

The Gardens Surgery

Quality Report

The Surgery
The Gardens
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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?

Requires improvement 

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 The Gardens Surgery on 25 November 2015. 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.
- There were not adequate systems in place to assess, monitor and mitigate risks to people using the service.
- 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 either at the surgery or at the local extended primary care service.
- 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.

The areas where the provider should make improvement are:

- Should ensure that procedures in place for monitoring the use of prescriptions are always adhered to.

Summary of findings

- Should ensure that all staff have received the appropriate level of safeguarding training.
- Should continue with plan for customer service training to be provided to all reception staff.
- Should ensure that all staff receive an annual appraisal.
- Should put systems in place to ensure that all staff acting as chaperones duties have been DBS checked prior to being designated a chaperone.
- Should ensure that all staff receive regular basic life support training in accordance with national guidance.
- Should ensure that regular fire drills are conducted within the practice.
- Should ensure that childrens oxygen masks are stored with the practice's oxygen supply.
- Should ensure that there are robust business continuity arrangements in place.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe care and treatment.

- There was an effective system in place for reporting and recording significant events.
- When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were unintended or unexpected safety incidents, reviews and investigations were thorough.
- There were not adequate systems in place to assess, monitor and mitigate risks to people using the service.
- The practice were not conducting regular fire drills.
- Prescription pads were reported to be left at times in printers within unlocked rooms during practice opening hours.
- One member of staff had undertaken chaperoning duties without having had a DBS check and several other staff were designated as chaperones who had also not been DBS checked. On the day of the inspection the practice provided evidence that the checks had been requested and after the inspection we received confirmation that the checks had actually been completed prior to our inspection.
- Children's oxygen masks were not stored with the practice's supply of oxygen.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed that on the whole patient outcomes were at or above average for the locality and when compared nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- One of the clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



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.
- 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.
- We also saw that staff treated patients with 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.
- All patients in the practice had a named GP which ensured continuity of care. The practice told us that patients were on average able to make appointments with their named GP within three days.
- Urgent appointments are available the same day either within the surgery or at the local Extended Primary Care Service (EPCS).
- The practice had good facilities and was well equipped to treat all patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. 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.
- 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 practice meetings where governance issues were discussed.
- 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.

Good



Summary of findings

- 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 and contributed to decision making within the practice.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people within its patient population. One of the practice nurses participated in the Southwark and Lambeth Integrated Care Partnership (SLIC). This initiative offered annual health checks for housebound patients. On the basis of this visit the nurse liaised with relevant services including social services, gerontology and voluntary agencies to ensure that these patients received holistic care and treatment packages.
- The practice had a register of frail older patients which identified those who were at risk of admission. Reception staff had access to this register and would alert GPs when these patients contacted the practice.
- The practice offered older people home visits and urgent appointments for those with enhanced needs.
- The care of older patients was discussed in monthly district nursing meetings which were attended by the practice's clinicians and community matron.
- Patients over the age of 75 were offered NHS health checks.

Good



People with long term conditions

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

- The surgery offered a weekly diabetic clinic which was run by one of the practice nurses. Input and advice were often sought from the community diabetic team. The nurse who leads the clinic organised virtual clinics annually with a local consultant to review diabetic patients.
- One of the other nurses were responsible for the management of patients with Asthma and COPD; offering diagnostic spirometry and referrals to pulmonary rehabilitation services.
- Nurses offered ambulatory blood pressure monitoring for the detection of hypertension.
- Performance for diabetes related indicators was similar to the national average. In 2014/15 The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 72.5% compared to the national average of 77.5%. The percentage of

Good



Summary of findings

patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88.8% compared with the national average of 88.3%.

- Longer appointments and home visits were available when needed and patients at risk of hospital admission were identified as a priority.
- The practice had registers of people with long term conditions which they use to recall patients as and when appropriate.
- All patients had a named GP and were offered 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 multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice ran a baby clinic offering parents access to a health visitor, developmental checks with a doctor and immunisations which are administered by one of the practice nurses. This was in addition to a separate immunisation clinic.
- Immunisation rates were higher than the national average for nearly all standard childhood immunisations. The practice had a higher proportion of infants (those aged between 0 – 4 years old) than the average practice in England. The practice sent alert letters to parents to advise when routine immunisations were due.
- GPs within the practice made use of a telephone clinic with a paediatrician at the local hospital for advice when required.
- 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 had implemented a telephone triage service to offer advice to parents over the phone. This had the effect of reducing the number of appointments, promoting self-care and increasing the number of patient contacts.
- The local area had a high prevalence of childhood obesity. Clinical staff offered opportunistic height and weight measurement and offered parents advice on how to manage their child's weight.

