

Albion Street Group Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Albion Street Group Practice on 15 December 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and mostly well managed. A newly-recruited nurse had ported over a previous Disclosure and Barring Service (DBS) check but we saw that the practice took adequate steps to address this shortly after our inspection.

- 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, but there was limited information to inform patients of how they could access support groups and organisations.
- Some patients told us they found it difficult to get an appointment although there were urgent appointments available the same day. The practice participated in a local scheme to improve access to appointments for patients at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs; however there was no lift to access the first floor.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice pro-actively sought feedback from staff and patients, which it acted on.

There are areas where the provider should make improvements.

The provider should:

- Ensure it continually monitors its cervical screening performance to identify areas for improvement.
- Ensure recruitment procedures include a DBS update check for all newly-recruited staff.
- Ensure patient information on avenues of support available is displayed in the waiting areas.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and mostly well managed. The practice had not sought a new Disclosure and Barring Service (DBS) check for a newly-recruited nurse who had ported over a previous DBS check. A new DBS check was completed shortly after our inspection and the practice assured us a new DBS update check would be carried out on all new staff prior to commencing employment at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were average or above average for the locality.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- 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 multi-disciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care.
- Staff had received customer care training.
- 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, but there was limited information to inform patients of how they could access support groups and organisations.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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. For example, it participated in the Extended Primary Care Services scheme to improve access to appointments for patients and enable shared access to patients' records.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- Four out of 11 patients we spoke with told us they could not always get appointments with their preferred GP or when they needed one, although urgent appointments were 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 in a format patients could understand. Evidence showed that the practice responded quickly to issues raised and learning from complaints was shared with staff.

Good



Are services well-led?

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

- It 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.

Good



Summary of findings

- 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- 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 and the practice had signed up to participate in local pilot schemes to improve outcomes for 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 practice is rated as good for the care of older people.

Good



- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, the number of people aged over 75 years with a bone fragility fracture who were being treated with a bone-sparing agent was higher than Clinical Commissioning Group and national averages.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was similar to CCG and national averages.
- The practice provided care and treatment for older patients in line with current evidence-based practice and they all had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. It carried out Holistic Healthcare Assessments for patients aged over 80 years and for those who were housebound.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

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

Good



- Nationally reported data showed that outcomes for diabetes related indicators were good. For example, the number of patients with diabetes who received a foot examination and risk classification within the previous 12 months was above Clinical Commissioning Group and national averages.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a register of patients at the highest risk of hospital admission and provided appropriate support such as longer appointments and home visits.

Summary of findings

- The practice held regular virtual clinics for patients with chronic obstructive pulmonary disease, diabetes, heart failure and hypertension.
- The practice had helped 23 out of 89 patients to stop smoking within an eight week period.

Families, children and young people

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

Good



- Nationally reported data showed immunisation rates were average for all standard childhood immunisations.
- 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 A&E attendances.
- 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.
- Appointments were available outside of school hours and baby changing facilities were available.
- We saw good examples of joint working with midwives and health visitors. The practice held meetings every two weeks with health visitors to discuss children at risk.
- The practice had signed up to participate in a paediatric pilot scheme beginning in January 2016 with a local consultant with an aim to reduce hospital referrals, improve direct access to paediatric treatment at the practice and enable further learning of local GP trainees and staff within the practice.

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



- Nationally reported data showed the cervical screening rate was below Clinical Commissioning Group and national averages.
- 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, text messaging appointment reminders, email follow-up and advice, facilities and a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- Health promotion advice was offered and there was accessible health promotion material available.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 16 out of 31 patients with a learning disability had received an annual health check over the previous eight months.
- Longer appointments were available for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



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).

- Nationally reported data showed performance for mental health indicators was above Clinical Commissioning Group and national averages.
- It carried out advance care planning for patients with dementia. Eighty-seven percent of patients with dementia had a face-to-face review of their care in the previous 12 months. This was above the CCG average of 81% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had received training on how to care for people with enhanced mental health needs. They had a good understanding of how to support people with mental health needs and dementia.
- The practice had signed up to participate in a pilot scheme beginning in January 2016 to carry out joint psychiatry clinics with a local specialist. The practice aimed to reduce hospital referrals, provide more holistic care and direct access for patients with poor mental health, and to further the learning of local GP trainees and staff within the practice.

