Herne Hill Group Practice

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Herne Hill Group Practice on 19 October 2015. Overall the practice is rated as good.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. All staff had received training appropriate to their roles.
- There was evidence of audit cycles to show that audits were driving improvement in performance to improve patient outcomes; however some audits had not been completed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Patients said they were not always given enough time during consultations, but we saw that the practice had taken steps to address this.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about services and how to complain was available and easy to understand.

Summary of findings

- The practice had a number of policies and procedures to govern activity, and these had been reviewed.
- The practice held regular multi-disciplinary, clinical and general governance meetings and learning shared at these meetings was documented.
- 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 practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. They received referrals from a local church and housing fellowship which ensured that people living in vulnerable circumstances were able to receive medical care to suit their needs.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.

We saw several areas of outstanding practice:

- The practice provided and won innovation awards for a dedicated young people's clinic where young people could receive health advice, counselling and treatment, including sexual health and mental health services regardless of whether they were registered at the practice or not. The practice was able to demonstrate the positive impact that the clinic had on young people who attended.
- The practice had a smoking cessation adviser to support smoking cessation and could demonstrate this had a positive impact for patients using this service. The adviser won an award from Lambeth borough council for having the highest quit rate in Lambeth.
- The practice ran virtual clinics for patients with long term health conditions and they could demonstrate these had reduced unplanned hospital admissions.

However there were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure all staff who act as chaperones are familiar with the chaperoning procedure.
- Ensure annual appraisals are carried out for all staff and that appraisals are dated and signed.
- Consider carrying out practice patient surveys to continually monitor patient feedback.

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

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Disclosure and Barring Service (DBS) checks had been carried out for two receptionists who occasionally acted as chaperones, and all clinical staff. The practice had carried out a risk assessment to determine that all other reception and administrative staff did not need a 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).

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff worked well with multi-disciplinary teams and kept records of meetings with these teams. Clinical meetings were held every month and GPs participated in regular peer reviews.

Annual appraisals had not been carried out for all staff members, but the practice told us this would be implemented in the future.

The outcomes of people's care were monitored regularly. There was evidence of a completed audit cycle and evidence to show that the audit had driven improvement in performance. Three other audits had been carried out but had not yet been completed.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice similar to others for several aspects of care. Although the national GP patient survey from 2013/2014 showed that patients occasionally faced difficulties making appointments by telephone, the practice had since improved its systems and staffing arrangements to improve access.

Summary of findings

Recent polls carried out by the practice and discussions we had with patients showed that patients were more satisfied with accessing appointments by telephone and with the attitude of clinical staff during consultations at the time of our inspection.

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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

The practice held a register of patients who acted as carers and kept them informed of avenues of support available to them. Carers were offered the annual flu vaccine and we saw that 69% of them had received it over the previous 12 months.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the Patient Participation Group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care. There was a daily walk-in clinic with a dedicated Duty Doctor who saw patients requiring urgent care. The practice had good facilities, ran a range of clinics for different population groups and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Information in the waiting area and on the practice website was available in a variety of languages. Practice staff spoke Polish, Portuguese, Yoruba, and French. Verbal translation and sign language services were available. The practice worked closely with a local church and a housing fellowship to ensure that people living in vulnerable circumstances and who may be difficult to reach received care.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

Summary of findings

It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

Staff had received inductions and attended staff meetings and social events. The practice proactively sought and acted on feedback from staff, patients and its active Patient Participation Group (PPG). Governance meetings were held every three months and we saw that discussions and learning shared at these meetings were documented.

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 is rated as good for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered responsive, proactive, personalised care to meet the needs of the older people in its population, such as home visits and rapid access appointments for those with enhanced needs.

The practice ran a range of enhanced services; for example in dementia and end of life care. It provided health checks, flu and shingles immunisation for older people. The practice ran four weekend winter pressures flu vaccination clinics in October 2014 and had planned a further four Saturday flu vaccination clinics in October 2015. Patients aged over 75 had a named GP. The practice held regular multi-disciplinary team (MDT) meetings with palliative care specialists, health visitors, geriatricians, district nurses, social services representatives and community psychiatric services where health needs were discussed. The practice had signed up to a pilot to run a virtual clinic for older people in conjunction with a community geriatrician once a month.

