

Wells Park 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Wells Park Practice on 17 March 2016. Overall the practice is rated as good.

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

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

- The practice took action to make it easier for patients to make appointments. Patients told us that access to the practice and appointment availability had improved, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Continue to take action to improve the care of people with long-term conditions and poor mental health.
- Continue to monitor and take action to improve patient satisfaction with making appointments.
- Review care plans to ensure that they meet patients needs fully.
- Ensure systematic monitoring of all samples taken for the cervical screening programme.

Summary of findings

- Ensure all staff undertaking chaperoning understand what is required while performing the role.

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



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

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data from the 2014/15 Quality and Outcomes Framework showed patient outcomes were below average for the locality and compared to the national average. The practice was following a structured action plan to improve their performance in 2015/6.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice slightly below others for aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Survey results showed that patients previously found it difficult to make an appointment. The practice installed a new phone system, set up an email address and changed the appointment system to make more appointments available the same day. Patients told us that it was easier now to make an appointment, but it was too early to see if these changes had improved access for all patients.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice worked with the Health Innovation Network to set up a hip and knee pain service, which was being rolled out to other local practices.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Staff learnt from complaints together.
- Proactive home visits by a nurse practitioner were provided to older vulnerable patients for review of their chronic diseases.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Proactive home visits by a nurse practitioner were provided to older vulnerable patients for review of their chronic diseases.
- The practice refers patients to local community groups to support socially-isolated patients.

Requires improvement



People with long term conditions

The provider was rated requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators in 2014/15 was worse than the CCG and national average. For example;
 - The percentage of patients with diabetes whose cholesterol was well controlled was 70% compared to the national average of 81%.
- The practice rate of exception reporting for diabetes was below the national averages in 2014/15 (5%, compared to 11%). 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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being

Requires improvement



Summary of findings

met and produce a care plan. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- However, not all of the care plans we saw were appropriately personalised to the individual patients.

Families, children and young people

The provider was rated requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance in some mental health related indicators in 2014/15 was worse than the CCG and national average.
 - 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
 - 53% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, compared with a national average of 89%.
 - The practice's rate of exception reporting (patients not counted in the performance figures) was considerably lower than national average (3%, compared to 11%) and the practice had a structured plan in place to improve their performance.
- Staff had a good understanding of how to support patients with mental health needs and dementia. A counsellor provided sessions at the practice. The practice had negotiated for these to be provided free of charge to practice patients, in exchange for rent-free use of the premises.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. Three hundred and seventy two survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list. The results showed the practice was performing below local and national averages.

- 47% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 54% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 72% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 66% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

The practice used the 'Friends and Family' test. Between July 2015 and February 2016 the practice received 689 responses. In the 'Friends and Family' test patients are asked how likely they are to recommend the practice. Three-hundred and twenty-four people said that this was extremely likely, 131 said it was likely, and 39 neither

likely nor unlikely. One hundred and eleven people said that they would be unlikely to recommend the practice and 82 said it was extremely unlikely. Two said that they did not know.

As part of our inspection we asked for CQC comment cards to be completed by patients. We received 23 completed cards. Ten cards had only positive comments about the standard of care received. Nine cards contained mixed feedback, positive about most aspects of care received but were negative about telephone access and appointment availability, reception staff or individual experiences with doctors not showing dignity and respect. Four comment cards had only negative feedback: about customer service and access, the practice being always very busy and a doctor not showing empathy and respect.

We spoke with eight patients during the inspection, including three members of the patient participation group. All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring. Three patients said that it can be difficult to get an appointment, but all of the patients we spoke to felt that access by telephone and appointment access was improving.

Wells Park Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Wells Park Practice

Wells Park Practice is an established GP practice in Sydenham, a suburban area of south-east London. The area is well-served by public transport, and there is parking available. The practice provides GP services under a Personal Medical Services contract. They are registered to carry out family planning, maternity and midwifery services, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.

There are four GP partners (three male and one female), four salaried GPs (two male and two female). Some of the GPs work part-time. The working hours added together equate to just over seven full time roles (whole-time-equivalents). Full time doctors work eight sessions per week. The practice has 57 GP sessions per week.

The (all female) nursing team is made up of three practice nurses and two health care assistants. They all work part-time, with all of the nursing hours adding up to just fewer than two whole-time-equivalents.

The practice trains junior doctors as GPs, and takes nurse practitioners and nursing students for placements. The practice also train apprentices.

Reception is open from 8am to 6.30pm Monday to Friday, and offers extended hours (booked appointments only) on

Mondays from 7am to 8am, on Tuesdays 6.30pm to 8.00pm and 8.30 am to 12.00pm on the 2nd Saturday of every month. Outside of these hours, patients are directed to call SELDOC, a co-operative that provides out-of-hours GP care.