Summary of findings

What people who use the service say

national GP patient survey results were published in July 2015. The results showed the practice was performing in line or above national and local averages. Four hundred and forty-eight forms were distributed and 114 were returned. This was a response rate of 25% which represented approximately one percent of the practice's patient list.

- 81% find it easy to get through to this surgery by phone compared with a Clinical Commissioning Group (CCG) average of 74% and a national average of 74%.
- 90% find the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 56% with a preferred GP usually get to see or speak to that GP (CCG average 54%, national average 61%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 94% say the last appointment they got was convenient (CCG average 87%, national average 92%).

- 73% describe their experience of making an appointment as good (CCG average 67%, national average 74%).
- 70% usually wait 15 minutes or less after their appointment time to be seen (CCG average 55%, national average 65%).
- 64% feel they don't normally have to wait too long to be seen (CCG average 46%, national average 58%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. All comment cards contained positive responses regarding the supportive and caring attitude of staff, the cleanliness of the practice and feeling listened to and involved in their care and treatment. Five comments indicated that some patients found it difficult to access appointments.

We spoke with 11 patients during the inspection, and their feedback about the service was mostly positive. Three patients told us reception staff occasionally appeared stressed or impatient.

Areas for improvement

Albion Street Group Practice

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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Albion Street Group Practice

The practice is based in the south London borough of Southwark. It is one of 45 GP practices in the Southwark clinical commissioning group (CCG) area. The practice has a Personal Medical Services (PMS) with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours, dementia diagnosis and support, flu and pneumococcal immunisations, learning disabilities, minor surgery, patient participation and remote care and rotavirus and shingles immunisation. There are approximately 13,200 patients registered at this practice. The practice informed us they had a 32% turnover of patients in the previous year.

The practice has a higher than national average number of patients aged between 25 and 40 years old, and a higher than national and local CCG average representation of income deprived children and older people. Of patients registered with the practice, 80% are white, 10% are Asian, 6% are of mixed or other ethnic background and 4% are black.

The practice clinical team is made up of four female and four male GP partners, two female nurse practitioners (one

of whom is also a partner), four female practice nurses and a female health care assistant. There was a total of 49 GP sessions available per week. The clinical team is supported by a practice manager, an office manager, two administrative and six reception staff. The practice is a training practice for medical students and GP trainees.

The premises is owned by an NHS landlord. It is arranged over the ground and first floor and includes seven consultation rooms and two treatment rooms, seven of which are on the ground floor. The practice has a reception area with seating, two waiting areas and a wheelchair accessible toilet. There is no lift available.

The practice is open between 8.00am and 6.30pm Monday to Friday and is closed at weekends and bank holidays. Appointments are available from 8.30am to 12.30pm and from 2.30pm to 6.10pm, with the exception of extended hours sessions. The practice offers extended hours opening from 7.00am to 8.00am Tuesday and Wednesday and from 6.30pm to 7.30pm Thursday.

Patients are also able to access appointments from Monday to Sunday between 8.00am and 8.00pm via two GP access points which are coordinated by the practice in conjunction with two other surgeries in the Southwark Borough. The access points provide appointments for patients who are not able to access appointments at the practice during normal opening hours.

The practice directs their patients to a contracted out-of-hours co-operative service for which the practice GPs work sessions.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice had not previously been inspected by the Care Quality Commission.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with 11 patients and a range of staff including GPs, Foundation Year 2 trainee doctors, the practice manager, receptionists and administrative staff.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

- Reviewed 32 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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, after discovering a specimen container which had not been labelled, the incident was discussed with all staff at a meeting. The practice implemented a specimen protocol and a specimen form for patients to complete with their details to prevent a similar recurrence.

