

St Mary Cray Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 St Mary Cray Practice on 19 July 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for most indicators were comparable to the local and national averages.
- Uptake rates for cervical, bowel and breast cancer screening were below the local and national average. The practice were aware of this and were actively encouraging uptake of screening services.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect. Satisfaction rates regarding some aspects of consultations with GPs were lower than the local and national average. However, feedback from patients we interviewed was positive.
- Information about services and how to complain was available to patients. Improvements were made to the quality of care as a result of complaints, concerns and suggestions.
- Patients we spoke with said they were always able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients which it acted on.
- The provider was aware of the requirements of the duty of candour. Documentation we reviewed showed the practice complied with these requirements.

Summary of findings

The areas where the provider should make improvements are:

- The provider should continue to monitor and work towards improving patient satisfaction regarding consultations with the GP.
- The provider should continue to work towards increasing the immunisation rates for all standard childhood immunisations.
- The provider should continue to actively encourage patients to participate in screening programmes for cervical, bowel and breast cancer.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice.
- When things went wrong, patients were informed as soon as practicable, received reasonable support, truthful information and a written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for most indicators were comparable to or above the local and national averages.
- The overall clinical Exception Reporting rate was comparable to or below the local and national average.
- The practice carried out annual reviews for patients with long term conditions.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other relevant services.

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 comparable to others for most aspects of care. The

Summary of findings

survey showed that patients felt they were treated with compassion, dignity and respect but did not always feel that the GP involved them in decisions about their care and treatment.

- Responses from the 39 CQC comment cards we received and from discussions with patients were all positive about the care they received.
- Information for patients about the services available was easily accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients we spoke with said they were always able to make an appointment with a named GP when they required one and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff at meetings.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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 care and promote good outcomes for patients. Staff 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence that the practice complied with these requirements.
- The provider encouraged a culture of openness and honesty. The practice had systems for identifying and investigating safety incidents, sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice actively engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff were supported and encouraged to attend training and develop their role.

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 personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Staff were able to recognise the signs of abuse in patients and knew how to escalate any concerns.
- Housebound patients were able to request repeat prescriptions by telephone.
- The practice identified patients who may need palliative care as they were approaching the end of life. Patients were involved in planning and making decisions about their care.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- The GPs and Practice Nurse worked collaboratively in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority and the practice followed up patients with long-term conditions discharged from hospital.
- Quality and Outcomes Framework (QOF) performance rates for all long-term conditions were comparable to local and national averages.
- There was a system in place to recall patients for a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice was part of the

Summary of findings

local vulnerable patient scheme aimed at identifying the most vulnerable patients and working with primary and secondary care providers to deliver an enhanced level of service to these patients.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates for standard childhood immunisations were below the national average but the practice were actively addressing this. Recent data showed an increase in immunisation rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors through the provision of ante-natal, post-natal and child health services.
- The practice had prioritisation protocols for children and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available with the GP to 6.30pm on two evenings and to 7.45pm on one evening a week.
- The practice had access to appointments with the local Primary Care Access Hub between 4pm and 8pm Monday to Friday and between 8am and 8pm Saturdays and Sundays.
- The practice was proactive in offering online services.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

Good



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



Summary of findings

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and those who required them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

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).

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local average of 82% and national average of 84%.
- 96% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 83% and national average of 89%.
- The exception reporting rates for indicators related to poor mental health were below the local and national average.
- The practice reviewed the physical health needs of patients with poor mental health and dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- For patients experiencing poor mental health the practice had information available regarding how to access local support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they had been experiencing poor mental health.
- Staff we interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with the local clinical commissioning group (CCG) and national averages in most areas.

288 survey forms were distributed and 109 were returned. This represented a response rate of 38% (4.7% of the practice's patient list).

- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 69% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 78% and national average of 77%.
- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and national average of 71%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 84%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients described the service received as excellent and commented that staff were friendly and caring and that patients were always treated with courtesy and respect.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- April 2017(8 responses) – 75% of patients were likely to recommend the practice.
- May 2017(8 responses) – 100% of patients were likely to recommend the practice.
- June 2017(9 responses) – 89% of patients were likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should continue to monitor and work towards improving patient satisfaction regarding consultations with the GP.
- The provider should continue to work towards increasing the immunisation rates for all standard childhood immunisations.
- The provider should continue to actively encourage patients to participate in screening programmes for cervical, bowel and breast cancer.

