. All clinical audits were being assessed for associated risks, such as inadequate test results rates for smear testing. With any changes or recommendations being implemented as required. Patient's records were stored securely in both hard copies and electronic files.

Staff were aware of lines of accountability and who to report to. The practice had regular meetings involving GPs, practice manager and receptionists. Monthly and weekly meeting minutes showed evidence of good discussions of various issues facing the practice. The practice manager was able to explain the importance of maintaining governance structures.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

Leadership, openness and transparency

The practice was led by the lead GP, GP partners and the practice manager. There were systems in place for monthly practice meetings which were recorded and documented. Discussions were held daily with staff. We saw staff meeting minutes which showed team working and effective, inclusive leadership. There was a clear leadership structure which had named members of staff in lead roles. For example the nurse was the lead for infection control and the lead GP was the lead for safeguarding. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that practice team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. There was evidence of learning from events which the practice manager was able to show us with actions and outcomes that were implemented that benefited patient care.

Practice seeks and acts on feedback from its patients, the public and staff

The practice was engaged with the Lambeth Clinical Commissioning Group (CCG), the local health and care network, local hospitals and other care provider such as counselling services, a refugee service and drugs and alcohol misuse clinics. We found the practice open to sharing, learning and engaged openly in multi-disciplinary team meetings.

There is both a Patient Participation Group (PPG), and a virtual patient participation group at the practice and

Are services well-led?

Good

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

available on line. Patients can make comments or suggestions within the practice. On the day of our inspection we did receive 19 patient comment cards that had been completed in the two weeks prior to our visit. Comment cards received gave a positive response for the lead GP, the practice and its staff. The practice were able to show us evidence that the practice responded to patient survey results and was able to provide evidence of the changes made to availability of GP's and appointments. The national GP patient survey had indicated below average scores in relation to appointments and access to their preferred GP. For example the practice introduced a new system to make more receptionists available to answer phones; patients could also make requests for their preferred GP for all types of appointments, including same day appointments, online booking for telephone consultations and routine telephone consultations. Patient information had been updated to include information of the days their preferred GPs worked.

Management lead through learning and improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient surveys and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery.

Staff attended courses and skills updates according to their roles and responsibilities and were keen to develop skills and further professional development with the support of the practice partners. All staff were employed were subject to annual reviews with the lead GP and practice manager.