

Dr Maria Coutinho

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Dr Maria Coutinho on 13 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on 13 July 2016 can be found by selecting the 'all reports' link for Dr Maria Coutinho on our website at www.cqc.org.uk.

Since the 13 July 2016 inspection the registered provider has moved location from 213 Burrage Road Plumstead London SE18 7JZ to 2 Garland Road Plumstead London SE18 2AE.

This inspection was an announced comprehensive inspection on 22 August 2017. Overall the practice remains rated as requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- All practice policies and procedures had been updated.

- The practice had purchased a defibrillator, and all staff had been trained on how to use it.
- The provider was aware of and complied with the requirements of the Duty of Candour. Examples we reviewed showed the practice complied with these requirements.
- No full cycle audits had been conducted.
- Immunisation rates were slightly below average for all standard childhood immunisations.
- Patients did not have care plans in place.
- Fridge temperatures were monitored, however there was only an internal thermometer being used and it was not calibrated frequently. This is not in accordance with Public Health England guidance.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Do all that is reasonably practicable to mitigate any such risks.
- Ensure quality improvement programmes are conducted to improve patients' outcome.

- Ensure there is a system in place to monitor safety alerts.
- Ensure that patients who require care plans have them.
- Ensure staff are up to date with training.
- Ensure systems are in place to review clinical staff registration details and medical insurance annually.
- Ensure registration regulated activities are updated.

In addition the provider should:

- Review temperature monitoring on the medicine fridge to make sure it is in line with current guidance.
- Continue to review antibiotic prescribing.
- Continue to try and obtain emergency medicine Hydrocortisone.
- Update their business continuity plan.

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 requires improvement for providing safe services.

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had poor systems, processes and practices to minimise risks to patient safety.
- There was no system to ensure that clinical staff registration was up to date. However shortly after the inspection the practice provided us with evidence to show they had checked all clinical staff registration.
- There was no system in place to deal with safety alerts.
- The practice did not have a process for checking clinical staff indemnity insurance, we checked five staff files we found no evidence that the three clinical staff members had medical indemnity insurance, however the practice told us staff members had their own records.
- Two clinical members of staff had not completed information governance training.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- There had not been any two cycle audits over the last year to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- 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 services involved.
- Patients who required care plans did not have them.
- Antibiotic prescribing was higher than average compared to local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity. Staff were clear about the vision and their responsibilities in relation to it.
- The practice lacked an overarching governance framework which supported the delivery of the strategy and good quality care. For example there were no completed full cycle audits. There was no clear system in place for processing alerts, there was no system in place to monitor clinical staff registration details or medical insurance. Patients requiring care plans did not have any.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements. We saw minutes from an all staff meeting where duty of candour was discussed.
- The lead GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and 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 engaged with the Patient Participation Group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national average:
- 67% of patients with diabetes on the register had their blood sugar recorded as well controlled (local average 70%, national average of 78%). The exception reporting rate for the service was 12%, local 8% and national 13%.
- 68% of patients with diabetes on the register had their cholesterol measured as well controlled (local 75%, national average 80%). The exception reporting rate for the service was 16%, local 9% and national 13%.
- The practice followed up on patients with
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Requires improvement



Summary of findings

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

Families, children and young people

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were slightly below for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

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

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, (local average 86%, national average 84%) which is higher than local and national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 82%, national average 89%).
- 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.

Requires improvement



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seven survey forms were distributed and 120 were returned. This represented 4% of the practice's patient list.

- 80% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards all were positive about the standard of care received.

We spoke with 11 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice friends and family test from May 2017 to July 2017 feedback had 194 responses, 167 patients were likely or extremely likely to recommend the practice nine patients were neither likely or unlikely to recommend and seven were unlikely to recommend, seven were extremely unlikely to recommend and four did not know if they would recommend.

The practice carried out its own practice survey regarding moving to the new location between May and June 2016, they received 95 responses. Most patients were happy to move to a better building. Patients also commented that the practice was well run, and that doctors and staff were lovely and friendly.

Dr Maria Coutinho

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Maria Coutinho

The practice, also known as Trinity Medical Centre, is based in the London Borough of Greenwich. The practice is run by one GP (female) who works full time at the practice.

The practice is situated in a purpose built building, and shares its premises with another GP surgery, as well as other health amenities such as dentist and podiatry. The practice has been operating here since March 2017.

The practice is in an area with a mixed demographic, including areas of both relatively high and relatively low deprivation. The practice has a list size of approximately 3,700. In addition to the GP who runs the practice, there are two GPs, one salaried, one long term locum (one female and one male). In total 13 GP sessions are offered per week. There is also a practice nurse a practice manager and six other administrative and reception staff. The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, family planning.