Good



Summary of findings

- Premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of 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 offered sexual health advice when patients requested this and screening for sexually transmitted infections to all new patients at the practice.
- The practice's telephone triage service allowed patients to obtain advice over the telephone as opposed to having to take time out to attend the surgery. The practice offered travel immunisations.
- The practice was proactive in offering online services including online appointment booking and prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years was 87.1% this is compared to 81.8% nationally and 79.9% in the CCG area.
- Weight management services, for instance referral to a dietician or for a programme of exercise, were offered opportunistically. Patients were also referred to the local health hub which provides weight management services.
- Patients who were over forty years old were proactively offered health checks carried out by the practice healthcare assistant.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. These patients were flagged on the patient's records and would be telephone triaged and managed appropriately.
- Although the practice informed us that they did not have any homeless patients registered with them at present; they were able to outline the registration procedure for a homeless patient or a member of the travelling community.

Good



Summary of findings

- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. For instance multi-disciplinary team meetings were held with MacMillan nurses regarding patient's end of life care.
- 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.

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).

- Performance for mental health related indicators was lower compared to the national average. For instance the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 78.1% compared to the national average of 88.3%. However this had significantly improved when compared with the previous year's figures.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They referred patients at risk of dementia to the local memory clinic and utilised the services of a dementia specialist nurse.
- It carried out advance care planning for patients with dementia and one of the nurses within the practice is lead for dementia.
- The practice has offered counselling services on site for the past 20 years through the improving access to psychological therapies service. Three counsellors offered sessions at the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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. Patients were contacted and offered a nurse visit or follow up appointment. Patient's care plans were then reviewed and updated.

Good



Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and sixty two survey forms were distributed and 123 were returned a response rate of 34

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 74.2% and a national average of 73.3%.
- 82% found the receptionists at this surgery helpful (CCG average 84.9% national average 86.8%).
- 93.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79.6% national average 85.2%).
- 91.8% said the last appointment they got was convenient (CCG average 86.6%, national average 91.8%).
- 71.9% described their experience of making an appointment as good (CCG average 67.3%, national average 73.3%).

- 66% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55.1% national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards of which 33 were positive about the standard of care received. The majority of patients described the service as excellent. Most comment cards referred to all staff as being caring and compassionate and clinical staff as being helpful and supportive; taking their views into account when making decisions about their care or treatment. The negative comments received related to reception staff not treating patients with care and difficulties making appointments.

We spoke with eight patients during the inspection. Seven of the eight patients said they were happy with the care they received and thought that staff were approachable, committed and caring. The other patient had mixed feelings about the service but was on the whole satisfied with the care and treatment provided.

Areas for improvement

Action the service SHOULD take to improve

- Should ensure that procedures in place for monitoring the use of prescriptions are always adhered to.
- Should ensure that all staff have received the appropriate level of safeguarding training.
- Should continue with plan for customer service training to be provided to all reception staff.
- Should ensure that all staff receive an annual appraisal.
- Should put systems in place to ensure that all staff undertaking chaperoning duties have been DBS checked prior to undertaking chaperoning duties.
- Should ensure that all staff receive regular basic life support training in accordance with national guidance.
- Should ensure that regular fire drills are conducted within the practice.
- Should ensure that children's oxygen masks are stored with the practice's oxygen supply.
- Should ensure that there are robust business continuity arrangements in place.

The Gardens 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 GP specialist advisor, two additional CQC inspectors, and a practice manager specialist advisor.

Background to The Gardens Surgery

The practice was inspected as part of a routine inspection under the CQC's new comprehensive inspection programme.

The Gardens Surgery based in the London Borough of Southwark serves approximately 7076 patients in the East Dulwich and Peckham areas. The practice is registered with the CQC for the following regulated activities; Diagnostic and screening procedures, Family planning and Treatment of disease, disorder or injury.

The practice population has a higher than average population of income deprived children and older people compared to the local area. The practice has a higher than national average infant and working age population but lower than average elderly population. The majority of patients using the service are white. Twelve per cent of the practice population are black. There are also a number of patients who are first and second generation West Indian, Indian, Pakistani, Turkish Cypriot and Eastern European.