When there were unintended or unexpected safety incidents, people 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 people 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 were lead members 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 Safeguarding level 3 and nurses were trained to level 2.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and all except one had received a disclosure and barring service (DBS) check at the time of our inspection; however this update was completed shortly after our inspection. (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A nurse practitioner 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were robust 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.
- We reviewed three personnel files of recently recruited staff and found that appropriate recruitment checks had been undertaken for most staff 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. A nurse had ported over a previous DBS check but the practice carried out an updated check shortly after our inspection and advised us that DBS updates would be carried out for all new staff prior to commencing employment at the practice.

Are services safe?

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. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.
- Staff were able to demonstrate that they used information received to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and audits but they did not carry out random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.8% of the total number of points available, with 7.6% 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 2014/2015 showed;

- Performance for diabetes related indicators was above Clinical Commissioning Group (CCG) and national averages. For example, 98% of patients with diabetes received the annual flu vaccine in the previous six months compared to the CCG average of 88% and national average of 94%.

Ninety percent of patients with diabetes had a foot examination and risk classification in the previous 12 months (CCG average 85%, national average 88%).

77% of patients with diabetes had well-controlled blood sugar levels in the previous 12 (CCG average 73%, national average 78%).

- Performance for hypertension related indicators was similar to CCG and national averages. For example, 81% of patients with hypertension had a blood pressure reading of 150/90mmHg or less in the previous nine months (CCG average 81%, national average 84%).
- Performance for mental health indicators was above CCG and national averages. For example 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the previous 12 months (CCG average 85%, national average 88%).
- Performance for dementia related indicators was above CCG and national averages. For example, 87% of patients with dementia had a face-to-face care review in the previous 12 months (CCG average 81%, national average 84%).

Clinical audits demonstrated quality improvement.

- There had been three clinical audits carried out in the last two years, two of these were completed two-cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit conducted in October 2014 on 23 patients receiving prescribed oral nutrient supplements (ONS) identified nine patients who needed to stop receiving ONS, change to a high calorific content ONS, or receive a review of their weight and body mass index. All patients received the appropriate improvements. A review of the audit in February 2015 identified only one patient who remained on a low calorific content ONS due to a long-standing health condition. Learning from the audit was shared at a subsequent practice meeting to improve the management of patients on ONS.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements. For example, the practice carried out research in 2013 on the prevalence of urinary tract infection (UTI) in acutely unwell children in general practice, the results of which were published in a national medical

Are services effective?

(for example, treatment is effective)

journal and were used to produce an algorithm which could be used by doctors to identify children at risk of developing a UTI. The practice told us this research was likely to contribute to an update to NICE guidelines on the diagnosis and management of UTIs in children.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received 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.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every three months and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, weight management, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Nursing staff provided smoking cessation and diet advice for patients who required this.
- Of 89 patients signed up to the practice's smoking cessation programme in April 2015, 23 had quit smoking within eight weeks.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the

Are services effective?

(for example, treatment is effective)

cervical screening programme was 75%, which was below the CCG and national averages of 82%. The practice told us there was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test in addition to offering ad-hoc tests to patients attending the practice. They told us they would continue to monitor their cervical screening performance in order to identify areas further areas where improvements could be made, and that they would record the high number of patients who had received screening results overseas which did not contribute to the practice's overall achievement. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For

example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 70% to 100% (CCG average 82% to 94%) and five year olds from 81% to 97% (CCG average 78% to 94%).

Flu vaccination rates for the over 65s was 72%, and at risk groups 60%. These were comparable to and above national averages of 73% and 51% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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. During the inspection, we noted that some conversations at the reception desk could be overheard in the waiting area; however privacy cards were available for patients to present to reception staff if they wished to discuss something in private. The practice told us they were constrained by the limitations of the building's layout.

All of the 32 patient CQC comment cards we reviewed were positive about the service experienced. Patients commented that they felt the practice offered an excellent service and staff responded compassionately when they needed help, provided support when required and treated them with dignity and respect. We spoke with two members of the patient participation group and (PPG) and the manager of a local specialist care home who told us they were satisfied with the care provided by the practice.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the Clinical Commissioning Group average of 85% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 82%, national average 87%).
- 91% 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%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Three out of the 11 patients we spoke with told us reception staff occasionally appeared stressed or impatient. The practice told us they periodically arranged customer service training for staff, the last of which was received in 2015, with an aim to continually improve the service received by patients.