St Mary Cray Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector accompanied by a GP Specialist Adviser and an Expert by Experience.

Background to St Mary Cray Practice

The St Mary Cray Practice is located in the High Street, St Mary Cray, Orpington, in the London Borough of Bromley. The area is mainly residential with some industrial premises nearby. The premises is close to rail stations and bus routes with on-road parking close to the surgery. The practice is located in rented accommodation converted for use as a surgery on the ground floor and a dental practice on the first floor. The two services share the entrance door and corridor only.

The St Mary Cray Practice is based on the ground floor of the premises. The facilities include the reception area, a large separate waiting room, two GP consultation rooms, one nurse treatment room, a spare treatment/consultation room for use as required, two administration rooms and the reception/administration area.

The service operates under a General Medical Services contract providing services to 2305 registered patients. Bromley Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality. There are a large number of small GP surgeries in the vicinity (six surgeries within a radius of 0.5 miles).

The practice is currently registered with the CQC as a Partnership of two partners. One partner joined the practice in 1989 and the other in 2015.

The provider is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

Clinical services are provided by the two female GP partners (1.5 wte) and one Practice Nurse (0.3 wte).

Administrative services are provided by eight part-time members of staff including a Practice Manager (0.4 wte); Assistant Practice Manager (0.3 wte); Medical Records Summariser (0.2 wte), Medical Secretary/Receptionist (0.6 wte) and four reception staff (1.4 wte).

The reception desk is open from 8am to 12.30pm and 2.30pm to 6.30pm on Monday, Thursday and Friday and from 8am to 12.30pm and 2.30pm to 7.45pm on Tuesday. Between 12.30pm and 2.30pm when the reception is closed a recorded message on the surgery landline informs patients that the surgery is closed and will reopen at 2.30pm and that, if urgent medical attention is required the patient should call the mobile number given. The mobile number is activated at 12.30pm on these days when urgent calls are answered by the practice secretary or Practice Manager.

On Wednesday the surgery is open from 8am to 1pm only. At 1pm the answerphone message instructs patients that the surgery is closed but that if their call is urgent they can hold and their call will be automatically transferred to the out of hours service. The call is then directed to the out of hours number for the duty doctor. The Wednesday afternoon service is provided as a collaborative arrangement with another local GP.

Appointments are available with a GP from 9am to 12.30pm and 4pm to 6.30pm on Monday and Thursday; from 9am to 12.30 and 4pm to 7.45pm on Tuesday; from 9am to 12.30pm and 3.30pm to 6pm on Friday and from 9am to 12.30pm on Wednesday.

Detailed findings

In addition to GP appointments that can be booked up to one week in advance, urgent appointments are available on the same day for patients that need them.

Booked telephone consultations are available daily.

Appointments are available with the Practice Nurse on Monday from 8.30am to 10.30am and 4pm to 6.15pm and on Wednesday from 8.30am to 1pm. On alternate weeks appointments are also available on Thursday from 2.30pm to 5.30pm.

The practice can also access appointments with the local Primary Care Access Hub (The Bromley GP Alliance). The service is available between 4pm and 8pm Monday to Friday and between 8am and 8pm Saturday and Sunday.

When the surgery is closed urgent GP services are available via NHS 111.

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 information from other organisations to share what they knew. We carried out an announced visit on 19 July 2017.

During our visit we:

- Spoke with a range of staff including a GP partner, Practice Nurse, Practice Manager and reception/administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Reviewed a sample of patient records.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 used by CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice computer system. The incident reporting procedure supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documentation we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve services and to prevent the same thing happening again.
- We reviewed incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of all reported incidents.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an investigation and subsequent discussion at weekly clinical meetings, learning was shared with relevant staff by email. Learning from incidents was also discussed at the quarterly practice meetings attended by all staff.
- The practice regularly sent 'Quality Alerts' to the CCG informing them of any concerns identified that involved other service providers.
- The practice monitored trends in incidents annually and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the partners was the

lead for safeguarding children and adults. GPs attended safeguarding meetings and provided reports where necessary for other agencies. Heath Visitors attended the surgery for quarterly safeguarding children meetings. The practice notified local social services when new patients on a child protection plan registered with the practice.

- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- All practice staff had received training which enabled them to identify and refer patients to a domestic violence support worker.
- 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)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the GP partners was the infection prevention and control clinical lead for the practice, supported by the Practice Nurse and Practice Manager. Liaison was maintained with the local infection prevention team to keep up to date with best practice.
- There was an infection control policy 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, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were checked and signed before being issued and there was a process to ensure this occurred.