The practice is run by three GP partners and three salaried GPs including one male GP. There are three nurses and a healthcare assistant. The practice is a teaching practice for

fifth year medical students from Kings College Hospital. The practice recruited a new practice manager in July 2015 and promoted a longstanding member of the receptionist team to a newly created position of deputy practice manager.

The practice is open between 8.00 am and 8.00 pm on Monday, 8.00 am and 6.30 pm on Tuesday, Wednesday and Friday and 8.00 am and 7.00 pm on Thursday.

Appointments are available Monday between 9.00 am and 12.10 pm and 3.00 pm and 7.40 pm, Tuesday 8.30 am and 11.50 am and 4 pm and 5.50 pm, Wednesday between 8.30 am and 11.50 and 3.00 pm and 5.50 pm, Thursday between 8.00 am and 12.10 pm and 3.00 pm and 5.50 pm and on Fridays from 8.00 am to 11.50 am and 3.00 pm till 5.50 pm. The practice offers 29/30 sessions per week with booked and emergency appointments five days per week.

The Gardens Surgery operates from a single site based at The Gardens London SE22 9QU which is a converted residential property purchased under the cost rent scheme. The service has disabled access. One of the consulting rooms and two of the treatment rooms are located on the ground floor to accommodate patients with mobility issues.

Practice patients are directed to contact the locally agreed out-of-hours provider for the CCG when the surgery is closed.

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). These are non invasive minor surgery, childhood vaccination and immunisation scheme, extended hours access, influenza and pneumococcal vaccinations, facilitating timely diagnosis and support for people with dementia, learning disabilities, patient participation, remote care monitoring and rota virus and shingles immunisation.

Detailed findings

The practice is also part of a GP federation, Improving Health Limited, which includes 27 practices within the local area. The federation offers Extended Primary Care Services (EPCS) based at a local practice. The EPCS is open from 8 am till 8 pm 7 days a week. One of the practice partners works at the service every Friday. The service has funding for two years but the federation are seeking to extend the service beyond this time.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2015 with a range of staff including GPs, nurses, practice management together with reception and administrative staff. We also spoke with patients who used the service.

In addition we reviewed the personal care or treatment records of patients and 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 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 book where they would document any adverse incidents.
- The practice carried out a thorough analysis of the significant events.

We reviewed a list of significant events covering the last 12 months and minutes of meetings where these were discussed. There was evidence of analysis and discussion of significant events in monthly team meetings and the actions taken in response were documented. For instance a computer software update had prevented the practice from saving certain consultations within their computer systems. The practice maintained daily contact with the software supplier and staff saved screenshots of consultations to a secure location to prevent any loss of data. Locums were also informed of the issue and given guidance on how work around the problems with the system. These were then retyped into patient records once the problem was resolved and one of the GPs reviewed the records to ensure accuracy.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology.

The practice had processes in place for managing alerts. Alerts were received by the practice manager who cascaded them by email to clinical staff.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe and safeguarded from abuse. However some of these were not sufficiently robust:

- 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. The senior practice partner was the lead for safeguarding. GPs were trained to Safeguarding level 3. Two of the practices nurses were

also trained to level 3. We found that one of the nursing staff had undertaken adult safeguarding training to level 2 but had only completed child safeguarding to level 1. We were informed that this nurse cared exclusively for elderly patients. All staff demonstrated understanding of their responsibilities under safeguarding legislation. On the day of the inspection we found that the safeguarding training for non-clinical staff was out of date. However since the inspection all non-clinical staff have completed safeguarding training for both adults and children.

- We found notices on all treatment and consulting room doors advertising the practice's chaperoning service. Though they had not been formally trained, staff told us that they were due to be sent on a training course in January 2016 and they were aware of their responsibilities as chaperones and demonstrated a good understanding of the purpose of the role. We saw evidence that chaperoning training had been discussed in a practice meeting held on 2 November 2015. Several administrative staff who identified as chaperones did not have a 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). We were told by one member of staff that they had undertaken chaperoning duties but had not been DBS checked. On the day of our inspection we were informed that these members of staff were not currently chaperoning and would not chaperone until DBS checks had been completed. The practice provided us with confirmation that these checks had been requested on the day of the inspection. After the inspection the practice provided evidence to show that DBS checks were completed for these staff members prior to our visit.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. 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,

Are services safe?

recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- We saw evidence that some prescriptions were kept in a locked room within the upstairs area of the practice and checked in and out by number. However we were told by one of the partners that prescriptions may be left in printers in unlocked rooms during opening hours.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found 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.

