

# Thamesmead Medical Associates - PMS

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 Thamesmead Medical Associates PMS on 15 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Improve telephone access to ensure patients can access appointments when required.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG and national average.
- 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.
- The practice had registers to identify vulnerable patients, child protection, learning disability, palliative care, housebound and avoiding unplanned admissions (AUA).
- There were detailed personalised care plans which were very thorough, identified the problem/issues, noted progress against the plan and highlighted outstanding issues for further review. For example any child known to be a member of a family known to be subject to domestic violence were flagged as potentially being at risk.

Good



### 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 higher than others 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 funding for redevelopment and extension of the main site at Gallions Reach to more effectively meet the needs of a growing population.
- Although patients said they found it difficult at times to make an appointment with a named GP there was the option to be seen by an alternative GP, with urgent appointments and telephone consultations available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and 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 clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clearly defined leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

# Summary of findings

- GP members of the management team had clearly defined lead areas of responsibility which included safeguarding, mental health, palliative care, infection control, training and carers. In addition all GPs had a lead responsibility for an area of QOF.
- There was a proactive approach to improving the quality of patient care, through a dedicated patient experience meeting, partnership working, innovation, research and audit.
- 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 and although currently virtual at the time of our visit we saw plans were in place for reintroducing face to face PPG meetings.
- We saw there was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health checks to patients aged over 75.
- The practice triaged all home visit requests and worked in conjunction with other multidisciplinary professionals to facilitate earlier intervention and did joint visits where hospital admission may be an outcome.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time. We saw that discharge notes were reviewed daily.
- The practice had a “housebound list” with named GP’s.

### People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national average. An example taken from these indicators related to patients on the diabetic register whose last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less was 76%, (CCG 76%, national 78%).
- 78% of patients with asthma had an asthma review that included an assessment of asthma control (CCG 74%, national 75 %).
- 88% of patients with COPD had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale (CCG 87%, national 90 %).
- 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.

# Summary of findings

- Longer appointments and home visits were available when needed.
- The practice used audit and the QOF register to recall of Chronic Obstructive Pulmonary Disease (COPD).
- Smoking cessation clinics run by the practice in house pharmacist at Gallions Reach, together with signposting to other locally available support was available to support people with long term conditions.
- The practice proactively identifies those hard to reach groups as demonstrated in their health check pilot at a local supermarket.

## 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 82%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided contraception counselling, including intrauterine devices (IUD) or coil clinics.
- The practice had safeguarding policies in place and all patients were coded accordingly. Alerts are in place to alert staff that these patients are a safeguarding concern.
- The practice identified and supported those subjected to domestic abuse.

Good



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

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

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered travel advice and vaccinations.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice computer system alerted staff to vulnerable people.
- The practice offered longer appointments for patients with a learning disability and those with complex needs.
- 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.
- The practice used the Gold Standard Framework to support individual wishes as part of end of life care.

## 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).

Good



- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national average of 84%.
- 80% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan which was comparable to the CCG average of 85% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.



# 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.
- The practice had extensive mental health protocols in place which have been identified as best practice and have now been adopted by other local practices.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages in most areas. Three hundred and nine survey forms were distributed and 109 were returned. This represented a return rate of 35% and 0.64% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 79% of patients were able to get an appointment 79% 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 79% and national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and national average of 78%.

The practice were aware of the concern expressed by patients in relation to the difficulty in getting through to them by phone and were actively promoting the use of

on line bookings in an attempt to address this issue. They were also reviewing their appointment process to address the balance of on the day and pre-booked appointments. They had identified that failure to attend without notification adds additional pressures on the practice. Data for September 2016 showed there were 392 missed appointments which equated to 65 hours of GP and nursing time.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received, although two cards noted it was difficult to get an appointment. People said the service they received was excellent, well managed; staff listened and were always ready to help. They said staff were respectful, polite, caring, friendly and helpful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, reassuring and caring. Results of the November 2016 friends and family test showed 83% of respondents (95 of 114) would recommend the practice.