In addition to general GP appointments the practice carried out Holistic Health Assessments (HHAs) which engaged patients in their own care and focused on general well-being and mental health, social care and wider social aspects of daily living. The MDTs and HHAs were used to create comprehensive care plans for older patients and patients needing end-of-life care.

People with long term conditions

Outstanding

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

Nursing staff had lead roles in chronic disease management. The practice held a list of patients at risk of hospital admission and these patients were identified as a priority. Longer appointments, daily urgent appointments and home visits were available when needed. All these patients had a named GP and structured care plan, and received structured quarterly reviews to check that their health and medication needs were being met.

The practice ran regular diabetes, asthma, substance misuse and flu vaccination clinics and offered smoking cessation and weight management advice. The practice health care assistant (HCA) won an award in August 2014 for the highest smoking cessation success rate of 83% in the borough of Lambeth.

Summary of findings

The practice arranged for practice nurses to visit housebound patients to administer flu vaccinations. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care. For example, the practice held virtual clinics with hospital consultants for patients with various health conditions, to develop individualised care plans and they could demonstrate that these had reduced unplanned hospital admissions. There was an in-house Primary Care Navigator (PCN) who referred patients newly diagnosed with diabetes to local support groups and arranged peer support with other patients living with diabetes.

Families, children and young people

Outstanding ☆

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice held regular multi-disciplinary team meetings (MDTs) attended by a health visitor, where individual cases were discussed and learning was shared.

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. We also saw that children were prioritised for appointments. Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice ran a dedicated youth clinic where young people could receive a multi-disciplinary range of services and information to meet their healthcare needs. A youth worker attended the practice once a week to help young people's emotional and social development. The practice worked closely with a youth violence intervention group and could demonstrate an impact on reducing young patients' involvement in gang-related activity.

The practice ran regular baby and antenatal clinics to provide support and advice on all aspects of baby care and development. A local hospital paediatrician specialist participated in these clinics once a month to provide consultation and guidance on best practice. We saw good examples of joint working with midwives, health visitors and school nurses. The practice ran an enhanced service for childhood immunisation and vaccination. Weekend flu clinics were planned for school children who could not attend during normal opening hours, and immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Sessions for blood tests were available every morning and weekend flu vaccination clinics were held to improve access for working people. Extended hours were available at the practice on Mondays, Tuesdays and Wednesdays. The practice offered extended access appointments at weekends, Bank holidays and during the week via GP access hubs at different locations in Lambeth for working patients who could not attend the practice during normal opening hours.

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. Performance for cervical screening tests was in line with the national average.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability, and systems were in place to alert staff to patients who may be vulnerable. Urgent access appointments were available for these patients. The practice ran an enhanced service in learning disability; it had carried out annual health checks for all nine people registered with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for these patients and held contact details for their carers.

The practice regularly worked with a local church and multi-disciplinary clinical teams in the case management of vulnerable people. It had told 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good 

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

The practice carried out quarterly health reviews for patients with poor mental health. There were 167 patients with poor mental health on the register and all of these patients had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended Accident and Emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with enhanced mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 04 July 2015 showed the practice was performing in line with local and national averages. Three hundred and fifty-six survey forms were distributed. There were 101 responses and a response rate of 28%.

- 61% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 74%.
- 90% find the receptionists at this surgery helpful compared with a CCG and national average of 87%.
- 42% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 61%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 60% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 74%.
- 62% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 60% and a national average of 65%.
- 61% feel they don't normally have to wait too long to be seen compared with a CCG average of 52% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Comments highlighted that patients felt involved in decisions about their treatment, and they found staff to be helpful and respectful. We spoke with seven patients on the day and their views aligned with these comments. One patient was dissatisfied with the amount of time they had to wait to get through to the practice by telephone.

Herne Hill Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Herne Hill Group Practice

The practice operates from a single location in Herne Hill. It is one of 49 GP practices in the Lambeth Clinical Commissioning Group (CCG) area. There are approximately 10,247 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services, family planning and diagnostic and screening procedures.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours, dementia diagnosis and support, flu and pneumococcal immunisations, minor surgery, patient participation and remote care.

The practice has a larger than average population of patients aged between 25 and 40 years, and a higher than national and CCG average representation of income deprived older people. Of patients registered with the practice, 80% are white, 10% are Asian, 6% are of mixed or other ethnic background and 4% are black.

