

Fairfield PMS

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fairfield PMS on 31 May 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.
 - The provider was aware of and complied with the requirements of the duty of candour.
- 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.
- Risks to patients were well assessed and well managed in most areas. Some staff members had not received fire safety training but this training was received shortly after our inspection.
- Policies and risk assessments were implemented and available to all staff, but some had not been completed appropriately.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a programme of continuous audit including clinical audits where improvements had been made to patients' outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider should make improvement are:

Summary of findings

- Ensure all policies are updated and risk assessments are completed appropriately, and ensure new staff inductions include fire safety procedures.
- Ensure chaperones follow the practice's chaperone policy by recording their actions on patients' records.
- Continuously monitor patient feedback and make improvements, particularly in relation to accessing appointments, and ensure translation services available are advertised in a format patients can understand.
- Continuously monitor Quality and Outcomes Framework performance and make improvements.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed in most areas but some risk assessments had not been completed appropriately, and six members of staff had not received fire safety training; this training was received shortly after the inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed that patient outcomes in 2014/2015 were in line with or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, but we saw an instance where consent had not been appropriately recorded.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in January 2016 showed patients rated the practice above others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible; however there was no information advertised for translation services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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. For example, they participated in Greenwich CCG's Year of Care scheme to improve the diagnosis and management of patients with chronic obstructive pulmonary disease, diabetes, heart failure and hypertension.
- Although urgent appointments were available, patients told us they found it difficult to make same day appointments.
- Appointments were available with a named GP and there was continuity of care.
- 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. Evidence showed the practice responded quickly to issues raised, and learning from complaints was shared with staff and other stakeholders.

Good



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 patient-focused care. All staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity but some had not been completed appropriately.
- The practice held regular governance and clinical 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 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.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally published data showed that outcomes for patients with conditions commonly found in older people was in line with the local Clinical Commissioning Group (CCG) and national averages. For example, 82% of patients with hypertension had well controlled blood pressure in the previous 12 months (CCG average 81%, national average 84%).

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A GP was the practice's cancer lead. The practice had created a read codes to highlight patients undergoing chemotherapy or radiotherapy, and they contacted patients within two weeks of an initial cancer diagnosis to offer them support.
- The practice ran diabetes clinics during the Ramadan season for Muslim patients with diabetes, and reduced their medicine doses where possible to avoid adverse reactions such as incidences of fainting while fasting.
- Performance for indicators related to diabetes were in line with or above the national average. For example, in the previous 12 months 85% of patients with diabetes had well-controlled blood sugar (national average 78%), and 81% had well-controlled blood pressure (national average 78%).
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and most had received a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- 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 Accident and Emergency attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 80% of women aged 25 to 64 years had a cervical screening test in the previous five years. This was in line with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors who had an office on-site, and midwives.

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



- 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 offered extended hours appointments every other Saturday and three evenings a week for patients who were unable to attend during normal opening hours.
- The practice was proactive in offering online services such as appointment booking and repeat prescription ordering.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.

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 had spearheaded the Amber Project in 2014 to identify and assist patients, and their children, who suffered domestic violence. The project was de-commissioned in 2016 before our inspection, but the practice told us they continued to apply the principles of the project to their clinical work in order to provide continuous support for these patients. Sixty-six patients had been referred to the project during its existence.

Summary of findings

- The practice had responded to feedback from patients suffering domestic violence by providing support contact details on small discrete pieces of paper which could be easily hidden.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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 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.

People experiencing poor mental health (including people with dementia)

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

- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their record in the previous 12 months. This was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was mostly performing in line with local Clinical Commissioning Group (CCG) and national averages. Three hundred and sixty-six survey forms were distributed and 123 were returned. This represented approximately 1% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone (CCG average 73%, national average 73%).
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 70%, national average of 76%).
- 83% of patients described the overall experience of this GP practice as good (CCG average 81%, national average 85%).
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 75%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, the majority of which were positive about the standard of care received. Patients commented that they found staff to be helpful, friendly and caring. There were two comments regarding difficulties getting appointments and two regarding dissatisfaction with the attitude of reception staff on occasions.

