

Streatham Place Surgery

Quality Report

28 Streatham Place
Streatham
London
SW2 4QY
Tel: 020 8674 8500
Website: www.streathamgp.co.uk

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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 Streatham Place Surgery on 7 June 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed that in most areas patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw several areas of outstanding practice:

- The practice had invested in a business intelligence tool which provided ready access to searches relevant to medicines management and effective care outside of those provided through the patient record system. This provided ready access to information relating to when follow up tests for patients on medicines used to manage long term condition and patients with poor mental health. All staff were involved in the monitoring and improvement of outcomes, and there were both

Summary of findings

clinical and administrative leads in place to ensure that follow ups were scheduled. The practice had evidence to show that the system had improved compliance of tests in the eighteen months that they had managed the practice.

- The provider had arranged relevant in house training for all staff in the practice for the next year. Training was determined on the basis of role, and training

was delivered in person, by Webex and where necessary 1:1. For clinical staff this focussed on the management of long term conditions and mental health. All staff at the practice undertook training on the Mental Capacity Act and Deprivation of Liberty Safeguards.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- The practice had invested in a business intelligence tool which provided ready access to searches relevant to medicines management and effective care outside of those provided through the EMIS system. This provided ready access to information relating to when follow up tests were required for patients on medicines used to manage long term conditions. The practice had evidence to show the system had improved patients' compliance of tests in the eighteen months that they had managed the practice.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that there were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. For example,
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Summary of findings

- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways.
- The provider had arranged relevant in house training for all staff in the practice for the next year. Training was determined on the basis of role, and training was delivered in person, by Webex and where necessary 1:1. For clinical staff this focussed on the management of long term conditions and mental health.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with national averages for all but one aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had put in place systems such that patients could be registered by their preferred names and preferred gender.
- The practice had significantly increased the number of patients identified as carers in the past year. They had developed a carers network at the practice which included regular carers coffee mornings where all patients are invited to meet with the practice's dedicated "Carers Navigator" and with the local Carers Hub.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning services that met patients' needs.
- The practice had undertaken a project with Age UK to ensure that blankets were available free of charge at the surgery for the benefit of elderly or homeless patients.
- The individual needs and preferences of people with a life-limiting condition, including patients with a condition other than cancer and patients living with dementia, were central to their care and treatment. Care delivered was flexible and provided choice.

Summary of findings

- The practice's business intelligence tool had determined that diabetes was more prevalent among the practice population and was 50% higher than the CCG average. The practice had improved the way in which diabetes was monitored such that performance against eight forms of monitoring had improved from 21% when they first took over the practice in September 2015 to 88% at the time of the inspection.
- 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.
- Patients could access appointments and services in a way and at a time that suits them, for example appointments were available on Saturdays and Sundays.
- 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 the practice responded quickly when issues were 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.

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. Staff training was actively encouraged and the provider had developed bespoke training packages for all staff at the practice.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice had developed thorough and comprehensive bespoke databases to analyse care trends as well as individualised patient care.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they felt empowered to make suggestions and recommendations for the practice.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development.

Good



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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice had undertaken a project with Age UK to ensure that blankets were available free of charge at the surgery for the benefit of elderly patients. This was not specifically in response to local needs, but there had been uptake from the practice population.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

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

Outstanding



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. The practice had scored 95.6% for diabetes related indicators in the last QOF slightly higher than the national average of 89%. The exception reporting rate for diabetes related indicators was 3.3%, lower than the national average of 11.6%.
- The practice had invested in a business intelligence tool which provided ready access to searches relevant to medicines management and effective care outside of those provided through the EMIS system. This provided ready access to information relating to when follow up tests were required for

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patients on medicines used to manage long term conditions. The practice had evidence to show that the system had improved compliance of tests in the eighteen months that they had managed the practice.

- The practice had improved the way in which diabetes was monitored such that performance against eight forms of monitoring had improved from 21% when they first took over the practice in September 2015 to 88% at the time of the inspection. This was the highest level within the CCG area.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The service offered out of hours appointments on both Saturday and Sunday at a practice owned by the same provider 400 yards away.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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 service offered out of hours appointments on both Saturday and Sunday at a practice owned by the same provider 400 yards away.