The practice is open between 8:00am and 6:30pm Monday to Friday. Except Monday when the practice is open until 8pm. The practice is closed on the weekends and bank holidays. Appointments with the GPs are available from

8.30am to 12pm and from 3.30pm to 5.30pm Monday to Friday. Appointments with nurses are available from 9am to 12.30pm and from 2pm-5.30pm Monday to Thursday. The practice has extended hours on Monday from 6:30pm until 7:30pm.

The practice has opted out of providing out-of-hours (OOH) services. Patients needing urgent care out of normal hours are advised to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on patients' medical urgency.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Maria Coutinho on 13 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Inadequate for providing safe services and requires improvement for well led services and was rated requires improvement overall.

We issued a requirement notice under the following regulation:

Regulation 12: Safe care and treatment

The full comprehensive report on 13 July 2016 inspection can be found by selecting the 'all reports' link for Dr Maria Coutinho on our website at www.cqc.org.uk

We undertook an announced comprehensive inspection of Dr Maria Coutinho on 22 August 2017. This inspection was carried out to ensure improvements had been made.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 August 2017. During our visit we:

- Spoke with a range of staff GPs, practice nurses, practice manager, non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- 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 with dementia).

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

Are services safe?

Our findings

- At our previous inspection on 13 July 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate. The practice did not have an effective process for reporting, recording, acting on and monitoring significant events, incidents and near misses. The practice did not have a defibrillator available on the premises, and had not carried out an assessment of the risks to patients associated with the decision not to have one. These arrangements had significantly improved when we undertook a follow up inspection 22 August 2017. However we identified the practice had poor systems, processes and practices to minimise risks to patient safety. For example there was no system in place to deal with safety alerts; there was no system to review clinical staff registration and medical insurance. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was a family at the practice, however not all members of the family were registered at the

practice, when the practice tried to contact the parent of the child they were unable to. The practice identified how easy it is for patients to get lost in the system and reviewed its current system. Where possible they now make sure all family members are registered with the same GP practice for any new patient, receptionist now ask if there are any other family members registered or if they are the only person in the family.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The practice nurse was trained to child protection or child safeguarding level 2. All non-clinical staff were trained to child protection or child safeguarding level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was no system in place to deal with safety alerts.

There was no system to review clinical staff registration or medical insurance. We checked five staff files we found no evidence that the three clinical staff members had medical indemnity insurance, however the practice told us staff members had their own records. Shortly after the inspection the practice provided us with evidence to show staff registration was checked and that staff had medical indemnity insurance.

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit had taken place in June 2017.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). Fridge temperatures were monitored, however there was only an internal thermometer being used and it was not calibrated frequently. This is not in accordance with Public Health England guidance.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice didn't stock one of the emergency medicines commonly held in the emergency kit (Hydrocortisone, used to treat severe allergic reactions). The practice explained this was due to them being unable to obtain it.

Are services safe?

The practice had a business continuity plan for major incidents such as power failure or building damage. The plan needed to be updated as it did not include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 July 2016, we rated the practice as good for providing effective services. The practice is now rated as requires improvement for providing effective services.

Effective needs assessment

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

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

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 89% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was comparable to the local and national average:
- 85% of patients with asthma on the register had a review in the last 12 months which included an assessment of asthma control (CCG average 74%, national 76%). The exception reporting rate for the practice was 1%, local 4% and national 8%.
- 68% of patients with diabetes on the register had their cholesterol measured as well controlled local 75%, national average 80%. The exception reporting rate for the practice was 16%, local 9% and national 13%.

- The percentage of patients with hypertension having regular blood pressure tests was comparable to the local and national average:
- 91% of patients with hypertension had a blood pressure reading of 150/90mmHg or less local average 78%, national average 83%. The exception reporting rate for the practice was 2%, local 4% and national 4%.
- 92% of patients with chronic obstructive pulmonary disease (COPD) had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (local average 84%, national 90%). The exception reporting rate for the practice was 4%, local 5% and national 12%.
- Performance for mental health related indicators was comparable to the local and national average:
- 86% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months (local average 82%, national 89%). The exception reporting rate for the practice was 0%, local 3% and national 10%.
- 100% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months local average 87%, national average 84%. The exception reporting rate for the practice service was 0%, local 4% and national 7%.
- 71% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 82%, national average 88%. The exception reporting rate for the practice was 0%, local 5% and national 13%.

There was no evidence of quality improvement regarding clinical audit:

- There had been no full cycle clinical audits commenced within the last two years.
- The practice had conducted some single cycle audits looking at medical records and an audit looking at notes, also an antibiotic audit, however none of these audits had second cycles.

