

Penrose Surgery

Quality Report

33 Penrose Surgery

London SE17 3DW

Tel: 020 8653 0635

Website: <http://www.penrosesurgery.nhs.uk/>

Date of inspection visit: 22 June 2016

Date of publication: 01/08/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Penrose Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Penrose Surgery on 22 June 2016. Overall the practice is rated as good.

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

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

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day; however some of the patients we spoke to indicated that they had to wait nearly two weeks to get a regular appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice had an in-house pharmacist who ran regular medicines review clinics for patients with long term conditions, reviewed medicines for patients who had unplanned admissions and also checked all repeat prescriptions to ensure safe prescribing.

There were areas of practice where the provider should make improvements:

Summary of findings

- Review the practice procedures to ensure the recording of significant events and lessons learnt are improved.
- Review practice procedures for reading and reviewing patient letters so they are safe and decisions are made by clinical staff.
- Review how they identify and record patients with caring responsibilities to ensure information, advice and support is made available to them.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events; however the recording and learning from significant events could be improved.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of patient letters initially being reviewed and coded by administrative staff instead of clinical staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice at or above average for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the service also improved monitoring of patients with long term conditions.
- The practice had an in-house pharmacist who ran regular medicines review clinics for patients with long term conditions, reviewed medicines for patients who had unplanned admissions and also checked all repeat prescriptions to ensure safe prescribing.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. They had personalised care plans for patients at risk of hospital admission.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP and were informed about this.
- The practice provided a phlebotomy service which suited older patients who may have difficulty in getting to the hospital.
- The practice nurses or healthcare assistants visited the patients home to provide flu immunisations if they were unable to attend the surgery.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 73% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 80% which was below the CCG average of 85% and national average of 88%.
- The national QOF data showed that 74% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided a phlebotomy service and spirometry to improve monitoring of patients with long term conditions.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided antenatal and postnatal checks.
- They also provided a smoking cessation service and healthy living advice using healthcare assistants.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 75% of the 8 patients with learning disability had received a health check in the last year.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The number of patients with dementia who had received annual reviews was 77% which was in line the Clinical Commissioning Group (CCG) average of 81% and national average of 84%.
- 94% of 66 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 85% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed that the practice was performing in line with local and national averages. Four hundred and ten survey forms were distributed and 96 were returned. This represented 1.4% of the practice's patient list.

- 81% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).

- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 79%, national average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 11 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

Penrose Surgery

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 second CQC inspector and a GP specialist advisor.

Background to Penrose Surgery

Penrose Surgery provides primary medical services in Walworth to approximately 6700 patients and is one of 49 practices in Southwark Clinical Commissioning Group (CCG). The practice population is in the second most deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is lower than the CCG and national averages and the practice population of working age people is higher than the CCG and national averages; the practice population of older people is lower than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 28% are British or Mixed British, 24% are Other White Background and 12% are African.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to two doctors' consultation rooms, one nurse consultation room, one healthcare assistant consultation room and one pharmacist consultation room on the ground floor.

The clinical team at the surgery is made up of one part-time female GP who is a partner and two part-time

salaried GPs (one male and one female), one full-time and one part-time female practice nurses and two part-time female healthcare assistants. The non-clinical practice team consists of practice manager who is a partner and 10 administrative and reception staff members. The practice provides a total of 21 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. GP appointments are available from 8:30am to 12:20pm and 3:20pm to 6:00pm every day. Extended hours surgeries are offered on Saturdays from 9:00am to 12:00pm. Nurse appointments are available from 9:00am to 6:00pm every day. The practice offers additional GP appointments for patients through the extended primary care service provided by the local Clinical Commissioning Group (CCG) in Bermondsey which is open from 8:00am to 8:00pm seven days a week including bank holidays.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Southwark CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 June 2016.

During our visit we:

- Spoke with a range of staff including three reception and administrative staff, the practice manager, deputy practice manager, two GPs, the pharmacist and healthcare assistant, and we spoke with nine patients who used the service including three members of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents. The practice recorded a summary of significant events in the computer system; however these did not include details of where and when the event was discussed, what action was taken and the lessons learnt from the event.
- The practice had a significant event analysis policy and they carried out analysis of the significant events and maintained a log on the computer system; however the analysis of significant events and learning could be improved.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a letter from hospital, the practice tasked a district nurse to order a specific blood test for a house bound patient, however an incorrect blood test was ordered and this led to a delay in assessment of patient's condition. Following this incident the practice ensured that all letters that required new medicines were sent to the in-house pharmacist for review. The practice also raised this incident as a quality alert with the local Clinical Commissioning Group.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.

- Notices in the clinical rooms 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines by the in house pharmacist. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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.) The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a

Are services safe?

qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- The practice had an in-house pharmacist who ran regular medicines review clinics for patients with long term conditions, reviewed medicines for patients who had unplanned admissions and also checked all repeat prescriptions to ensure safe prescribing. The pharmacist also triaged patients for GP appointments through the extended primary care service provided by the local CCG.
- The practice had a system in place where the administrative staff read all the patient letters and divided them into letters requiring action and letters requiring no action. The letters requiring action were then sent to the GPs for action; the letters that did not require action were sent to the lead GP or the in-house pharmacist for review. All these letters were read coded by the administrative staff and then sent to the lead GP for review.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used long term locum GPs and performed all the required pre-employment checks. They also had a comprehensive locum pack which detailed all practice policies and procedures with screenshots of their electronic patient management system.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice

had up to date fire risk assessments and carried out regular fire drills. They also had identified fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All practice staff had 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 was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and included premises and clinical risk assessments. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.5% of the total number of points available, with 7.6% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 73% (12.4% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 80% (4.0% exception reporting) which was below the CCG average of 86% and national average of 88%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (0% exception reporting), which was in line with the CCG average of 98% and above the national average of 93%.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100% (0% exception reporting), which was in line with the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 94% (7.4% exception reporting) of patients had received an annual review compared with the CCG average of 85% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 77% (0% exception reporting) which was in line with the CCG average of 81% and below the national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 91% (0% exception reporting) compared with the CCG average of 89% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if patients with prostate cancer received an injection on time every three months according to best practice guidelines. In the first cycle the practice identified seven patients with prostate cancer of which five patients had their injections administered on time. In the second cycle after changes had been implemented including maintaining a log of patients who required injections and performing a monthly check, all six patients identified patients had their injections administered on time.
- Another clinical audit of two week wait referrals for suspected cancer patients was undertaken to ascertain if patients receive an appointment within two weeks. The practice identified 36 patients who were referred for suspected cancer of which 28 (77%) patients had a confirmed appointment. In the second cycle, after changes had been implemented including an administrator checking after two weeks whether an appointment letter had been received and contacting the patients to ascertain if they had received an appointment, out of 40 patients identified by the

Are services effective?

(for example, treatment is effective)

practice 34 (85%) patients had received a confirmed appointment. Following the audit as a failsafe system the practice ran searches for two week wait referrals every two months.

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support. The practice had a detailed induction checklist for new staff and a detailed employee handbook which included relevant practice policies and procedures. The practice also had detailed job description for staff with clear roles and responsibilities.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

- The practice performed a work health assessment of the staff to ensure well-being.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had weekly clinical meetings which were regularly attended by GPs and sometimes attended by nurses and the pharmacist. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated. The practice also had ad-hoc practice nurse and healthcare assistant meetings which were also attended by the lead GP where nursing-specific clinical issues were discussed.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 80% and the national average of 82%. There was a policy to offer telephone reminders for

patients who did not attend for their cervical screening test and had a robust policy and protocol for cervical smear tests. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 80% to 95% and five year olds from 77% to 95%. Flu immunisation rates for diabetes patients were 96% which was above the CCG and national averages.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All the 11 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with nine patients including three members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 82% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 84%; national average of 89%).
- 82% said the GP gave them enough time (CCG average 81%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).
- 81% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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 with GPs. The practice was in line with or above average for consultations with GPs and nurses. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 80% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 74% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.7% (45 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. A health development worker attended the surgery on Wednesdays to offer support to carers.

Staff told us that if families had suffered bereavement, their usual GP called them or sent them a sympathy card. This call was either followed by a patient consultation at a

Are services caring?

flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had a book in reception in which they recorded all patient deaths to remind staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital and to improve monitoring of patients with long term conditions.
- The practice offered a text messaging service which reminded patients about their appointments.
- Patients could electronically check in on the touchscreens available in the reception area. The reception area had screens which showed practice procedures and local support information. The screens also displayed and announced the name of the patient, clinical staff and the room number when the patients were called in for their appointment.
- The practice had an in-house pharmacist who ran regular medicines review clinics for patients with long term conditions, reviewed medicines for patients who had unplanned admissions and also checked all repeat prescriptions to ensure safe prescribing.

Access to the service

The practice was open between 08:00 and 6:30pm Monday to Friday. Appointments were available from 8:30am to 12:20pm and 3:20pm to 6:00pm daily. Extended hours surgeries were offered on Saturdays from 9:00pm to 12:00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed

them. Nurse appointments were available from 9:00am to 6:00pm every day. The practice offered additional GP appointments for patients through the extended primary care service provided by the local Clinical Commissioning Group (CCG) in Bermondsey which was open from 8:00am to 8:00pm seven days a week including bank holidays.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with the local and national averages in some aspects.

- 68% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 75%).
- 81% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 65% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

Some of the patients told us on the day of the inspection that they had to wait nearly two weeks to get a regular appointment.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice had a complaints form for patients to record a complaint.

We looked at 16 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. 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 had complained that the practice had not faxed their referral to a hospital. The practice investigated the incident and found that the referral had been sent to the hospital by post as it was not possible to

Are services responsive to people's needs?

(for example, to feedback?)

fax the referral, hence the delay in the referral being received. They apologised to the patient and re-posted a referral on the same day to make sure there was no delay in treatment.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However we found that the practice did not have enough senior clinical staff. To address this issue the practice provided evidence that they had appointed an additional GP to provide a further six sessions from September 2016. The practice also had an in-house pharmacist who ran regular medicines review clinics for patients and worked to support GPs.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated. The practice had numerous policies and protocols implemented to ensure safety and well-being of the patients and staff.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place every three months with all practice staff where management, staffing issues, clinical issues, significant events, complaints and strategy were discussed.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

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

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

When there were unexpected or unintended safety incidents:

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

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an active PPG with 28 members. The practice had carried out patient surveys and has made several improvements following the feedback from patients. For

Are services well-led?

Good 

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

example, the practice improved its telephone access, kept toys in the waiting area, installed a patient arrival screen and patient information screen and installed air conditioners in treatment rooms.

- 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

The practice introduced a web based video consultation pilot early last year which was not used by many patients. The practice provided evidence they were currently seeking a better system for video consultations. The practice had an in-house pharmacist who ran regular medicines review clinics to ensure safe prescribing.