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 had specific searches and monitoring in its business intelligence tool to ensure that patients with learning disabilities and other vulnerable groups could better have their care and treatment monitored, and where necessary changed.
- The practice had put in place systems such that patients could be registered by their preferred gender.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. All staff at the practice undertook training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The practice had significantly increased the number of patients identified as carers in the past year. They had developed a

Summary of findings

carers network at the practice which included regular carers coffee mornings where all patients are invited to meet with the practice's dedicated "Carers Navigator" and with the local Carers Hub.

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 advance care planning for patients living with dementia.
- All of the patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- QOF performance for mental health related indicators was similar to the national average. The practice had scored 88.5% for mental health related indicators in the last QOF, which was similar to the national average of 93%. The exception reporting rate for mental health related indicators was 5.7%, lower than the national average of 12%.
- The practice had invested in a business intelligence tool which provided ready access to searches relevant to medicines management and effective care outside of those provided through the EMIS system. This provided ready access to information relating to when follow up tests were required for patients on medicines used to manage poor mental health. The practice had evidence to show that the system had improved compliance of tests in the eighteen months that they had managed the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. The practice also worked to prevent the need for this with written guidance for patients in the event that they became unwell.

Summary of findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017 showed the practice was performing in line with local and national averages. Three hundred and eighty one survey forms were distributed and 88 were returned. This represented 1.8% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. In particular patients reported that staff were helpful and considerate, and that access to appointments had improved in the time since the provider had taken over management of the surgery.

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, committed and caring.

Streatham Place Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Streatham Place Surgery

The practice operates 28 Streatham Place, Streatham, London, SW2 4QY. The practice is based across two floors of a purpose built building. It is part of the Lambeth clinical commissioning group area. Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are locally agreed agreements between NHS England and a GP practice).

The practice is managed by AT Medics Limited. This provider manages 50 services across London. The service manages three services in the Streatham area, and patients have the opportunity to utilise additional services at the other two sites which are respectively a quarter of a mile and a mile away from the site. The provider has managed this site since September 2015.

The practice has approximately 4,800 patients. The surgery is based in an area with a deprivation score of 3 out of 10 (10 being the least deprived). The area served by the practice has a mixed population with some areas of high and some areas of low deprivation. The practice population's age demographic is broadly in line with the national average, although there are slightly higher numbers of patients aged between the ages of 10 to 54, and slightly fewer patients over the age of 55 than the national average.

The GP team includes two GPs (both female) who work solely at the site. However, two GP locums (one male and one female) work at this site as does one male GP who is a manager at AT Medics. In total this equates to 2.05 full time GPs at the practice. At the time of the inspection the practice list was increasing (from 4,200 when AT Medics took over management of the site) and the number of GPs required at the site was being reviewed. The nursing team includes one nurse (0.54 WTE) and two healthcare assistants (0.71 WTE). The practice also employs a prescribing practice pharmacist (0.72 WTE), and another pharmacist employed by AT Medics is available on an ad-hoc basis as required. The clinical team is supported by a senior manager, a practice manager and five other administrative and reception staff.

The practice is open from 8.00am to 6:30pm Monday to Friday. There are also extended hours available at a site approximately a quarter of a mile from the surgery which is owned by the same provider from 9am until noon on Saturdays and Sundays. All patients have access to these appointments. The practice offers appointments throughout the day when the practice is open. When the surgery is closed urgent GP services are available via NHS 111.

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

The practice had not previously been inspected by the CQC.

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. 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 7 June 2017. During our visit we:

- Spoke with a range of staff including three GPs, the practice nurse, a healthcare assistant two managers three administrative/reception staff and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where an infant had been acutely unwell in the reception area the practice found that the emergency incident had been managed appropriately. Notwithstanding this, for future reference the practice told staff at a meeting that in future all other patients should be cleared from the area to deliver greater privacy for the patient.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. GPs were trained to child protection or child safeguarding level 3. The practice manager and nurses were trained to at least level 2 and all other staff were trained to at least level 1.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role 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 the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice had invested in a business intelligence tool which provided ready access to searches relevant to medicines management and effective care outside of those provided through the EMIS system. This provided ready access to relevant information which would inform clinicians on when recalls were due for the management of long term conditions and issues

Are services safe?

relating to mental health. The practice had evidence to show that the system had improved compliance of tests in the eighteen months that they had managed the practice. For instance the number of patients who had been issued Warfarin without International Normalised Ratio (INR) having been recorded in the previous three months had been reduced from six to zero.