Monitoring risks to patients

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which was accessible to all staff. The practice had up to date fire risk assessments and a policy which was displayed within all of the treatment rooms. There was information in the patient waiting area about what to do in the event of a fire and reception staff were clear about how to evacuate the waiting area if there was a fire. The practice informed us that they had not had a fire drill since August 2012. We were told by the practice manager that a drill was scheduled to take place on 17 December 2015. All staff had recently completed fire safety training with the exception of those on annual leave or on sickness absence; though we were told that this would be completed upon staff returning to work.
- 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. Staff told us that other members of the team would cover for those who were ill and that the practice would use agency workers when staff were on long term sickness absence. Systems were in place to check the qualifications and registration of locum staff.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. However in certain respects these arrangements were not robust enough to ensure that patients and staff were protected.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. This training was out of date for the majority of staff with clinical staff having last completed basic life support training in April or September 2014 and non clinical staff during 2012/13. The practice provided evidence that Basic Life Support training had been booked for completion on 17 December 2015 and we have since received evidence that this has been completed. There were emergency medicines available on the premises and doctors carried a supply of emergency medicines in their bags.
- The practice did not have a defibrillator available however the practice manager confirmed that a risk assessment had been completed and the practice had decided to purchase one. We were provided with evidence that a defibrillator had been ordered. The practice had a supply of oxygen within the reception area with masks for adults. However masks for children were stored separately within an emergency equipment box within a treatment room and not with the supply of oxygen. There was also a first aid kit available.

Are services safe?

- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. Medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building

damage. The plan included emergency contact numbers for staff. However we found that some staff were unaware of the plan and it was not clear from looking at the document who had overall responsibility.

Are services effective?

(for example, treatment is effective)

Our findings

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 clinical staff up to date. Staff had access to guidelines from NICE local guidelines which were stored within the electronic recording system. This information was used to deliver care and treatment that met peoples' needs.
- Clinical staff in the practice were offered protected learning time for continual professional development. The surgery closed for four hours every month to allow staff to attend training sessions offered by the local CCG including mental health training.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. For instance we saw evidence of a patient had been advised by one of the practice GPs that their simvastatin (a drug for high cholesterol) should be increased in accordance NICE guidelines.

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 90.2% of the total number of points available, with 5.9% exception reporting.

Data from 2013/14 and 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. In 2014/15 The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 72.5% compared to the national average of 77.5%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88.8% compared with the national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG

and national average. In 2014/15 78% of these patients had received a blood test compared with national average of 83.6%. The practice were considering the introduction of a nurse led hypertension clinic.

- Performance for mental health related indicators was lower compared to the national average. For instance the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 78.1% compared to the national average of 88.3%. However this had significantly improved when compared with the previous year's figures.
- The dementia diagnosis rate was above the CCG and national average. The number of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% which is significantly higher than the national average of 84%.

The only outlier identified from the QOF data we reviewed showed that the practice had a large variation in the ratio of reported versus expected prevalence for Coronary Heart Disease in 2013/2014. This was explained by the the practice population largely comprising of working age people and a lower population of patients aged over 65 compared to national and CCG averages.

Clinical audits demonstrated quality improvement

- There had been four clinical audits conducted in the last two years, one of these was a completed audit regarding patients with a history of atrial fibrillation who were on anti-coagulant medicine. The aim of the audit was to try and identify patients who had atrial fibrillation and could have been prescribed anti-coagulant medicine (but were not currently) to reduce their risk of stroke. Ten patients were identified who were considered suitable candidates for anticoagulant medicine in the initial cycle and by the time these patients were re-audited four were taking these anti-coagulant medicines or were about to start taking them. This reduced these patient's risk of stroke. The other patients were either assessed and found to be unsuitable candidates or refused to take the medication or did not attend the practice to discuss the proposed treatment.
- The practice participated in applicable local audits including an audit of antibiotic prescribing; with the

Are services effective?