The practice clinical team is made up of three female and two male GP partners, a female and a male salaried GP, a female Advanced Nurse Practitioner (ANP), a practice nurse, a female trainee nurse, a male practice pharmacist and a female Health Care Assistant (HCA). One GP partner worked six sessions per week, three partners worked eight sessions, one partner worked five sessions and the two salaried GPs worked four sessions each.

The clinical team is supported by a business manager, a services manager, four administrative and six reception staff members. The practice is a training practice for GP trainees and medical students in their final year of training.

The practice is open between 8.00am and 6.30pm Monday to Friday. It offers extended hours from 7.00am to 8.00am Tuesday and 6.30pm to 7.00pm Monday and 6.30pm to 7.30pm Wednesday. Routine and urgent appointments are available throughout the day. The practice is closed at weekends and on bank holidays but patients are able to access appointments on Saturdays and Sundays between 9.00am and 5.00pm via four GP access hubs which were set up by the practice and delivered by Lambeth GP federations in Streatham, Clapham, Stockwell and West Norwood. (A GP federation is a group of general practices or surgeries forming an organisational entity and working together within the local health economy).The access hubs provide appointments for patients who are not able to access appointments at the practice during normal opening hours.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to a contracted out-of-hours service.

Detailed findings

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. This practice had not been inspected prior to our inspection on 24 September 2015. We carried out this inspection to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2015. During our visit we spoke with a range of staff including the practice manager, pharmacist nursing staff, reception staff and GPs. We also spoke with patients and reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

For example, a Foundation Year 2 (FY2) Doctor administering a contraceptive injection for the first time injected a patient with a different medicine. The FY2 Doctor realised their mistake and immediately informed their supervisor. The FY2 Doctor and their GP supervisor contacted the practice pharmacist to seek advice and a meeting was held with the patient the same day, where they received an apology and an explanation of the possible side effects of the medicine. Meeting minutes showed this significant event was discussed at a meeting in the following two days and an action plan was implemented to avoid a similar recurrence. The action plan included strengthening training and supervision for FY2 Doctors during medicine administration and reviewing the storage and labelling of injectable medication. In addition, a policy was introduced to record medicine details prior to administration so that any possible errors could be quickly identified. During our inspection, we found that these changes had been implemented and patient notes were updated accordingly.

Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

Safety was monitored using information from a range of sources, including the practice pharmacist, National Institute for Health and Care Excellence (NICE) guidance and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice had registered on the National Reporting and Learning System (NRLS) eForm to report patient safety incidents two weeks prior to our inspection, but had not needed to use it.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 were two GP leads for safeguarding and a safeguarding contacts list was displayed in the reception office. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff we spoke with demonstrated they understood their responsibilities for recording and reporting concerns.
- A notice was displayed in the waiting room, at the reception desk and in all treatment rooms, advising patients that a member of staff would act as a chaperone during examinations, if required. All staff who acted as chaperones told us they were trained for the role but two members of staff we spoke with could not describe the correct procedure for chaperoning. The practice informed us that chaperone training would be updated following our inspection.
- 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 and office areas. The practice had an up to date fire risk assessment and yearly fire drills were carried out. Fire alarms were tested weekly and all staff had received fire training. There was a fire evacuation policy in place and all staff were aware of the correct evacuation procedures and fire exits. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as for Health and Safety, legionella, Control of Substances Hazardous to Health (COSHH) and infection control in August 2015. A member of staff flushed the water lines once a week to minimise the risk of legionella infection and a COSHH