- The use of Benzodiazepines had reduced by more than 75% since the provider had managed the surgery.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems 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 from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 verified and published results were 98.8% of the total number of points available, higher than the national average of 94%. The exception reporting rate for the practice was 5.7%, lower than the national average of 9.8% (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). At the time of the last QOF results the practice was registered as a separate legal entity, although both partners worked at the practice.

This practice was not a significant outlier for any areas of QOF. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the national average. The practice had scored 95.6% for diabetes related indicators in the last QOF slightly higher than the national average of 89%. The exception reporting rate for diabetes related indicators was 3.3%, lower than the national average of 11.6%.
- QOF performance for mental health related indicators was similar to the national average. The practice had scored 88.5% for mental health related indicators in the

last QOF, which was similar to the national average of 93%. The exception reporting rate for mental health related indicators was 5.7%, lower than the national average of 12%.

The prevalence of diabetes at the practice was 9%, 3% higher than the CCG average. Using the practices business intelligence tool the practice had increased compliance against eight specific measuring tools from 21% in September 2015 to 88% at the time of the inspection. This had improved identification of patients who were suffering complications with their kidneys or feet. The practice had improved the number of patients with controlled HbA1c of 75mmol/l by 9% in the past eighteen months. The practice reported that the business intelligence tool that they had developed had assisted in achieving this. All staff were involved in the monitoring and improvement of outcomes, and there were both clinical and administrative leads in place to ensure that follow ups were scheduled.

The practice reported that following the implementation of the business intelligence tool monitoring and recall system, the number of patients with coronary heart disease who had cholesterol levels of 5mmol/l or less had improved by 17%. These improvements were demonstrated in several areas across a number of long term conditions.

There was evidence of quality improvement including clinical audit:

- We saw six clinical audits commenced in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of the number of patients over the age of 75 who had a next of kin recorded following an incident where one had not been recorded when needed. A first audit showed that 44% of patients had this recorded in the records and that 0% had an alert with the next of kin recorded on record. Following efforts to improve this, a second audit showed that 70% of patients over the age of 75 now had a next of kin recorded, and all patients over the age of 75 had an alert linking to the next of kin.
- The practice had also undertaken a hypertension audit to ensure that patients were having blood tests every six months and that blood pressure was below 150/90.

Are services effective?

(for example, treatment is effective)

Following the first cycle the scores were 67% and 73% respectively. Actions following the first cycle included changing recall systems and having GPs opportunistically take blood pressure readings of patients on the hypertension register. As a result of these changes the rates had improved to 80% and 82% respectively.

Audits undertaken by the practice were incident led and were therefor relevant to the practice.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 and nurses. Staff were proactively supported to acquire new skills. The provider had arranged relevant in house training for all staff in the practice for the next year. Training was determined on the basis of role, and training was delivered in person, by Webex and where necessary 1:1. For clinical staff this focussed on the management of long term conditions and mental health. For example, the practice had arranged 20 one hour update courses for nurses working for AT Medics for 2017. The provider had arranged relevant in house training for all staff in the practice for the next year. For

clinical staff this focussed on the management of long term conditions and mental health. All staff at the practice undertook training on the Mental Capacity Act and Deprivation of Liberty Safeguards.

- Team meetings provided staff with an opportunity to share learning from specific training courses that they had attended.
- 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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked with two others managed by the same provider so that patients could access appointments on Saturdays and Sundays.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 78% and the national average of 81%. There was a policy to

offer telephone or written 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 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, the vaccination rate for children up to the age of two was 92% for pneumococcal and measles, mumps and rubella.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 80% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 89% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

In one area the practice scored below the national average:

- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

The practice had undertaken an analysis of the results of the 2015/16 patient survey. In particular the practice had promoted online services and had undertaken local surveys to ensure that changes were implemented. The current survey was issued on 6 July 2017 so as yet the practice had not had an opportunity to review and respond to the results.

The practice had undertaken a project with Age UK to ensure that blankets were available free of charge at the surgery for the benefit of elderly or homeless patients.

The practice had put in place systems such that patients could be registered by their preferred names and preferred gender.

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.

Are services caring?