# Thamesmead Medical Associates - PMS

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Thamesmead Medical Associates - PMS

Thamesmead Medical Associates PMS, is an established GP practice situated, in Thamesmead, within the London Borough of Greenwich and lies within the administrative boundaries of NHS Greenwich Clinical Commissioning Group (CCG). The practice provides primary medical services to approximately 17000 patients living within its catchment area of SE28 and some areas of SE18 and SE2 that border SE28. The practice holds a personal medical services (PMS) contract, and has been accredited as a GP training practice (training practices take GP trainees and F2 doctors), on average having 4 trainees at any given time. The practice has its main surgery located in Gallions Reach Health Centre, Thamesmead, SE28 8BE with a branch surgery, approximately one mile away, at Heronsgate Medical Centre, 1A Goosander Way, Thamesmead, SE28 0ER. Both locations have step free and wheelchair access to the entrance of the respective buildings, reception and waiting area. Parking is available on site with a designated parking for people with physical disabilities and a hearing

loop is in place at the front reception desk. The main practice building at Gallions reach is a shared building with a dental practice and Pharmacy on site. As part of our inspection we visited both the main and branch surgery.

The practice population is ethnically diverse and the area has significant deprivation with an indices of multiple deprivation (IMD) score of 4 out of 10 (fourth most deprived decile.) People living in more deprived areas tend to have a greater need for health services, although an area itself is not deprived; it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas.

The demographics do not show anything of any particular significance with the population group being reflective of both the CCG and National average across the population groups however it was noted that the practice services higher numbers of children and young people and lower numbers of older adults. The percentage of patients with a long standing health condition appears significantly lower compared to both the CCG and England average.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic & screening procedures, treatment of disease disorder or Injury, surgical procedures, family planning and maternity & midwifery services. Some enhanced services are provided at this practice which includes facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, childhood vaccination and Immunisation scheme, unplanned admission and services for violent patients.

# Detailed findings

The practice team comprises of one full-time, one part-time female partner and one male full-time partner, three full-time and three part-time salaried GPs. They are supported by one part-time locum GP, two full-time and two part-time trainee GPs, three part time practice nurses, two full-time health care assistants, one full time practice manager, two full-time time reception supervisors, and six administrative and 10 reception staff. There are fifty GP sessions each week.

The main practice (Gallions Reach) and the branch (Heronsgate) are open between 8am and 6.30pm Monday to Friday; however the branch is closed Wednesday afternoons.

Appointments are from 8.10am to 1pm (except Mondays when they are provided until 12 noon) and 2pm to 6pm. Extended hours appointments are offered at the following times, 8.30am to 1pm on a Saturday (Heronsgate.)

Out-of-hours services are provided by the locally agreed service, patients access by calling 111. Further information is provided on the practice telephone line, their website and on the practice notice board.

The practice provides a full range of general medical services including chronic disease management, minor surgery, and NHS health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, blood taking/phlebotomy, antenatal services, contraception including intrauterine device (IUD - coil) fitting and family planning.

## 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 15 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, health care assistant, practice manager, administrative and reception staff. We spoke with other professionals who worked with the practice for example, community pharmacist, NHS property services building manager, a representative from Greenwich Carers Centre, patients who used the service and members of the patient participation group.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

## Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and used this to develop and improve their services.
- 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, a patient's blood test had not been viewed for five days. This was discussed with the staff team and resulted in a policy change to prevent repetition in the future. All staff signed the revised policy to confirm it had been read and understood.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and health care assistants were trained to child safeguarding level 3. Reception and administrative staff were trained to child safeguarding level 1.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed both premises to be clean and tidy. The infection control clinical lead was a GP, in conjunction with the practice nurses, who liaised with the 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular independent medicines audits as well as with the support of the local CCG pharmacy teams. This was to ensure prescribing was in line with best practice guidelines for safe prescribing and to monitor medication use in vulnerable groups, for example those with mental needs. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions 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).