policy was in place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Cleaning audits had been carried out in July and August 2015 and we saw that areas for improvement identified from these had been actioned. The senior nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was an infection control protocol in place and all staff members had received up to date infection control training.
- The arrangements for managing medication, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams and the practice pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Fourteen staff files we reviewed showed appropriate recruitment checks had been undertaken prior to employment for staff. For example, proof of identification, immunisation against communicable diseases such as Hepatitis B, qualifications, registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. (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 had carried out a risk assessment which determined that administrative and reception staff did not need to have a DBS check. Two members of reception staff who told us they acted as chaperones had received DBS checks.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with 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. In addition to this, there were panic buttons in all treatment rooms and at the reception desk which were checked regularly to ensure they were in good working order. All staff received basic life support training and they knew how to respond to emergency situations.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage or unexpected closure and this was accessible to all staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Care and Health Excellence (NICE) best practice guidelines. Meeting minutes showed that clinical staff were kept up to date with changes to the most current guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.3% of the total number of points available, with 4.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar the national average. For example, the percentage of patients with diabetes whose blood sugar levels were well controlled was 76%, compared to the national average of 78%.
- Performance for hypertension indicators was in line with the national average. For example, 86% of patients with hypertension had a blood pressure reading in the previous 9 months, which was similar to the national average of 83%. However, 89% of patients with hypertension received an annual health review, which was better than the national average of 79%.
- Performance for mental health related indicators was better than the national average. For example, 91% of patients with diagnosed psychoses had an agreed care plan in their record, compared to the national average of 86%.
- Performance for dementia related indicators was in line with the national average. For example, the percentage of patients with a dementia diagnosis who had received an annual care plan review was 85%, which was similar to the national average of 83%. However, 100% of patients with dementia had received an annual health check, which was better than the national average of 81%.
- Performance for emergency admissions was better than the national average. For example, 9% of patients had an emergency hospital admission compared to the national average of 14%. This had reduced to 7% at the time of our inspection.

The practice held a register of patients at the highest risk of unplanned hospital admissions to hospital. GPs and practice nurses carried out home visits to housebound patients. These patients were triaged by the Duty Doctor to determine which member of staff would be most appropriate to visit them.

Clinical audits were carried out to demonstrate quality improvement. All clinical staff had QOF area leads and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits completed in the last two years, one of which was a completed audit on the effect of steroid inhalers on hypertension in patients with asthma, carried out in conjunction with the practice pharmacist. Forty-five patients were identified as requiring a reduction in their steroid inhaler dosage. As a result of the audit, a specific asthma clinic was introduced and 15 additional patients with asthma who were at risk of developing hypertension were identified.

The practice participated in applicable local audits, national benchmarking, accreditation, research and frequent peer reviews. Findings were used by the practice to improve services. For example, in September 2015, the practice took part in a Commissioning for Quality and Innovation (CQUIN) project with a local NHS trust hospital in order to ensure a high standard in medicines reconciliation for patients who had been recently discharged from hospital. (Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking and comparing that list against the doctor's admission, transfer, and/or discharge orders, to ensure that the patient receives the correct medications). We saw the practice subsequently

implemented an action plan for medicines reconciliation against a list of 106 eligible patients, and that relevant codes were created on the computer system. In addition, the practice reviewed their dosset boxes to ensure that their prescribing processes for patients were safe and seamless at the point of transition from hospital care to the practice.

Information about patients' outcomes was used to make improvements. For example, the Health Care Assistant (HCA) had helped 83% of 49 patients to quit smoking over a period of one year. This was the highest quit rate in the borough of Lambeth and the HCA was given an award from Lambeth borough council in recognition of this achievement.

Effective staffing

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

- The practice had a comprehensive induction policy and programme for newly appointed clinical and non-clinical members of staff that covered such topics as the staffing structure, safeguarding, fire safety, information governance, health and safety and confidentiality, policies and procedures. Contact details for local services such as health visitors, hospitals and pharmacies were included in the induction programme. Staff members told us that they had received inductions shortly after commencing employment at the practice.
- Foundation Year 2 Doctors shadowed administrative and reception staff, the practice manager, pharmacist and every GP to gain a good understanding of how the practice operated. Each trainee was allocated a mentor and given time to discuss individual patient cases with these mentors on a daily basis. The trainee GPs participated in tutorials and they were encouraged to take part in internal and external meetings. The HCA and trainee nurse were mentored by the senior nurse.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, we found that not all staff had received an up-to-date annual appraisal, and out of 11 appraisals that had been carried out, four were not dated or signed. The practice manager told us appraisals were due and would be completed. There was ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of Doctors. The HCA was supported by the practice through their college education. The senior nurse attended nursing forums, and acted as a mentor to new nurses and HCAs in the practice and within the local area. She had also set up a training programme for new nurses and a locality scheme to attract and retain nurses within the CCG.
- Staff received training that included: equality and diversity, female genital mutilation (FGM), safeguarding, infection control, fire procedures, basic life support and information governance awareness. Role-specific training included diabetes awareness, diabetes administration and administering first aid to patients with mental health problems.