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The e-Referral Service (ERS) was used with patients as appropriate. (ERS is an electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients as carers (3.1% of the practice list). This is higher than the local average. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

The practice had significantly increased the number of patients identified as carers in the past year. This had been achieved by asking people as they presented and by having receptionists contact patients. They had developed a carers network at the practice which included regular carers coffee mornings where all patients are invited to meet with the practice's dedicated "Carers Navigator" and with the local Carers Hub.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice's business intelligence tool had determined that diabetes was more prevalent among the practice population was 50% higher than the CCG average. The practice had improved the way in which diabetes was monitored such that performance against eight forms of monitoring had improved from 21% when they first took over the practice in September 2015 to 88% at the time of the inspection. This was the highest level within the CCG area.

- The practice offered extended hours from a surgery managed by the same provider 400 yards from the surgery on Saturday and Sunday mornings from 9am until noon. The provider is the only one within Lambeth CCG which offers appointments seven days a week.
- At the time that the provider took over the management of the practice the service offered 69 appointments per 10,000 patients per week. This had been increased to 117 per week by the time of the inspection.
- There were longer appointments available for patients with a learning disability and those patients with multiple long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open from 8.00am to 6:30pm Monday to Friday. There were also extended hours available at a site approximately a quarter of a mile from the surgery which is owned by the same provider from 9am until noon on Saturdays and Sundays. All patients had access to these appointments. The practice offered appointments throughout the day when the practice is open. When the surgery was closed urgent GP services were available via NHS 111. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was managed by a duty doctor who also saw patients in the practice where same day appointments were required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a

Are services responsive to people's needs?

(for example, to feedback?)

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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. There were notices and leaflets available at reception, and information on the practice's website.
- The practice kept a log of both verbal and written complaints.

We looked at four complaints received in the last 12 months. Lessons were learnt from individual concerns and complaints and also from analysis of trends 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. Staff told us that leaders in the practice had involved them in a clear purpose for the practice and they felt motivated to achieve the goals set by leaders in the practice.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Staff were proactively supported to acquire new skills. The provider had arranged relevant in house training for all staff in the practice for the next year. Training was determined on the basis of role, and training was delivered in person, by Webex and where necessary 1:1. For example, Healthcare Assistants received fortnightly training sessions to develop their competencies and skill set. Staff training programmes had been focussed on developing staff knowledge to meet the care and treatment needs of patients with mental health and long term conditions.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice. The practice had developed thorough and comprehensive bespoke databases to analyse care trends as well as individualised patient care. The searches provided by

these databases were not available through standard searches. We saw metrics demonstrated the care of patients with mental health and long term conditions had improved since the practice had taken over the surgery through for example attending more medicine reviews and appointments to help treat and stabilise their condition. The practice had a policy of proactively calling patients to the practice where required in line with best practice.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audit results from both the practice and others managed by the provider were shared with relevant staff.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection leaders of 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 that they felt involved in the development of the surgery in the previous year and a half, that leaders were visible and approachable, and that they were encouraged to contribute to the practice's success.

Several staff at the practice including managers and a healthcare assistant had joined the provider in more junior roles. They told us that staff development was encouraged by leaders within the provider organisation.

The provider was aware of and had systems 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 gave affected people reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw minutes confirming this. Minutes were circulated to those that could not attend.
- 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice identified homeless patients and older people as groups for focus, and in conjunction with the PPG contacted Age UK who provided winter warmer packs, including items such as

blankets and thermos flasks. The practice put up a poster giving information on these packs on the PPG noticeboard and slips were created to enable patients requiring a pack to request one discretely.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt involved in the development of the surgery in the previous year and a half, that leaders were visible and approachable, and that they were encouraged to contribute to the practice's success.

Continuous improvement

The provider had developed systems and processes since they had begun managing the practice to ensure that improved care was provided. The practice had invested in a business intelligence tool which provided ready access to searches relevant to medicines management and effective care outside of those provided through the EMIS system. This provided ready access to relevant information which would inform clinicians on when recalls were due for the management of long term conditions and issues relating to mental health. Recall and long term condition management systems were particularly effective. Staff told us that databases which had been developed by the provider had assisted them in continuing to provide high quality care for patients.

The practice had been involved with both other health care providers and other charitable and support organisations to provide better care, for example the relationship with Age UK whereby particularly vulnerable patients could get free blankets and flasks.

The practice told us that they had developed effective working with two other practices in the local area that they also managed to make available better access to high quality responsive care for its patients. For example, patients at the practice had access to appointments seven days a week through joint working with a nearby practice.