Are services effective?

(for example, treatment is effective)

- Although the practice had reviewed their antibiotic prescribing it was still higher than local and national averages.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training that had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However out of five files checked, two clinical staff members had not completed fire training or information governance training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals when required. The practice was not conducting care plans for patients with complex needs.

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

Consent to care and treatment

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. Clinical staff would use a template to record that consent was obtained by asking specific questions.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 77% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There

were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Childhood immunisation rates for the vaccinations given were slightly lower than the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in three out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.4 (compared to the national average of 9.1). The practice accounted for the lower immunisation rate as a period when the practice had lower nursing hours and their healthcare assistant had left.

Are services caring?

Our findings

At our previous inspection on 13 July 2016, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 18 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 11 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 respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 97%
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%
- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 80% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 85% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

Are services caring?

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 77% and the national average of 82%.
- 72% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 77% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 July 2016, we rated the practice as good for providing responsive services the practice is still rated as good for providing responsive services.

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 a Monday until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had a weight/blood machine in the reception area.
- The practice had a lowered desk area suitable for wheelchair users.
- The practice was on the site of one of two hubs in Greenwich where extended GP consultations operated from 4pm to 8pm Monday to Friday, Saturday 9am-5.30pm and Sunday 9am-1pm.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Except Monday when the practice was open until 8pm. The practice is closed on the weekends and bank holidays. The practice offered extended hours on Monday from 6:30pm until 7:30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared with the CCG average of 74% and the national average of 73%.
- 62% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 69% and the national average of 76%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 89% and the national average of 92%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

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

The practice had a system to assess:

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

For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- We looked at five complaints received in the last 12 months and found these were satisfactorily handled,

dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that a member of their family was given the wrong prescription, upon the practice investigating the complaint, it was identified the patient had received the wrong prescription. This was discussed in a clinical meeting, the patient was invited in to attend the practice and received an apology and explanation. The learning from this complaint was clinicians needed to be more vigilant with strengths and doses regarding prescriptions.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 13 July 2016, we rated the practice as requires improvement for providing well-led services as the practice did not adequately assess the risks to the health and safety of service users receiving care or treatment or do all that was reasonably practicable to mitigate any such risks. There was no formal mission statement, the provider and staff were not familiar with the duty of candour and their responsibilities in relation to it.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 22 August 2017. However, there were systemic weaknesses in governance systems such as ineffective monitoring of systems and procedures. The practice is still rated as requires improvement for being well-led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice lacked an overarching governance framework which supported the delivery of the strategy and good quality care. Systems or processes did not enable the registered person to assess, monitor and mitigate the risks relating to the health of patients.

- There were no completed full cycle audits.
- There was no system in place for processing safety alerts.
- There was no system in place to monitor clinical staff registration details or medical insurance.
- Patients requiring care plans did not have any.
- Not all staff were up to date with training.
- The business continuity plan had not been updated.

- There was a clear staffing structure and that staff were aware of their own roles and

responsibilities. GPs and nurses had lead roles in key areas. The lead GP was the practice safeguarding lead, all staff were aware of this; the nurse was the infection control lead. The practice manager was the complaints lead. 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 quarterly which provided an opportunity for staff to learn about the performance of the practice. Clinical meetings were held weekly.
- We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive

Are services well-led?

Requires improvement 

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

and were available for practice staff to view. We noted team away days were held every six months. Staff told us they had barbeques in the summer and met for dinner at Christmas.

- Staff said they felt respected, valued and supported, particularly by the lead GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly prior to moving to the new location, however since moving to the new location in March they had not met. They communicated via emails and phone calls and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, initially when staff

answered the phone, they never used to say their name, now all staff say who they are before having a conversation. They also suggested having early morning and evening appointments.

- The practice friends and family test from May 2017 to July 2017 feedback had 194 responses, 167 patients were extremely likely or likely to recommend the practice nine patients were neither likely or unlikely to recommend and seven were unlikely to recommend, seven were extremely unlikely to recommend and four did not know if they would recommend. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking, they were actively looking to recruit a Health Care Assistant to provide support to the nurse.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to mitigate any such risks . For example</p> <ul style="list-style-type: none">• There was no system in place to monitor safety alerts.• The provider did not ensure that a system was in place to ensure professional registration and medical insurance of clinical staff was routinely checked on an on going basis. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Family planning services 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>Systems or processes did not enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <ul style="list-style-type: none">• The provider did not have a programme of regular audit or quality improvement methods to assess, monitor and improve patients outcomes.

This section is primarily information for the provider

Requirement notices

- Patients requiring care plans did not have any.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.