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 test results. Information such as NHS patient information leaflets was available throughout the practice. All relevant information was shared with other services in a timely way, for example when people were referred to other services such as hospitals and out of hours care. The practice had implemented software which enabled appointment and information sharing between the practice and its access hubs, with patients' consent. This promoted better continuity of care for patients and improved safety of prescribing.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that patients' care plans were routinely reviewed and updated. The GPs and nurses worked closely with the practice pharmacist to ensure the optimisation of medicines and effective prescribing processes.

The practice was a member of a federation of 15 buddy practices with which they shared ideas for good practice. For example, minutes from a buddy meeting held in

Good

Are services effective?

(for example, treatment is effective)

February 2015 showed the practice discussed that an MDT meeting regarding medicines adherence should be carried out before reviewing relevant patients, and that these patients should be allocated longer appointments.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through regular records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, patients with poor mental health or learning difficulties, those at risk of developing a long-term condition, patients aged over 75 and those requiring advice on their diet, substance misuse and smoking cessation. Patients were then signposted to the relevant service. An in-house counsellor was available privately or through self-referral.

The practice nurse was trained to carry out foot checks for diabetic patients and the practice ran virtual diabetes clinics in conjunction with a diabetes consultant from a local hospital and the practice pharmacist twice a year in order to provide care for patients who were difficult to reach. The Primary Care Navigator (PCN) arranged peer support for patients newly diagnosed with diabetes, and referred them to various support groups and services to meet their needs relating to nutrition, weight management and housing.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test, and patients attending the practice were offered opportunistic tests. The practice also told us that it encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to patients aged under two years ranged from 85% to 99% (compared with the CCG average of 81% to 91%) and five year olds from 86% to 99% (compared to the CCG average of 83% to 96%).

The flu vaccination rate for the over 65s had increased from 67% in 2013/14 to 70% in 2014/15 and from 46% for at risk groups in 2013/14 to 64% in 2014/15.

The practice invested in a text reminder service to remind patients to attend for the flu vaccine and ran four winter pressures flu vaccination clinics in October 2014 to ensure that these patients' needs were met.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice had a system for recalling and inviting patients for their health to be monitored. We saw two alerts on the computer system prompting staff to invite patients for the annual flu vaccine and dementia screening. Patients we spoke with told us they had received phone call reminders or letter invitations from the practice to attend for health checks. Health reviews were also carried out opportunistically where possible. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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. There was a lowered counter at the reception desk for wheelchair users.

All of the 13 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. The practice had an active virtual Patient Participation Group (PPG) consisting of 253 members. We spoke with a member of the PPG after our inspection, who also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published on 04 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. Satisfaction scores on consultations with doctors and nurses were variable. For example:

- 90% said they found the receptionists at the practice helpful, which was in line with the CCG and national averages of 87%.
- 96% said they had confidence and trust in the last GP they saw, which was similar to the CCG average of 94% and national average of 95%.
- 83% said the GP was good at listening to them, which was similar to the CCG and national averages of 88%.

Survey responses were less positive in the following areas:

- 77% said the GP gave them enough time, which was worse than the CCG average of 84% and national average of 87%.
- 76% said the last nurse they spoke to was good at treating them with care and concern, which was worse than the CCG average of 85% and national average of 91%.
- 69% said the last GP they spoke to was good at treating them with care and concern, which was worse than the CCG average of 83% and national average of 85%.

The practice told us they were aware of the lower scores. They informed us that some patients who were used to seeing the same GP were not happy with the standard of care received from locum GPs in 2014 when there were some staff shortages. Patients had also complained about a particular member of staff who they felt did not give them enough time during consultations. Comments in relation to individual staff were managed appropriately. To address patient concerns regarding the use of locums, the practice recruited an additional permanent GP in September 2014. Two polls carried out on the practice's online forum in March 2015 showed that 96% of 52 patients polled responded that they were satisfied with the amount of time they had with GPs and nurses, and that clinical staff treated them in a caring manner. This was in line with feedback we received from patients during our inspection.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the Care Quality Commission (CQC) comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

Good

Are services caring?

- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 6% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Sixty-nine per cent of carers had received the annual flu vaccine. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice ran virtual clinics for older patients, babies, young children and patients with atrial fibrillation, diabetes, hypertension, asthma and Chronic Obstructive Pulmonary Disease (COPD), in conjunction with hospital consultants which contributed to reducing unplanned hospital admissions from 9% in 2013/2014 to 7% in 2014/2015. We saw that individual cases, common health complaints and care plans were discussed and learning was shared among staff. In February 2015 the practice signed up to having a paediatrician attend the practice once a month to run joint paediatric clinics with practice GPs to further improve quality of care for very young patients. The practice had recently signed up to a similar pilot to run a virtual clinic for older patients in conjunction with a community geriatrician, where best care for older patients would be discussed.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered daily telephone consultations and extended hours during the week.
- Weekend flu vaccination clinics had been organised to improve access for working patients and school children. There was a dedicated area for mothers to breastfeed and baby changing facilities were available in the toilets.
- The practice offered a blood testing service on Tuesday from 7.00am to 8.00am, and during normal opening hours from 8.00am to 9.00am Wednesday, Thursday and Friday.
- There were longer appointments available for people with a learning disability, those experiencing poor mental health, people with complex health needs, anxious patients, those attending the practice for medicine reviews and any patient who requested them. Urgent access appointments were available for children and those with serious medical conditions. Daily home visits were available for housebound and older patients.
- The practice registered patients who worked in but did not live in the local area. Homeless people could register at the practice without a permanent address and travellers and students were also able to register at the practice.
- There were disabled facilities in the toilets and all doors were wheelchair accessible. There was a lift to improve access for patients with mobility problems.
- There were hearing loop, sign language and verbal translation services available. Staff spoke Portuguese, Polish, Yoruba and French. Information about accessing care at the right time was available in Portuguese in the waiting area, to engage with the large population of Portuguese speakers living in the local area.
- The practice ran a weekly substance misuse clinic to help patients stop their addictions to alcohol and drugs.
- The practice worked closely with a youth violence intervention group to support young patients involved in gangs to disrupt the cycle of violence that brings hundreds of teens to hospital each year, and to address the mental health needs of young people mentally scarred by their involvement in gangs. Five out of 12 young people registered as gang members stopped gang activity in 2014/2015 following intervention from the support group.
- Staff received training on female genital mutilation (FGM) to enable them to recognise when patients may be at risk and to meet the needs of girls and women who had undergone FGM.

The practice funded and ran a weekly youth clinic which was advertised on their website, at the practice entrances and through posters in local schools. There was a separate entrance and waiting area for young people attending the youth clinic, in order to maintain their confidentiality. There was an open-to-all policy which meant that any young person could gain access to a range of services which included general and sexual health advice, contraception, referrals for eating disorders, smoking cessation and substance misuse, counselling, diet and weight management advice. The practice nurse carried out

diabetes management, screening for asthma and sexually transmitted infections (STIs), stitch removal, a range of vaccinations and pregnancy tests for young people attending the clinic. She also acted as a confidante for young people.

The practice told us that the youth clinic was able to engage young patients to help them improve their health outcomes. They gave us examples of how young people reluctant to seek help agreed to treatment at the practice or referrals to receive care from external organisations. They told us that young people were able to stop their reliance on recreational drugs based on advice and an increased awareness of the health implications of continued use, which they received at the clinic. A youth worker attended the practice once a week to support young people's emotional and social development.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available throughout the day. Extended hours surgeries were offered from 7.00am to 8.00am Tuesday, 6.30pm to 7.00pm Monday and 6.30pm to 7.30pm Wednesday, and there was a daily walk-in service. In addition to pre-bookable appointments that could be booked up to two weeks in advance, daily urgent appointments were also available for people that needed them. We saw that the next pre-bookable appointment was available within a week.

Although the practice was closed at weekends and on Bank holidays, patients were able to access appointments via GP access hubs set up by the practice and delivered by Lambeth GP federations in Clapham, Streatham, Southwark and West Norwood. (A GP access hub is a practice that offers evening and weekend appointments for patients registered with other practices in the area). Appointments were available from 10.00am to 6.00pm Saturday, Sunday and Bank holidays and from 8.00am to 8.00pm Monday to Friday. Patients unable to get an appointment within 48 hours at the practice, or who needed to see a GP outside of normal opening hours, would automatically be offered appointments at an access hub of their choice.

Results from the national GP patient survey published on 04 July 2015 showed that patient's satisfaction with how they could access care and treatment was variable. People we spoke to on the day were able to get appointments when they needed them. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 62% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and national average of 65%.

Responses regarding making appointments and contacting the practice were less positive. For example:

- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 74%.
- 60% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 74%.