## Are services safe?

- We reviewed five 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.

### 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. On the Gallions Reach site, fire drills and evacuations were conducted by NHS property services as part of a structured multisite operation, six monthly. We saw the practice conducted their own fire drills on a six monthly basis at their branch site. 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, which included to duty doctors daily. There was a rota system in place for all the different staffing groups to ensure there was enough staff on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available and oxygen with adult and children's masks on at both sites. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area on both sites and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This was noted to have been signed as read by all staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 93% of the total number of points available which was comparable to the CCG average of 92% and national average of 95%.

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

Overall performance for diabetes related indicators was 78% which was similar to the CCG average of 80% and the national average of 84%.

- 74% of patients last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less (CCG 72%, national 78 %).
- 76% of patients last blood pressure reading measured 140/80mmHg or less (CCG 76%, national 78 %).
- 76% of 845 patients had been given an influenza vaccine (CCG 90%, national 94%).
- 83% of patients total cholesterol measured 5 mmol/l or less (CCG 77%, national 81 %).
- 80% of patients had a record of a foot examination and risk classification (CCG 85%, national 88 %).

Overall performance for mental health related indicators was 79% which was similar to the CCG average of 85% and national average of 87%; however exception reporting rates

were lower than the local and national average. 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.

The practice were aware of the need to address the poor QOF figures in relation to patients receiving an influenza vaccination and told us they would now offer this to all diabetics and encourage them to attend not just the most vulnerable and planned to get out of hours access to support uptake of vaccinations.

- 80% of 141 patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record (CCG 85%, national 89 %). The exception reporting rate for this indicator was 3% (CCG 5%, national 13 %).
- 75% of 141 patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (CCG 86%, national 90 %). The exception reporting rate for this indicator was 3% (CCG 4%, national 10 %).
- 83% of 23 patients diagnosed with dementia had a face to face care review (CCG and national 84 %). The exception reporting rate for this indicator was 0% (CCG 0%, national 8 %).

Overall performance for asthma and COPD related indicators was similar to the CCG and national average.

- 78% of patients with asthma had an asthma review that included an assessment of asthma control (CCG 74%, national 75 %).
- 88% of patients with COPD had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale (CCG 87%, national 90 %).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits carried out in the last year, two of these were completed audits where the improvements made were implemented and monitored. The practice had also conducted several



# Are services effective?

## (for example, treatment is effective)

smaller audits to support learning and improve outcomes for patients, for example an ovarian cancer study and screening spirometry in general practice in smokers presenting with a cough.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research, they told us they had several articles published in journals over the last few years. For example ethical dilemmas of QOF – a patient's or a doctors agenda.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients on high dose steroid inhalers to ensure appropriate use and stepping down was discussed and actioned to ensure optimal care. This resulted in relevant patients reducing their usage following clinical assessment and optimising inhaler technique and those who used high dose steroid inhalers being issued with steroid cards.

### Effective staffing

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

- The practice had extensive induction programmes for all newly appointed staff, including locums, trainees, clinical and non-clinical staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on at least a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example the enhanced mental health monitoring system was led by two GPs with dedicated administrative support. There were monthly meetings to review high risk and stable patients, with appropriate actions taken as required. Specific guidance developed by the practice (Enhanced Mental Health Policy) supported the management of high risk patients where medication was changed or their mental health was noted to be deteriorating. This was further supported through the practices partnership working. They co-hosted a Cognitive Behavioural Therapy (CBT) clinic to make it easier for patients to access psychological therapies to support their well-being.

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

- 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 nurses 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:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were supported and signposted to the relevant service as necessary.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and 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 number of women screened for breast cancer in the last 36 months was 60%, which was the same as the local average and below the national average of 72%. The number of people screened for bowel cancer in the last 30 months was 45% in line with the local average of 47% and below the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG but worse than the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 2.9% to 88%, CCG (8% - 88%), national (73% to 95%) and five year olds from 40% to 86%, CCG (62% to 88%) and national (81% to 95%).

