

Triangle Group Practice

Inspection report

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Date of inspection visit: 25 September 2018
Date of publication: 30/11/2018

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

This practice is rated as Good overall. (Previous rating August 2017 – Good overall)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Triangle Group Practice on 25 September 2018 to follow up breaches of regulation identified at our previous inspection carried out on 09 August 2017. At our last inspection the provider was rated as requires improvement for key question; Are services Safe? We issued a requirement notice in respect of a breaches of regulation 12 of the Health and Social Care Act Regulations 2014. The concerns related to the arrangements in respect of infection control management which were not adequate.

In addition to the breaches of regulation, we also made recommendations of other actions the practice should take.

At this inspection we found:

- Action had been taken on most of the issues identified at the previous inspection; those we required and those we recommended.
- Systems for managing infection control had been improved. There was a suite of infection control policies in place. Risks associated with the control and spread of infections were adequately assessed in most areas.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There was a system in place to review and update policies, and staff were aware of the policies in place and how to access them. However, the practice was not consistently following its own policies and procedures.
- The practice understood the learning needs of staff and had created a matrix to monitor staff training. However, the practice had not kept an up to date record of the mandatory training completed by the locum.

- The practice carried out staff checks at the time of recruitment. There was evidence of checks of professional registration in the staff files we checked.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Two audits had been repeated and there was some evidence that clinical audit was leading to quality improvement.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patient feedback on the day of the inspection was largely positive.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Further details can be found in the requirement section at the end of the report.

The areas where the provider **should** make improvements are:

- Continue with work to improve the uptake of childhood immunisations and cervical screening.
- Take action to promote and monitor social prescribing and signposting for patients.
- Consider ways to promote feedback from staff and patients and monitor it.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Triangle Group Practice

Triangle Group Practice is based in Lewisham, south east London, close to Ladywell railway station. There is public car parking available opposite the practice and the area is well served by public transport.

The practice operates from premises that were converted in 1990. There is step free access into the premises and to all floors.

The surgery is based in an area with a deprivation score of 3 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the average English GP practice, slightly more patients are unemployed.

There are approximately 7400 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 59, and fewer patients aged 60+ than at an average GP practice in England.

Four doctors work at the practice: two male and two females. Three of the doctors are partners and there is one salaried GP (who is female). There is one locum GP who works one day a week at the practice. The practice provides 28 GP sessions per week.

At the time of our last inspection the practice did not have a practice nurse in post. At this inspection a new practice nurse had been recruited.

There is a Minor Surgery clinic once a week which offers joint injections, incision and drainage and the removal of moles, skin tags and other lesions. Other services provided by Lewisham Clinical Commissioning Group (CCG) include a counsellor who visits the practice once a week, a dietician who visits once every two weeks and a bereavement counsellor who attends the practice as and when required.

The practice is open 8am to 6.30pm Monday to Friday. The practice opens at 7am on Tuesday and stays open until 8pm on Wednesday. Appointments are available with GPs on Monday from 9am to 12.30pm and 3.30pm to 6pm, on Tuesday from 7am to 2pm and 3pm to 6pm, on Wednesday from 9am to 12pm and 3pm to 8pm, and on Thursday and Friday from 9am to 12.30pm and 3.30pm to 6pm.

When the practice is closed cover is provided by a local out-of-hours care provider SELDOC.

The practice offers GP services under a General Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered

with the CQC to provide surgical procedures, diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and maternity and midwifery services.

Are services safe?

At our previous inspection on 9 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control management were not adequate.

These arrangements had improved in most areas when we undertook an inspection on 25 September 2018. Although the practice had a recruitment check policy, we found gaps in the staff training and recruitment records. We rated the practice as good for providing safe services.

Safety systems and processes

At our last inspection the practice systems and processes to minimise risks to patient safety were generally well defined, but some were not completely embedded – for example, daily checks of the vaccine fridge and cleaning checks.

At this inspection the practice had improved its management of infection control risks and the practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. 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 clear lead member of staff for safeguarding.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff.
- The practice had a spreadsheet to record the dates staff had completed training and the renewal dates for annual training. However, there was no record of safety training for the locum GP who had started working at the practice in June 2018 and who worked one day a week at the practice. Immediately, following our inspection, the practice provided evidence of safety training which the locum GP had completed in September 2018, before our visit.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- The practice had a recruitment check policy which described the process of checks for proposed new employees. Recruitment processes ensured that appropriate background checks had been completed for most staff. DBS checks had been requested by the practice for the staff whose files we reviewed. There was evidence of checks of professional registration in the staff files we checked.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- There was an effective system to manage infection prevention and control. The practice nurse who was the infection prevention and control (IPC) clinical lead at the time of the last inspection had left the practice. The new practice nurse, who had started work at the practice shortly after the inspection, was the infection control lead. There was an IPC protocol and staff had received up to date training. An IPC audit had been undertaken and we saw evidence that action was taken to address improvements identified as a result.
- Most staff members had completed recent infection control training. There was no record of infection control training completed by the locum who had started working at the practice in June 2018. Immediately following our inspection, the practice provided evidence of infection control training which had been completed by the locum GP in September 2018, before our visit.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

Are services safe?