The practice told us phone lines had previously been particularly busy very early in the mornings. In response to the national patient survey and a Patient Participation Group (PPG) survey carried out in 2014, the practice installed a new telephone system in April 2015 with a queue system informing patients how long they would they would have to wait before their call was answered. They implemented a phone overflow system so that administrative staff could pick up calls and book appointments for patients when the reception desk was busy. In addition, the practice recruited a service manager who provided additional support at the reception desk along with a member of administrative staff in the mornings to reduce telephone waiting times.

Furthermore, the practice made improvements to their website in March 2015 so that patients were able to book appointments online. We saw that the practice actively promoted this service via its practice leaflet, website, new patient registration form and on an LED display board in the waiting area. The practice carried out an audit which showed that the number of patients registered to book appointments online had increased from 5% in March 2015 to 25% by April 2015. All patients except one we spoke with during our inspection gave positive feedback about telephone access and booking appointments.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice and all staff members we spoke with were aware of this.

We saw that information was available to help patients understand the complaints system, such as a poster displayed in the waiting area, and a detailed leaflet was given to every newly-registered patient. Patients we spoke with had never needed to complain but told us they were aware of the process to follow if they wished to make a complaint.

We looked at seven complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which 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 a 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 the majority of staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There a good understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, however three clinical audits had not been completed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The arrangements for governance and performance management did not always operate effectively.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure good care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to them. The partners encouraged a culture of openness and honesty.

Staff told us that they attended regular team meetings and received meeting minutes to keep them informed of discussions and shared learning whenever they could not attend these meetings, however one member of staff we spoke with was not aware of a decision made by the partners regarding the age limit at which young patients could be seen on their own with GPs at the practice. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues individually with the practice leaders and at team meetings; they felt confident in doing so and felt supported if they did. We also noted that social events were arranged outside of the practice.

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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through their Patient Participation Group (PPG) and through surveys and complaints received. There was an active virtual PPG. We saw that the practice manager liaised with the PPG regularly via email and the first physical PPG meeting with the practice was planned in October 2015. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team, which the practice acted on.

The practice had also gathered feedback from staff through regular staff meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, we saw that the practice had arranged for the staff kitchen and an office to be converted into an open-plan kitchen and staff room following demand from staff for increased social interaction between the GPs and administrative staff during the working day. Clinical and non-clinical staff members we spoke with told us they felt involved and engaged to improve how the practice was run.

Innovation:

Are services well-led?

Good

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

The practice team was forward thinking and an active part of local pilot schemes to improve outcomes for patients in the area.

The practice started a youth clinic in 2005 after carrying out a survey which showed that 97% of 150 young people had indicated an interest. The practice continues to fund the clinic because it recognises the positive impact the service had on the health and social outcomes of young people who attended it. The clinic's services were advertised in local schools to engage with young people who might be difficult to reach, at the practice entrance and on their website.

The GP who led the youth clinic won two NHS innovation awards in recognition of their work. In addition to the clinic, they ran pilots for improving the transition for adolescents with type 1 diabetes from paediatric to adult services, in partnership with three local hospitals. The GP advised other practices nationally on engaging and improving outcomes for these young people.

The practice won the Prime Minister's Challenge Fund, which they used to create four new GP Access Hubs in Lambeth in August 2015 to create 52 additional weekly appointments for its patients. This project had been running for two weeks prior to our inspection. The practice had carried out weekly analyses of the impact of the hubs on patient outcomes and found that they had improved access to care for patients. The practice had planned a full evaluation in March 2016. The practice planned to commission the service in 2016 and 2017 to enable continued access to appointments for patients.

The practice developed Holistic Health Assessments (HHAs) in 2013 with the Southwark and Lambeth Integrated Care Team (ICT), which were used to engage patients in their own care and improve their general and social well-being and mental health. This was done as part of an enhanced service which stated that they would only be funded to deliver HHAs to 38% of eligible patients at home. However, the practice decided to carry out HHAs for all eligible patients through home visits as they felt that it would be more beneficial to their patients and would enhance their care.

The practice ran virtual clinics with hospital consultants to develop comprehensive care plans for patients and reduce unnecessary and unplanned hospital admissions. They also signed up to local Clinical Commissioning Group (CCG) pilots to enhance and improve quality of care for their paediatric and geriatric services. The practice was one of the first in Lambeth to employ a practice-based pharmacist to carry out medicines reviews and support the safe delivery of patient care.