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 and over 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 33 patient Care Quality Commission comment cards we received were predominantly 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 3 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice was comparable with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG and 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, if not better than 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 83% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and 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 and on the practice website.
- Information leaflets were available in easy read format.

## Are services caring?

- The practice had an electronic display screen which provided advice and information for patients.
- Information about services provided and signposting to other support services were available on the practice website including how to access advocacy support.

### **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 171 patients as carers (1% of the practice list). The practice worked with the

Greenwich Carers Centre, engaged in a project to identify carers. One of the practice health care assistants had a lead role in working on this project and as a result the practice has increased the numbers of carers identified on their register from 61 in 2014/15 to 171 (1% of the practice list) by November 2016. Drop in sessions were held at the main site at Gallions Reach for carers on a four weekly basis. The practice continued to identify carers with the support of the project and provided information to carers and sign-posted them to the service for additional support and advice as required.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find an appropriate 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. This included discussions in relation to expanding the current site at Gallions Reach to meet the demands of an increasing population and allow the practice to develop and deliver their services.

- The practice offered telephone consultations and a Saturday clinic at their branch surgery for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and complex needs.
- 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.
- The practice had two dedicated duty doctors to support those who required urgent telephone consultations and were able to determine what further intervention was required according to clinical need.
- The practice kept a palliative care register with up to date care plans in place including advance care planning and preferred place of death in line with the Gold Standard Framework.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The premises were accessible, they had a hearing loop and translation services available.
- The practice offered a phlebotomy service predominantly to older people and those with disabilities.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.

### Access to the service

The main practice (Gallions Reach) and the branch (Heronsgate) was open between 8am and 6.30pm Monday to Friday, however the branch was closed Wednesday afternoons.

Appointments were from 8.10am to 1pm (except Mondays until 12 noon) and 2pm to 6pm. Extended hours appointments were offered at the following times, 8.30am to 1pm on a Saturday (Heronsgate only.) In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Out-of-hours services were communicated by calling the practice when it was closed; calls were signposted to the out of hours service to the locally agreed provider or by calling 111 directly. Further information was provided on the practice telephone line, their website and on the practice notice board.

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

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average 74% and national average of 73%.

However people told us on the day of the inspection they were generally able to get appointments when they needed them. The practice was aware of the need to improve in some areas from recent survey results and had an action plan in place to address this. For example the practice advised reception staff to prioritise answering telephones, particularly during busy times, 8am-10am, to reduce patient waiting time and encouraged proactive use of online access to reduce patient reliance on telephone lines. They were also advised to ensure multiple options were offered to patients, for example morning, afternoon, evening and Saturday appointments to allow patients more choice of appointment booking during practice opening hours.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

# Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

The practice had a duty system supported by two doctors who were able to take calls or 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.
- The Practice Manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. Posters and leaflets were displayed within the practice, there was comments and complaints boxes in the waiting areas at both sites and details were available on how to make a complaint within the practice and on their website.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient's relative complained they were unhappy about the way they had been treated whilst trying to register with the practice. The practice manager telephoned the complainant and confirmed the registration and apologised for the incident. A written apology was also sent. A review meeting was held with senior reception staff to reflect on changes that needed to be made when asking for patient identification at registration. This issue was then discussed with receptionists to reinforce lessons learned.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous 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.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. We saw positive interaction between all levels of staff on the day of our inspection and staff spoke respectively about their colleagues.

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 partners 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.

- Staff told us and we saw from notes available the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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 PPG was a virtual group which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, reviewing the structure of the PPG from a virtual to a face to face group which members felt was the preferred option. The practice had agreed and scheduled the first face to face PPG meeting, with invites sent to 30 members.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

# Are services well-led?

Good 

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

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.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

## Continuous improvement