- There was an induction programme for temporary staff, although this was informal and not consistently documented. There was no record kept of staff inductions completed. There was induction training and familiarisation programme for new staff, although this was not consistently documented in staff records. Staff we spoke with said they had received induction training. Support for established staff included one to one meetings, appraisals, and support for revalidation.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to

support good antimicrobial stewardship in line with local and national guidance. We saw that high-risk medicines were being consistently monitored in line with guidance to ensure that patients remained safe.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety. In some areas the service lacked formalised procedures for carrying out safety risk assessments for the premises.

- We saw that risk assessments had been used to address most safety risks effectively and in a timely way. The practice monitored and reviewed safety activity. This helped it to understand risks, but had not ensured that all risks were accurately identified and effectively addressed.
- The practice used a risk assessment toolkit to manage safety risks. Premises risks were not assessed as part of an overall Health and Safety risk assessment, but were managed day to day and spread across several separate risk assessments for example; the risk of sharps handling and needlestick injury and the control of substances hazardous to health (COSHH).

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. There was evidence that the practice took action to improve safety in the practice when significant events were assessed using the practice process.

- There were adequate systems for reviewing and investigating when things went wrong. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event about a baby who was scratched by a needle during immunisation by the practice nurse and the parent of the baby complained to the practice. The nurse apologised immediately to the parent and we saw the event was recorded in the significant events log. The practice held a meeting where learning points were discussed. The nurse told us that they would advise mothers to hold their babies securely and they would not proceed with the injection until the baby was secured.

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients who may need palliative care as they were approaching the end of life. There was a monthly multidisciplinary meeting with Macmillan nurses, district nurses, social services and palliative care team where vulnerable older patients were discussed.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions for the year 2016/17 was in line with local and national averages.

Families, children and young people:

Childhood immunisation uptake rates were below the target percentage of 90% or above. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice failed to achieve the target in three areas. The practice told us that they were aware of these results and all delayed and childhood immunisation decliners were contacted by letter in a bid to improve uptake of childhood immunisations. Staff could see an alert on the patient record system and speak to parents opportunistically about immunisation. The practice told us that the poor performance in childhood immunisations in 2016/17 had been caused by a coding issue which had been resolved and that there was also a very mobile population making it difficult to follow up patients. The practice gave us data that we were told was unverified data that had been submitted for 2017/18, this showed:

- The percentage of children aged 2 who have received immunisation for measles, mumps and rubella had improved from 64% to 83% (20 of 24 eligible children immunised). The practice did not provide 2017/18 data for the other childhood immunisation indicators.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice ran a daily open access walk in emergency clinic for children under 16 years, between 3pm and 6pm.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening for 2016/17 was 65%, which was below the 80% coverage target for the national screening programme but was comparable with other practices in England. The practice had taken action to follow up all women who had not had cervical screening by calling the patient and then sending a letter inviting all those overdue a cervical smear to make an appointment.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- One GP partner had a special interest in family planning and was trained in LARC and had undertaken contraceptive implants and coil (IUD) fittings and removals at the practice. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had worked with the Patient Participation Group to improve the appointment system and introduce an online appointment booking system. All routine GP and nurse appointments were available for patients to book online. Patients had access to appointments outside normal 9 to 5 working hours and could book next day, next 2 days and up to 3 weeks in advance for an appointment.
- Same day appointments were also available for urgent problems. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. All new patients are provided with an internet registration form as part of the registration process.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Patients in this group were regularly discussed in the weekly clinical meetings to review their health.
- The practice is responsible for providing care to patients living in four learning disability residential homes locally. The practice nurse visited the homes annually to do learning disability health checks. Others who were able to attend the surgery were invited in to see the nurse. The GPs understood their responsibilities in relation to the Mental Capacity Act 2005 to enable people who lack capacity to take decisions about their care and welfare.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- Performance for mental health and dementia care were comparable to or above the national averages.
- The practice enabled patients with poor mental health to access treatment and advice through Improving Access to Psychological Therapies (IAPT) services. People with refugee status with post-traumatic stress disorder and depression were referred appropriately for community psychological services.

Are services effective?