The practice has approximately 11600 patients. Compared to other practices in England, the practice has more patients aged up to 14 and people aged 25 – 49. There is a smaller proportion of patients aged 15 – 25 and aged over 50 than at other practices in England.

Life expectancy of patients is in line with the local and national averages. The practice population scores highly on national measures of deprivation: 3rd most deprived decile, high on measures of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed and have a long-standing health condition.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Detailed findings

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 17 March 2016. During our visit we:

- Spoke with GPs, a practice nurse, a health care assistant, members of the administration team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Safety incidents were discussed at practice meetings, with all staff involved in discussing what happened and actions to improve safety in the practice. For example, after a patient's outstanding test results were not followed up as a member of staff was on leave; the practice introduced a new system to manage results administration.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. Nurses were trained to Safeguarding level 2 and other staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and

Barring Service check (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). Not all of the staff acting as chaperones understood where chaperones should stand and so might not have been able to fully perform the role.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse specialist was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit was undertaken in March 2016 and we saw evidence that action was taken to address any improvements identified as a result.
- Staff told us that they checked the cleanliness of clinical rooms and other spaces when checking notice boards, every few weeks. We saw notes of meetings with the cleaning company where any issues identified were fed back.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and met regularly with local dispensing pharmacists to ensure prescribing was in line with best practice guidelines for safe prescribing. There was a robust system for repeat prescribing. Every day the prescribing clerk and the duty GP met to discuss any correspondence and queries. The prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- The practice nurse managed a failsafe system to ensure results were received for all samples she took for the cervical screening programme. Monitoring of results for samples taken by GPs was less systematic, with no central records of all samples taken to ensure that results were received. The practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- 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 fit for use.
- The medicines were arranged in bags labelled with the diagnosis, so that they could be accessed quickly and easily when needed.
- There was not a separate set of emergency medicines for doctors to take when visiting patients at home. Doctors took emergency medicines from the practice supply according to the patient's reported symptoms. There was enough of each medicine that doctors could take what they felt necessary and there still be a full set in the practice.
- The practice had a comprehensive and detailed business continuity plan in place 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

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (from 2014/15) were 83% of the total number of points available. This is lower than the local and national averages (93% and 95%). The practice told us that their below average performance was due to staffing issues that are now resolved.

The last published results showed:

- Performance for diabetes related indicators was worse than the CCG and national average. For example;
 - The percentage of patients with diabetes whose cholesterol was well controlled was 70% compared to the national average of 81%.
 - 70% of patients with diabetes received a flu vaccination, compared to the national average of 94%.
 - The practice exception reporting for diabetes was below the national averages (5%, compared to 11%). 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.

- We reviewed eight patient records. All of the care plans were comprehensive and well-recorded. However, three care plans were not fully personalised to reflect the individual patient.
- The percentage of patients with hypertension who blood pressure was well managed was worse than the national averages (74% compared to 83%). The practice rate of exception reporting was lower than other practices (2% compared to 4% nationally).
- Performance for mental health related indicators was worse than the CCG and national average. For example, only 53% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, compared with a national average of 89%. The practice rate of exception reporting was considerably lower than national average (3%, compared to 11%).

The practice created and followed a structured action plan with the aim of improving QOF results for 2015/16. For example, in 2014/15 only four (of the twenty-three patients) had a review of their care. In 2015/16, twenty patients with learning difficulties had their care reviewed. However, the practice believed that their performance in other areas, including diabetes and mental health, would still be below average.

The practice ran a successful smoking cessation programme in 2015, with 75% of patients quitting successfully (12 patients, 9 quit).

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, all four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and benchmarking.
- Findings were used by the practice to improve patient care. For example, an audit of antibiotic prescribing found that only 40% of prescriptions (23 out of 58) were in line with local guidance. Overuse of broad spectrum antibiotics makes them less effective. The practice provided training for GPs and ensured that every GP had easy access to the guidelines. When the audit was repeated a few months later, 86% of prescriptions (43 out of 50) were in line with local guidelines. The practice

Are services effective?

(for example, treatment is effective)

planned further action to reduce incorrect prescribing (by, for example, carrying out reviews of patients with access to broad spectrum antibiotics on repeat prescription) and to repeat the audit in a year.

- The practice also completed audits of their records to make sure that coding was accurate and that patients were on the correct treatment, for example, to check that all patients recorded as having dementia were on appropriate medicine.

Effective staffing

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

- Until mid-2014, the practice had a number of vacant posts. There was no practice manager for two years and they experienced long term sickness absence. A practice manager was appointed as a locum in July 2014 and permanently in January 2015. The practice felt stable management had improved sickness absence rates.
- We were informed that when the nurse practitioner had resigned, rather than recruit another nurse practitioner the practice reviewed the skill mix of their existing nursing team and provided the nurses and health care assistants with additional training so that they could take on new roles in caring for patients. The practice informed us that they were about to recruit a pharmacist to support patients with chronic conditions.
- The practice had an induction programme for all newly appointed staff. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Patients had procedures, including minor surgery, explained to them and their consent was recorded in

Are services effective?