(for example, treatment is effective)

second cycle due for completion by the end of March 2016. The practice had also participated in another CCG wide audit aimed at ensuring that inhaled corticosteroids are only prescribed when necessary. The purpose of this was to ensure improved outcomes for COPD and asthma patients in the locality and to reduce wastage. There was no evidence of improvement having been made in accordance with the benchmarks set by the CCG between the first and second cycle. However the practice had produced an audit action plan which aimed to address the areas where they were not performing well.

- The practice participated in a CCG audit which aimed to determine if pregabalin was clinically appropriate in the treatment of neuropathic pain. The objective of the audit was also to reduce instances of inappropriate prescribing of pregabalin; moving patients onto alternative treatments in accordance with NICE guidelines and monitoring the effectiveness of these therapies. The practice initially conducted an audit in 2012 identifying any patients that were prescribed pregabalin and moved them onto alternate therapies in line with the recommendations. This was then re-audited in 2015 and the practice confirmed that they were still adhering to the guidance.

Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed non-clinical members of staff.
- The learning needs of clinical 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 ongoing support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All clinical staff had received an appraisal within the last 12 months, but it was two years since some reception or administrative staff had received an appraisal. The new practice manager informed us that she was intending to commence appraisals for non-clinical staff shortly.

- Staff received basic training that included safeguarding and basic life support. However basic life support training for the majority of staff was out of date and no staff had undertaken information governance training. Clinical staff had also undertaken additional training to assist them in the performance of their role.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring 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 ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a regular basis 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.

Health promotion and prevention

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

- These included patients who were at risk of unplanned admissions, those who were over 75 in the last 12

Are services effective? (for example, treatment is effective)

months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

- The practice referred patients to a local weight management service opportunistically where appropriate and the practice's healthcare assistant operated a smoking cessation clinic.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 87.1% which was above the CCG average of 79.9% and the national average of 81.8%. There was a policy to offer text reminders for patients who did not attend for their cervical screening test

and three letters would be issued if patients did not respond to requests for attendance. 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 higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.8% to 99.2% and five year olds from 87.4% to 98.9%. In 2013/14 Flu vaccination rates for the over 65s were 75.97% and at risk groups 56.94% These were also slightly above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients where sexual health screening was offered 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 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 and that conversations taking place in these rooms could not be overheard.

We received 39 patient CQC comment cards. Of these 33 were entirely positive about the about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94.5% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88.6%.
- 86.7% said the GP gave them enough time (CCG average 81.5%, national average 86.6%).
- 97.7% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95.2%).
- 87.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 80.2%, national average 85.1%).

- 83.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84.8%, national average 90.4%).
- 81.6% said they found the receptionists at the practice helpful (CCG average 84.9%, national average 86.8%).

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:

- 84.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.4% and national average of 86.0%.
- 78.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.2%, national average 81.4%).

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 including bereavement support.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 of the patients on the practice list were carers.

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. The practice attended monthly meetings with Southwark CCG. In addition meetings were held among the practices within the federation. We saw evidence of meetings where a collective framework was agreed amongst practices within the CCG for flu immunisations. There was also evidence of discussions regarding the provision of maternity services and how the surgery would facilitate patient access though we could see no firm plan of action had yet been agreed.

- The practice offered morning and evening surgeries on Mondays and Thursdays for working patients who could not attend during normal opening hours. The practice was open 8.00 am and 8.00 pm on Monday, 8.00 am and 6.30 pm on Tuesday, Wednesday and Friday and 8.00 am and 7.00 pm on Thursday.
- The practice's had a list of vulnerable patients including those with disabilities. An alert would appear when staff accessed the records for these patients. These patients would then be telephone triaged by the doctor who would determine if a longer appointment was appropriate.
- Home visits were available for those who required them. Requests for home visits were triaged by a GP.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice hosted a counselling service and offered sessions at different times of the day throughout the week.
- The practice had an osteopath who provided care and treatment to patients in accordance with NICE guidelines.
- The PPG had hosted guest speakers at the practice who would provide patients with health information advice and support. For instance a diabetes dietician from the local hospital trust attended the most recent meeting

held in October and provided advice on how healthy eating can help control blood sugar levels if you already have type 2 diabetes. This was open to all of the patients registered at the practice.

- The practice held a baby clinic every Thursday.