Are services safe?

- With the support of the local clinical commissioning group pharmacy team the practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe and efficient prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Blank prescriptions were removed from printers at the end of the day and stored in a locked cupboard.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer vaccines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

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

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out fire drills once a year. There were designated fire marshals within the practice that carried out weekly fire assessment checks. There were fire evacuation instructions which identified how staff could support patients to vacate the premises.

- All electrical and clinical equipment was checked and calibrated annually to ensure it was safe to use and was in good working order.
- The practice had undertaken other necessary risk assessments to monitor safety of the premises such as control of substances hazardous to health, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure sufficient staff were on duty to meet the needs of patients and all staff covered absence for colleagues.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all computers which alerted staff to an emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. An accident book was available in reception and first aid supplies available in the treatment room.
- 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 business continuity plan for major incidents such as power failure or building damage. The plan included all emergency contact numbers for utilities and staff members. It identified a local GP practice for temporary relocation if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 used by the CQC (2015/16) showed that the practice achieved 98% of the total number of points available compared to a Clinical Commissioning Group (CCG) and national average of 95%.

The practice clinical exception reporting rate was 5% which was lower than the CCG average of 8% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice had implemented a recall process for the management of patients with long-term conditions. The GP partners and Practice Nurse worked collaboratively in the management and review of patients with long-term conditions.

This practice was not an outlier for any QOF clinical targets. Data from 2015/16 showed the practice performance was comparable to or above the local and national averages for all indicators. For example:

- Performance for diabetes related indicators of 93% was comparable to the CCG average of 89% and national average of 90%.

- Performance for mental health related indicators of 99% was above the CCG average of 90% and national average of 93%.

The exception reporting rate for both indicators was below the CCG and national average.

There was evidence of quality improvement including clinical audit. Five clinical audits had been carried out in the last two years. One of the audits we reviewed was carried out to assess the anticholinergic cognitive burden (ACB) scale of patients receiving treatment for dementia to quantify the risk of harm to those taking specific medicines. (Anticholinergic medicines are associated with an increased risk of cognitive impairment, falls and delirium.) A score of three or more is significant, but risks are thought to increase further with higher scores.

- The results showed that all the patients on the dementia register had an ACB score of less than three and therefore no changes were made. The two patients with a score of two were stable and therefore medication was not altered so as not to interfere with their stable condition.
- A second cycle of the audit was carried out eight months later using a revised ACB score chart. The revised chart based scores on cognitive burden rather than just an anti-cholinergic burden. One patient had an ACB score of 3.

The findings were discussed at the clinical governance meeting and it was agreed that the practice would regularly review the ABC score for patients with dementia, including those patients receiving management of their condition by other agencies, to ensure scores remained within safe levels.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse reviewing patients with long-term conditions had received additional training for this role.

Are services effective?

(for example, treatment is effective)

- The practice nurse administered vaccines and took samples for the cervical screening programme for which she had received specific training including an assessment of competence. She could demonstrate how she stayed up to date with changes to the immunisation programme, for example by access to online resources and discussion at clinical meetings and peer support meetings.
- The learning needs of staff were identified through a system of annual appraisals, staff meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the previous 12 months.
- Staff received regular training updates that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Visiting speakers were also arranged for staff meetings.

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 patient record system and practice shared drive system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documents we reviewed we found that 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 to, or after they were discharged from, hospital. With patients' consent, information was shared between services using a shared care record.

The practice held and minuted a range of multi-disciplinary meetings including three-monthly meetings with members of the palliative care team to monitor vulnerable patients

and quarterly meetings with health visitors to monitor vulnerable families and safeguarding concerns. Care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. All urgent two-week wait referrals were logged to ensure an appropriately timed appointment was received by the patient for all referrals submitted.

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. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice had identified in its patient population a higher than average obesity rate of 18.7% compared to the national average of 9.5%. All clinicians provided advice on diet where appropriate and carried out regular weight checks. With the consent of the patient, a referral was made to a weight loss group funded by the CCG, and their progress continued to be monitored by the surgery.

The practice's uptake for the cervical screening programme in 2015/16 was 71%, which was below the CCG average of 82% and the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by telephoning patients who did not

Are services effective?