We spoke with six patients during the inspection. The majority of these patients said they were satisfied with the care they received. Most of them thought staff were approachable, committed and caring, but two expressed dissatisfaction with the attitude of receptionists on occasions. They all described persistent difficulties booking same day appointments early in the morning.

Results from the practice's April 2016 friends and family test showed that 88% of the practice's patients were likely or extremely likely to recommend the practice to a friend or family member, 8% were unlikely or extremely unlikely to, and 4% were neither likely nor unlikely to do so.

Fairfield PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Fairfield PMS

The practice operates from one site in Charlton, London. It is one of 42 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 10,446 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include dementia, improving patient online access, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, rotavirus and shingles immunisation, and unplanned admissions.

The practice has an above average population of male and female patients aged from birth to 15 years and from 25 to 44 years. Income deprivation levels affecting children and adults registered at the practice are above the national average.

The clinical team includes three male and two female GP partners. The GPs provide a combined total of 36 fixed

sessions per week. There is a female health care assistant, a female practice nurse, a female nurse practitioner, and a female advanced nurse practitioner. There are two female locum practice nurses providing cover for a female practice nurse who is on maternity leave. The clinical team is supported by a practice manager, a deputy practice manager, eight receptionists, two administrative staff and a secretary.

The practice is open from 8.00am to 6.30pm Monday to Friday and from 9.00am to 12.30pm every alternate Saturday. It is closed on bank holidays and weekends. Appointments with GPs are available from 8.30am to 12.30pm and from 3.00pm to 6.30pm. Appointments with nurses are available from 8.40am to 12.30am and from 2.30pm to 5.00pm. Appointments with nurse practitioners are available from 9.00am to 1.00pm and from 2.30pm to 5.30pm. Extended hours are available one day a week (on rotation between Tuesdays, Wednesdays and Thursdays) from 6.30pm to 7.00pm.

The premises operates over two floors of a purpose built building. There are eight consulting rooms, four treatment rooms, and five clinical rooms which are used by external health professionals such as health visitors, midwives, podiatrists and a tissue viability nurse. There is a waiting/reception area, six administrative rooms, a meeting room, a teaching room, a staff room and three kitchens. There is wheelchair access throughout the ground floor, disabled parking and baby changing facilities available.

The practice directs patients needing urgent care out of normal hours to contact the OOH number 111 which diverts patients to a local contracted OOH service or Accident and Emergency, depending on the urgency of the patient's medical concerns.

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 31 May 2016.

During our visit we:

- Spoke with a range of staff including the health care assistant, practice manager, deputy practice manager, GP, a member of reception/administration staff and a practice nurse.
- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident involving a young patient who attended the practice with unexplained bruising was referred to the appropriate services. The case was discussed with practice staff to share learning from the incident.

Overview of safety systems and processes

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

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

GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3, nurses were trained to level 2 or 3 and non-clinical staff were trained to level 1.

- 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). However, chaperones did not record when they chaperoned on patients' records, as required by the practice's chaperone policy.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Health Care Assistant 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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 in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines

Are services safe?

in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a GP (PSDs are the written instructions, signed by a doctor or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were mostly well assessed and well managed but there were some areas for improvement.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, servicing of fire safety equipment and tests of fire alarm systems. Six members of staff had not received fire safety training but this training was received shortly after our inspection.
- 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). 'Action by' and 'assessed by' dates, and dates for completion on two risk assessments had not been filled in.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a cover 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 in place to respond to emergencies and major incidents.

- There were panic buttons in all the consultation and treatment rooms, and a telephone emergency paging system in every room, which alerted staff to any emergency.
- All staff received annual basic life support training.
- 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 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and internal audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available; this was in line with the national average of 95%.