Monitoring care and treatment

The practice carried out quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- Care as measured by the Quality and Outcomes Framework had improved overall since our inspections in 2016 and 2017. However, there were some areas where care remained below average. Where audit identified areas for improvement, there had been recent re-audit to confirm that improvement had taken place.
- The practice's exception rates for some indicators were higher than the national average. We looked into this and were satisfied with the practice's explanation that these exceptions were appropriate and were related to coding issues which had been resolved.
- The practice was actively involved in quality improvement activity. We saw evidence of a number of clinical audits. We saw a record of two cycle clinical audit for infection from minor surgery audit and of patients with atrial fibrillation who are not on anticoagulant. We also saw that audits were discussed at clinical meetings where learning points were noted.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice had created a matrix to monitor staff qualifications and training. However, the practice had

not kept an up to date record of the role appropriate training completed by the locum. Following our inspection, the practice sent us copies of certificates of training completed by the locum.

- The practice provided staff with ongoing support. There was an induction programme for new staff, although this was informal and not consistently documented. There was an induction checklist for new recruits but there was no record kept of staff inductions completed. Support for established staff included one to one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- The practice discussed patients' health and social circumstances in monthly Multidisciplinary Team (MDT) meetings, to address patients' needs in a coordinated and holistic way.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Are services effective?

Staff supported patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. Arrangements to appropriately seek consent to care and treatment for minor surgery procedures were in place. We saw a consent form used for minor surgery.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified patients who were carers on a dedicated register and supported them. The practice had identified 95 patients as carers (1.2% of the practice list). The practice helped signpost carers to the local support services. Leaflets were available to provide carers with information about support available to them. Referrals were available to services providing dedicated support to carers in the Lewisham area.
- The practice's GP patient survey result were in line with local and national averages for the questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The practice complied with the Data Protection Act 1998.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice held weekly clinics for patients with diabetes and chronic obstructive pulmonary disorder.
- The practice referred patients in house to the dietician who ran a clinic once a month at the service.

Families, children and young people:

- Emergency appointments were available each weekday morning. An emergency children's surgery is available every weekday afternoon from 3pm to 5.30pm, except Monday from 3.30pm to 5.30pm.
- Appointments were available with the Practice Nurse for Healthy life style advice, immunisations, travel immunisations and advice, sexual health advice in terms of contraceptives, smear test and STI tests and HIV screening.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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. For example, extended opening hours appointments, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- On line access was available for booking and cancelling appointments in addition to electronic prescribing whereby patients could nominate a pharmacy which

Are services responsive to people's needs?

was convenient for them to collect prescriptions. Patients could request repeat prescriptions online. Patients also had online access to view their medical records.

People whose circumstances make them vulnerable:

- The practice delivered services to patients living in four learning disability homes locally. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff told us that they refer relatives of patients living with dementia to Lewisham Mindcare Dementia service for additional support.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. The practice put all of their routine appointments onto the online system to make it easier

for patients to book appointments. Patient feedback on difficulties with telephone access, the appointment system and delays after appointment time had resulted in effective action.

- The practice monitored the online appointment system and online appointment availability and promoted the different channels for booking appointments.
- Results from the July 2017 patient survey showed patients satisfaction with how they could access care and treatment were in line with national and local averages.
- During the week, the practice offered an open access walk-in clinic for children under 16 years between 3pm and 5.30pm.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Staff treated patients who made complaints compassionately. Information about how to complain was available.
- The complaint policy and procedures were in line with recognised guidance. Eleven complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- Learning from complaints was shared with staff and other stakeholders.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. We saw a copy of a complaints summary and the practice's written response to a complaint from a patient. The complaint was investigated under the practice's complaints procedure and the Practice Manager responded to the complaint fully. The patient was sent information about escalating the complaint should the response have not resolved their concern.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including succession planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Governance systems and processes relating to the management of staffing levels and recruitment did not always keep patients safe.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. When we asked staff for information they often struggled to find it.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There was a lack of managerial oversight of policies, procedures and governance to enable effective management of risks associated with health and safety. Leaders had not assured themselves that policies were reviewed consistently and were operating as intended. For example, we saw a repeat prescribing policy that had not been updated to reflect that repeat prescription requests are available online. Leaders had not assured themselves of the training completed by the locum.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not always clear or effective.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were not effective. The range and diversity of records of risk assessments and safety checks prevented effective analysis and governance of risks.

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG) and through surveys for example, the NHS Friends and Family test, and through complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG told us that they had been involved with improving patient access to appointments.
- The practice put all of their appointments onto the online system to make it easier for patients to book appointments. Patient feedback on difficulties with telephone access and the appointment system had resulted in effective action.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement activity methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services.</p> <ul style="list-style-type: none">• There was a lack of systems to allow effective oversight of policies, procedures and governance to manage safety risks.• There were insufficient systems and processes relating to the management of recruitment and training records for staff working at the practice.• Policies were not reviewed effectively to ensure that they kept up to date with the way the practice operated. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>