(for example, treatment is effective)

attend to remind them of its importance. The practice ensured a female sample taker was available and there were systems in place to ensure results were received for all samples sent for testing and the practice followed up women who were referred as a result of abnormal results. A monthly audit was carried out to monitor the inadequate sample rate and to ensure a result was received for all samples sent for testing. The 2016/17 audit results of 120 samples sent for testing confirmed an inadequate sample rate of 8.4% (compared to the average rate of 10%) and identified 11 missing test results. These were all followed-up appropriately.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. The practice uptake rate for both bowel and breast cancer screening were below the local and national average. The practice were aware of this and were actively encouraging uptake of patients by sending a letter or text message to those patients who had failed to respond or failed to attend screening appointments.

Childhood immunisations were carried out in line with the national childhood vaccination programme. 2015/16

uptake rates for standard childhood vaccinations were below the national targets. The surgery was aware of this and monitored childhood immunisation rates on a monthly basis. A further invitation letter was sent as appropriate. The patient record system also alerted the clinician of children who are not up to date with their immunisations and they would therefore remind parents of this opportunistically. The Assistant Practice Manager also identified children due for their immunisation and sent out letters, prior to the due date, to all parents or guardians to remind them of the importance of immunising their child. Where immunisations were behind schedule discussions took place with the health visitor at the six monthly meetings to inform them of this. Recent monthly data showed an improvement in uptake rates.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Both GPs and the practice nurse were female. Male patients did not have the option of being treated by a clinician of the same sex. However, the partners had an arrangement with a local male GP who would undertake consultations with male patients if required.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the most recently published national GP patient survey, July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice was below the clinical commissioning group (CCG) and national average for its satisfaction scores on some aspects of consultations with GPs but comparable to the CCG and national average for consultations with nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.

- 80% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared to the CCG and national average of 91%.
- 92% of patients said the last nurse they spoke to gave them enough time compared to the CCG average of 91% and national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of the inspection 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.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were not always in line with local and national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

Are services caring?

- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice were aware of the need to improve patient satisfaction for consultations with the GP and were actively addressing this. An in-house survey had been undertaken recently to see if the improvements made were reflected in current patient experiences. Of the 43 responses received – all patients responded that they felt they had been listened to; had understood the explanation of their tests or treatment; felt involved in the decisions about their care and were treated with care and concern.

The practice provided facilities to help patients become involved in decisions about their care such as interpreting services for patients who did not have English as a first language. There were notices in the reception and waiting areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (1.8% of the practice list). New patients were asked to confirm if they were a carer. Written information was available to direct carers to the various avenues of support available to them and they were offered timely and appropriate support.

If families had experienced bereavement, the family were contacted. A patient consultation was offered at a flexible time and location to meet the family's needs and advice given on how to find a support service if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Tuesday evenings until 7.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability if required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. As part of their wider treatment and care planning there were early and ongoing conversations with these patients and the teams supporting them about end of life care.
- Same day appointments were available for children and those patients with medical problems that require a same day consultation.
- Interpreting services were available for patients who required it.
- Patients were able to receive travel vaccines available on the NHS. For vaccines only available privately, patients were signposted to other clinics.
- The practice had introduced the electronic prescription service (EPS) in 2016 and now produced 81% of repeat prescriptions using the service.
- Housebound patients were allowed to order repeat prescriptions by telephone. To minimise the risk involved in telephone requests a form had been developed for reception staff to record the request and this was checked by the GP before the repeat prescription was produced. This was in addition to the final check and signing of the repeat prescription by the GP.
- The surgery offered an ECG service on the premises for patients and hosted an audiology service, including ear irrigation, provided by an external agency.

There were facilities available for patients with a disability, these included:

- an automatic entrance door and easy wheelchair access to the building
- a toilet accessible for patients in a wheelchair and patients with a disability
- available parking adjacent to the surgery
- a hearing loop for hearing-impaired patients
- a practice leaflet available in large print for patients with visual impairment.

Access to the service

The practice reception was open from 8am to 12.30pm and 2.30pm to 6.30pm on Monday, Thursday and Friday and from 8am to 12.30pm and 2.30pm to 7.45pm on Tuesday. Between 12.30pm and 2.30pm when the reception was closed a recorded message on the surgery landline informed patients that the surgery would reopen at 2.30pm. The message informed patients that if urgent medical attention was required the patient should call the mobile number given. The mobile number was then activated at 12.30pm and calls were answered by the practice secretary or Practice Manager.