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for mental health related indicators was above the national average. For example, in the previous 12 months, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed plan in their records (national average 88%).
- Performance for asthma related indicators was below the national average. For example, in the previous 12 months, 63% of patients with asthma had an asthma review that included an assessment of asthma control (national average 75%). The practice told us they were aware of this, and they had provided further training in December 2015 for their health care assistant on using peak flow meters on patients and demonstrating the use of multi-dose inhalers. The GPs had started using a

management plan for patients with asthma to improve self-management of their condition. At the time of our inspection, the practice had not assessed the impact of these changes on outcomes for patients.

- Performance for diabetes related indicators was in line with the national average. For example, in the previous 12 months 81% of patients with diabetes had well controlled blood pressure (national average 78%), and 85% had well-controlled blood sugar (national average 78%).
- Performance for dementia related indicators was in line with the national average. For example, in the previous 12 months 88% of patients with dementia had a face-to-face review of their care (national average 84%).

There was evidence of quality improvement including clinical audits.

- There had been 10 clinical audits completed in the last two years, seven of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the first cycle of an audit conducted on elbow steroid injections identified that 22% of patients in the audit were receiving steroid treatment which was not in line with guidelines. The practice implemented a protocol to avoid the use of steroids as the first line of treatment for such patients. The second cycle of the audit showed that 76% of patients in the audit were being receiving steroid treatment in line with guidelines and in accordance with the practice's protocol. The remaining patients had a documented reason as to why they could not be managed in line with the new protocol. The audit was discussed with clinical staff in order to share learning.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

Staff had the skills, knowledge and experience 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, health and safety and confidentiality. It did not cover fire safety.

Are services effective?

(for example, treatment is effective)

- 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 accessing online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training; they received training that included: safeguarding, basic life support, information governance and infection control. Most staff had received fire safety training and the remaining outstanding training was received shortly after our inspection.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- 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.

- Patients receiving end of life care, carers, those at risk of developing a long-term condition.
- Those requiring alcohol/substance misuse cessation were referred to a local service.
- A dietician attended the practice once a week to assist patients requiring diet and weight management advice.
- The practice's health care assistant provided smoking cessation advice and had won the Top Smoking cessation advisor awarded from the Greenwich Smoking Cessation Service every year from 2012 to 2015.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.

- There was a policy to offer telephone, text and letter reminders for patients before their appointment for cervical screening, but they also sent reminder letters to patients who did not attend for their cervical screening test.
- The practice ensured a female sample taker was available.

Are services effective?

(for example, treatment is effective)

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- They also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. The practice sent patients text reminders to attend bowel screening appointments.

Childhood immunisation rates for the vaccinations given to children aged under two years ranged from 68 to 70%, and for five year olds from 74% to 100%.

Patients had access to appropriate health assessments and checks. 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 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.

The majority of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including a member of the practice's Patient Participation Group. The majority told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Two patients expressed dissatisfaction with the attitude of receptionists on occasions.

Results from the national GP patient survey published on 7 January 2016 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:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 85% and the national average of 89%.
- 89% of patients said the GP gave them enough time (CCG average 81%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).
- 91% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published on 7 January 2016 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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 81%, national average 86%).
- 89% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, national average 85%).

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

- Staff told us that translation services were available for patients who did not speak or understand English, but there were no notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice identified carers on their new patient registration form, and the practice's computer system alerted GPs if a patient was also a carer. The practice had

identified 38 patients as carers (0.4% of the practice list. Carers were referred to a local carers support group, and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 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. For example, they participated in Greenwich CCG's Year Of Care scheme to improve the diagnosis and management of patients with chronic obstructive pulmonary disease, diabetes, heart failure and hypertension. All the GPs, a nurse, a health care assistant and two administrative staff had received the Year Of Care training on managing patients with these diseases, and involving these patients in their care.

A GP was the lead for cancer care. The practice had created a read code to highlight patients undergoing chemotherapy and radiotherapy; the practice contacted these patients within two weeks of their initial diagnosis and contacted them to check on their well-being.