Care planning and involvement in decisions about care and treatment

Patients told us that 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. Results were in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments (CCG average 81%, national average 86%).
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).

Staff told us that translation services were available for patients who did not speak 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

Are services caring?

There were no notices in the patient waiting room to inform patients of how to access support groups and organisations, with the exception of diabetes support information.

The practice's computer system alerted GPs if a patient was a carer and the practice had identified 1% of the practice list as carers. Written information was not available to direct carers to the various avenues of support available to them; the practice had identified this as an area for improvement.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. 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. There was no information in the waiting areas to inform patients bereavement services were available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, during our inspection there were five comments from the 32 comment cards we reviewed and four comments from 11 patients we spoke with regarding difficulties in getting appointments either when needed or with a named GP. The practice had recently taken steps to improve access to appointments for their patients; for example, they participated in the Extended Primary Care Services scheme where patients who were unable to get an appointment at the practice could be referred to access hubs in two locations in Southwark. These access hubs were open from 8.00 am to 8.00pm Monday to Sunday. The scheme also allowed shared access to patient records with the access hubs.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There was an electronic sign-in facility for patients attending for booked appointments.
- The practice offered a 'Commuter's Clinic' two mornings and one evening a week, Saturday flu vaccination clinics, daily telephone consultations, online appointment booking and repeat prescription facilities for patients who could not attend during normal working hours.
- There was a virtual mailbox from which patients could email information to the practice.
- There were longer appointments available patients with learning disabilities, those requiring a translator and any other patient who needed one.
- Home visits were available for older patients and those with enhanced needs.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had implemented a daily triage system in place of a previous walk-in clinic in response to

feedback from patients and a suggestion from a member of staff. The practice found that patients were more satisfied with the new system following a subsequent patient survey.

- Staff told us homeless patients were able to register as patients at the practice.
- There were wheelchair accessible facilities and translation services available. The practice used a type-talk system for patients who had hearing difficulties.
- There was no lift to improve access for patients with mobility problems. Two patients we spoke with described difficulties accessing the baby clinic on the first floor. The practice told us they had discussed a lift installation but there were limitations as they did not own the building. They also told us the baby clinic was situated on the first floor to separate babies from unwell patients in the general waiting area.
- Staff received training which enabled them to recognise and alert authorities to young patients at risk of female genital mutilation (FGM).
- All reception staff received customer service training to improve interactions with patients in 2015 partly in response to patient feedback. Several staff had completed training in managing patients with enhanced mental health needs or behavioural problems. Reception staff told us they had found the training helpful in enabling them to provide a better customer experience.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 12.30pm and from 2.30pm to 6.10pm daily with the exception of extended hours sessions. Extended hours surgeries were offered from 7.00am to 8.00am Tuesday and Wednesday and from 6.30pm to 7.30pm Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, daily urgent appointments were available.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 81% patients said they could get through easily to the surgery by phone (CCG and national average 74%).
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 73% patients described their experience of making an appointment as good (CCG average 67%, national average 74%).
- 70% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 55%, national average 65%).

Patients attending the baby clinic reported that some patients were seen before others who had been waiting for a longer period of time. The practice told us they would consider implementing a queuing system in future.

Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a policy was implemented for receptionists to inform patients if clinicians were running late following a complaint from a patient who had experienced a long wait after attending the practice for an appointment.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensured high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days such as treasure hunts and a Christmas meal were held every year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the friends and family test, a comments box, the patient participation group (PPG) and complaints received. There was an active PPG of 30 members which met every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice implemented a separate telephone cancellation line in 2014 following demand for this from patients.
- The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussions. Practice leaders had responded to staff feedback. For example, following suggestions from

Are services well-led?

Good 

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

reception staff, the practice manager introduced whiteboards which were used for reminders and to keep colleagues returning from absence informed of any issues, ideas or changes within the practice.

- Staff told us they felt involved and engaged to improve how the practice was run, and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.