(for example, treatment is effective)

the notes. 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then offered or signposted to the relevant service.
- The practice provided smoking cessation advice and a drug and alcohol addiction service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were generally in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 20% to 92% and five year olds from 74% to 96%. Local rates for immunising under two year olds ranged from 10% to 95% and five year olds from 71% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 23 Care Quality Commission comment cards completed by patients. Most were positive about the standard of care received and said that staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff generally 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 generally in line with other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 76% said the GP was good at giving them enough time (CCG average 83%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 80% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

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:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 94% and national average of 95%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%)
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%)
- 89% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 87%, national average 90%).

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 on the comment cards we received was also generally positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw leaflets in reception 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 support, both with the practice and from local support groups and organisations.

Are services caring?

A counsellor also provided sessions at the practice. The practice had negotiated for these to be provided free of charge to practice patients, in exchange for rent-free use of the premises.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 211 patients, (2% of the practice list) as carers. The practice sent carers on the register written information about support mechanisms and offered referral to support services.

Staff told us that if families had suffered bereavement, their usual GP generally contacted them or sent them a sympathy card. This call was either followed by a patient consultation and/or by giving them advice on support services. Bereavement counselling was available at the practice once a fortnight.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided a drug detox service, minor surgery and emergency contraceptive coil fittings for their own patients and those from other practices in the area. A hip and knee service had been introduced to improve the treatment of patients with osteoarthritis and reduce the number of patients needing to attend hospital for treatment.

- The practice offered appointments on Mondays from 7am to 8am, on Tuesdays 6.30pm to 8.00pm and 8.30 am to 12.00pm on the 2nd Saturday of every month, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The nurse practitioner offered proactive six-monthly home visits of older vulnerable patients to review their chronic diseases.
- The practice referred patients to local community groups to support socially-isolated patients.
- Reception staff had dementia awareness training so that they could better support patients with dementia.
- The practice provided accommodation for an acupuncture and osteopathy service, that had previously been funded by the NHS. There is no more NHS funding for acupuncture and osteopathy, however NHS patients using the service received a discount and the service administers a charitable fund for those on low incomes.

- There were disabled facilities, a hearing loop and translation services available. A lift allowed patients with disabilities and parents with young children access to all floors.

Access to the service

Reception was open from 8am to 6.30pm Monday to Friday, and offered extended hours (booked appointments only) on Mondays from 7am to 8am, on Tuesdays 6:30pm to 8:00pm and 8:30 am to 12:00 noon on the second Saturday of every month. Outside of these hours, patients were directed to call SELDOC, a co-operative that provided out-of-hours GP care.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the last national GP patient survey (published January 2016) showed that patient satisfaction with how they could access care and treatment was generally below local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 78%.
- 47% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 13% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).

The practice took action in response to these concerns. A new telephone system was installed, so that eight members of staff could answer calls. The practice also set up an email address that is published on the practice website and in reception for patients to use for any queries or issues, including appointments. Approximately 30 patients a week used this method of communication. The new telephone system provided 'real time' data on the number of patients calling, and having their calls answered. The practice were using this to monitor patient access and confirm sustained improvement.

The appointment system was changed to increase the number of appointments available on the same day.

Are services responsive to people's needs?

(for example, to feedback?)

We spoke with eight patients on the day of the inspection (including three members of the patient participation group). They told us that the service was improving, and that it was becoming easier to get through by telephone and make an appointment. Patients on the day told us that they were generally able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster in reception and a summary of the complaints policy on the practice website.

The practice received fifteen complaints in the last 12 months. We looked at six complaints and found these were satisfactorily handled, 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. For example, reception staff have been given customer service training after complaints about interactions between reception staff and patients.

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.

- Staff knew and understood the practice 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 clear and well documented governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- The practice was involved in research. One of the GPs had co-written a paper on patient and clinician views on the quality of foot health care for rheumatoid arthritis patients.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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.
- The practice involved all members of staff in recruitment processes.
- The practice worked collaboratively with other practices in their neighbourhood and the CCG. For example, by sharing a healthcare assistant with a neighbouring practice through an agreed SLA. The practice also organised health and safety training for 20 practice managers in Lewisham.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

Are services well-led?

Good 

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

- The PPG was active; met regularly and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the practice share details of the improvements in access and appointment availability through a local online forum. The practice also published a newsletter on their website and copies were available in the practice and were sent to patients by post.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice worked with the Health Innovation Network to set up a hip and knee pain service, which was being rolled out to other local practices.

The practice took opportunities to develop their staff. A system of duty receptionist was introduced to allow all reception staff to all learn new skills, and the practice had trained a member of staff who had worked on reception as a health care assistant.