- The practice offered a 'Commuter's Clinic' one evening a week until 7.00pm for working patients who were not able to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and other patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were baby changing facilities available.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available, although translation services were not advertised.
- The practice had identified groups of female patients who were at risk of, or suffering, domestic violence. They liaised with a large children's charity and set up the Amber project in 2014 to help clinical staff identify domestic violence against women, and any associated behavioural problems in their children at an early stage,

in order that the necessary interventions could be provided quickly before the problems worsened. This project was commissioned in other GP practices throughout the borough of Greenwich, and the practice told us approximately 66 of their patients had been helped via the project. The project was de-commissioned due to a lack of funding in 2016 but the practice told us they continued to apply the principles of the project in their daily clinical work in order to provide on-going support for these patients.

- Following feedback from patients who had suffered domestic violence who had requested more discrete information regarding avenues of support available to them, the practice created very small papers containing helpline contact details which could be easily hidden.
- The practice ran diabetes clinics during the Ramadan season for Muslim patients with diabetes, and reduced their medicine doses where possible to avoid adverse reactions such as incidences of fainting while fasting.

Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday and from 9.00am to 12.30am every alternate Saturday. It was closed on bank holidays and weekends. Appointments with GPs were available from 8.30am to 12.30pm and from 3.00pm to 6.30pm. Appointments with nurses were available from 8.40am to 12.30am and from 2.30pm to 5.00pm. Appointments with nurse practitioners were available from 9.00am to 1.00pm and from 2.30pm to 5.30pm. Extended hours were available one day a week (on rotation between Tuesdays, Wednesdays and Thursdays) from 6.30pm to 7.00pm.

Appointments could be pre-booked up to four weeks in advance and daily urgent appointments were available.

Results from the national GP patient survey published on 7 January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local Clinical Commissioning Group (CCG) and national averages.

- 77% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 78%).
- 67% of patients said they could get through easily to the practice by phone (CCG average 73%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were able to get an appointment to see a GP or nurse the last time they tried (CCG average 70%, national average 76%).

All of the six patients we spoke with told us they were able to get booked appointments but five of them described persistent difficulties booking same day appointments early in the morning.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that a complaints leaflet was available to help patients understand the complaints system.

We looked at five complaints received in the previous 12 months and found they were satisfactorily handled. 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. For example, a complaint regarding dissatisfaction with the attitude of a staff member resulted in an investigation of the complaint with the staff member involved, and a written apology to the patient with an explanation of the outcome of the investigation.

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 and staff we spoke with knew and understood the values.
- The practice had a robust strategy but there were no documented supporting business plans to ensure the vision and values were regularly monitored. GPs at the practice had begun training to enable the practice to become a training practice for doctors in their final year of GP training.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, chaperones were not following the practice's chaperone policy which stated that they should document their actions on the patients' records.
- Practice specific policies were implemented and were available to all staff; however, the health and safety and confidentiality policies had not been updated since 2012, and the significant event policy did not contain a date for review. Risk assessments such as for control of substances hazardous to health and infection control had not been completed appropriately; 'action by' and 'assessed by' dates and dates for completion of the risk assessment had not been filled in.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but some improvements were needed; six staff members had not received fire safety training. However, this training was received shortly after our inspection.

Leadership and culture

On the day of inspection the partners and managers in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and managers were approachable and always took the time to listen to them.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through its 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. For example, as a response to feedback from its PPG, the practice improved awareness of online services that were available through its website, and installed a health promotion trolley in the waiting area, with various information leaflets on maintaining a healthy lifestyle. They had also responded to concerns from patients regarding confidentiality at the reception desk, by installing a sign for patients to queue away from the reception desk, and another informing patients that a private room was available, to improve privacy.
- The practice had gathered feedback from staff through annual staff surveys, staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; they told us they felt involved and engaged to improve how the practice was run.
- Following feedback received from staff, the practice leaders allocated quiet time for receptionists to manage prescriptions away from the reception desk, so that this task could be completed without interruptions from people at the reception desk.