Access to the service

The practice is open between 8.00 am and 8.00 pm on Monday, 8.00 am and 6.30 pm on Tuesday, Wednesday and Friday and 8.00 am and 7.00 pm on Thursday. Appointments are available Monday between 9.00 am and 12.10 pm and 3.00 pm and 7.40 pm, Tuesday 8.30 am and 11.50 am and 4 pm and 5.50 pm, Wednesday between 8.30 am and 11.50 and 3.00 pm and 5.50 pm, Thursday between 8.00 am and 12.10 pm and 3.00 pm and 5.50 pm and on Fridays from 8.00 am to 11.50 am and 3.00 pm till 5.50 pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice worked closely with the local extended primary care service (EPCS). People who contacted the surgery to request an emergency appointment were telephone triaged. If no appointment slots were available at the practice those patients who required a face to face consultation (and met referral criteria) would be directed to the EPCS.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 75.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.5% and national average of 74.9%.
- 82.9% patients said they could get through easily to the surgery by phone (CCG average 74.2%, national average 73.3%).
- 71.9% patients described their experience of making an appointment as good (CCG average 67.3%, national average 73.3%).
- 66% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55.1%, national average 64.8%).

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was noted as the designated contact for patient complaints.
- The practice had produced a leaflet regarding its complaints procedure and detailed contact information for other agencies that patients could contact if they were not satisfied with the response they received from the practice.
- We looked at 11 complaints received in the last 12 months and found evidence of complaints being handled satisfactorily; with sufficiently clear and timely responses being provided. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, several complaints related to the way patients were treated by reception staff. The reception staff were also rated slightly lower than average in the national patient survey. In response to this the practice has arranged for all reception staff to attend an NVQ level 3 customer service training course.

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. The majority of staff we spoke with knew and understood the values of the practice.
- The practice had a clear future strategy in place. However this was not formalised in a documented business plan. The practice had recruited two new salaried GPs to replace two GPs that had recently left.

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:

- One of the partners was the designated lead for clinical governance and Caldicott guardian.
- We saw that the practice manager was in the process of completing an information governance toolkit which would enable the practice to identify and benchmark improvements within the service.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were in place. Copies were available to all staff electronically and in hard copy. The practice had produced a sheet which provided staff with directions on where to access policies on the shared drive.
- Staff had a comprehensive understanding of the performance of the practice.
- Although we found evidence of that staff within the practice were completing audits there was no structured programme for clinical or internal audits.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take 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.
- The practice held monthly practice meetings which were attended by all three of the partners. The partners held partnership meetings out with the practice three times a year.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident in doing so and felt supported.
- 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 they would ask all members of staff to identify opportunities to improve the service delivered by the practice during practice meetings.

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 patient participation group (PPG) and through surveys and complaints received. There was an active and longstanding PPG which met on a regular basis, fed into

Are services well-led?

Good 

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

the content of patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were consulted on the topics to be covered in the patient survey.

- The PPG also arranged open sessions where GPs would attend and discuss new initiatives within the practice; for instance the new triage system and electronic prescribing.
- The practice advertised the PPG both in the practice and online. The website advertised an online PPG. However the link which allowed people to register was not working at the time of our inspection.
- Members of the PPG that we spoke with also told us that they attended locality PPG meetings. This enabled information sharing between the practice PPG and other groups within the locality.
- Staff told us they would not hesitate to discuss any concerns with management and were actively asked for their feedback during monthly team meetings as well for their opinions and suggestions on how to improve the

running of the practice. For example staff we spoke with told us that they felt that another receptionist was needed and that the practice manager was now in the process of recruiting an additional member of staff.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One of the practice partners was involved in the development of the EPCS. This benefited the practice population by providing greater convenience, longer access and allowed the area to provide a greater number of patient contacts through triaging. The partner told us that they were looking to expand the range of services that the EPCS provided. Additionally we were told that the practice had not performed as well as expected in respect of managing hypertension. As a result the practices were currently in the process of reviewing the way they handle hypertensive patients and were considering introducing a hypertension clinic run by one of the practice nurses.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have adequate systems in place to assess, monitor and mitigate risks to people using the service.</p> <p>The procedures the practice had in respect of securing prescriptions was not being adhered to at all times.</p> <p>There processes and procedures in respect of ensuring that all staff had received the appropriate training were not effective.</p> <p>There were no processes in place to ensure that all staff received an annual appraisal.</p> <p>The business continuity arrangements within the practice were not robust.</p> <p>Regulation 17 (1) (2) (a)(b)</p>