On Wednesday the surgery was open from 8am to 1pm only. At 1pm the answerphone message instructed patients that the surgery was closed but that if their call was urgent they could hold and their call would be automatically transferred to the out of hours service. The call was then directed to the out of hours number for the duty doctor. The Wednesday afternoon service was provided as a collaborative arrangement with another local GP practice.

Appointments were available with a GP from 9am to 12.30pm and 4pm to 6.30pm on Monday and Thursday; from 9am to 12.30pm and 4pm to 7.45pm on Tuesday; from 9am to 12.30pm on Wednesday and from 9am to 12.30pm and 3.30pm to 6pm on Friday. GP appointments could be booked up to one week in advance and urgent appointments were available on the same day for patients that needed them.

Booked telephone consultations were available daily.

Appointments were available with the Practice Nurse on Monday from 8.30am to 10.30am and 4pm to 6.15pm and on Wednesday from 8.30am to 1pm. On alternate weeks appointments were also available on Thursday from 2.30pm to 5.30pm.

When the surgery was closed urgent GP services are available via NHS 111.

Are services responsive to people's needs?

(for example, to feedback?)

The practice could also access appointments with the local Primary Care Access Hub (The Bromley GP Alliance). The nearest access hub location was 0.7 miles from the practice. Appointments were booked by the surgery. This service enabled patients to access GP services with full access to the patient's own GP records. The service was available between 4pm and 8pm Monday to Friday and between 8am and 8pm Saturdays and Sundays.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to or above the local and national average:

- 76% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 74% and national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 71%.
- 93% of patients said that the last time they wanted to see or speak to someone they were able to get an appointment compared to the CCG average of 85% and national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG and national average of 81%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 79% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Both patients and staff we spoke to confirmed that there was usually no more than a wait of two days for an available appointment and this was supported by the appointment availability viewed on the day of the inspection.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The 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 in the waiting area to help patients understand the complaints system.

Lessons were learned from individual concerns and complaints. We looked at the one complaint received in the last 12 months and found this was satisfactorily handled in a timely way with openness and transparency. The complaint was investigated and discussed at the weekly clinical meeting. Action was taken as a result to improve the quality of care. Clinicians were reminded to keep detailed and accurate records as personal recollections of past consultations may not be precise or correlate and ensure that the patient has understood the information given to them before they leave the surgery.

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 strategy and supporting plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching structured governance framework which included procedures to support the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff had lead roles in key areas and colleagues were aware of these.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held every three months which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings that learning was shared with staff following investigations into incidents and complaints.

Leadership and culture

On the day of inspection the provider 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 GP partners were approachable and took the time to listen to staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour which included support for staff on communicating with patients about notifiable safety incidents. (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).

The provider encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice kept written records of verbal interactions as well as written correspondence and there were systems in place to ensure that when things went wrong with care and treatment patients were given appropriate support, truthful information and a verbal and written apology.

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

- Staff told us the practice held practice meetings every three months which all staff attended.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so. Minutes were detailed and were available for practice staff to view.
- Staff said they felt respected, valued and supported by the GP partners and Practice Manager. Staff were involved in discussions about how to develop the practice and staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice proactively encouraged and valued feedback from patients and staff.

- Feedback from patients was obtained from the suggestion box and Friends and Family survey available in the waiting area. This was actively used by patients and changes had been implemented as a result of patient suggestions.
- The PPG had been active for the past four years and consisted of 12 members. We spoke to two members of the PPG who told us that they felt the provider valued the input from the group and that the practice provided an excellent service. The group regularly submitted proposals for improvements to the practice management team which were always welcomed and taken forward. Examples of improvements implemented as a result of PPG suggestions included the redecoration and adjustments to the waiting room to make it more

Are services well-led?

Good 

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

accessible and comfortable for patients.

Representatives of the group were also invited to meetings arranged by the CCG and encouraged to provide feedback to the local Healthwatch.

- Results of the NHS Friends and Family test, complaints and compliments were reviewed, analysed and shared with staff at the regular staff meetings.
- Feedback from staff was obtained through staff meetings, appraisals and discussion. 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 listened to and that their opinion was valued. Staff told us they felt involved and engaged in decisions regarding improvements to the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was participating in a local pilot scheme reviewing the use of an electronic referral system (e-RS) to submit urgent two-week wait referrals. The system enabled the referrer to book an appointment at the time of submitting the referral whilst the patient was still in the surgery. The practice was also part of the local vulnerable patient scheme aimed at identifying the most vulnerable patients and providing an enhanced level of service to these patients.