

Dr. Abraham & Partners

Quality Report

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

Ratings

Overall rating for this service	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 Dr Abrahams & Partners (Morden Hill) on 25 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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:

- Ensure that complete records are maintained of all training, including child safeguarding training appropriate to staff members' roles.
- Ensure that 'near miss' events are managed using the practice's significant event process, so that learning can be recorded and assessed.
- Ensure that recruitment checks are carried out in line with guidance and the practice policy and that a personal development plan is completed for all staff as part of the annual appraisal process.

Summary of findings

- Continue to improve patient outcomes as measured by the Quality and Outcomes Framework (QOF) and consider how to improve take up of annual health checks by patients with a learning disability.

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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2014/15 showed patient outcomes were below average. The practice showed us data that showed that their performance improved in 2015/16 (although this data had not been published or independently verified at the time of our inspection), and we heard of new arrangements put in place to make further improvements.
- 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, but not structured personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice above others for several aspects of care.

Good



Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice added a 'special care' note to the patient's electronic record if they might need particularly sensitive treatment, perhaps because of a bereavement, a recent difficult diagnosis or dementia.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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 in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of the GPs was designated as the 'end of life' care lead. Their role included working with patients and families to create holistic care plans and encouraging discussions about patient's wishes for end of life care and place of death. The practice worked with others in the multidisciplinary team to try to ensure these wishes were met. The practice told us that (over a 9 month period checked in 2015) 50% of these patients died in their preferred location, which was above the national average of 25%.
- We saw examples of extra efforts being made to limit the disruption to very vulnerable or frail patients from medical treatment, for example tests being arranged in a patient's home that would normally take place in hospital.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was generally below the national average in 2014/15. The practice showed us data that showed that their performance had improved in 2015/16 (although this data had not been published or independently verified at the time of our inspection), and we heard of new arrangements put in place to make further improvements.
- Two of the practice nurses were trained educators for a specific self-management course for people with, or at risk of, type 2 diabetes. One of the GPs had led on the local education programme for people with type 1 diabetes.
- To better meet the needs of patients with long term medical conditions, all clinical staff were trained in

Summary of findings

collaborative care planning. We saw evidence that the care plans of people with complex needs were reviewed every six months, with extra time and support given to engage patients to help them engage with plans to improve their health and wellbeing. This scheme was supported by the Clinical Commissioning Group.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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 Accident and Emergency attendances. Immunisation rates were in line with local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



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.
- The practice offered longer appointments for patients with a learning disability, but no easy-read materials. The take up of annual health checks for patients with a learning disability was low.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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 mixed, with some below the national average. For example, 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 88%. The practice showed us data that demonstrated their performance had improved, and we heard of new arrangements put in place to make further improvements.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

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

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. Three hundred and twenty-three survey forms were distributed and 122 were returned. This represented just over 1% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried (compared to the national average of 76%).
- 93% of patients described the overall experience of this GP practice as good (compared to the national average of 85%).
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared to the national average of 79%).

The practice uses the NHS 'Friends and Family' test. We looked at results from the last three months. Most patients said that they would be likely or extremely likely to recommend the practice.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Twenty-eight cards had only positive comments about the standard of care received. Two cards contained mixed feedback, positive about most aspects of care received but negative about appointment availability.

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

Dr. Abraham & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Dr. Abraham & Partners

Dr Abrahams & Partners run the GP practice known as Morden Hill Surgery. The practice is based in a conversion of two houses in a residential area of Lewisham area, in south London, and works within Lewisham Clinical Commissioning Group (CCG). Parking near the practice is very limited but the area is well served by public transport.

There are approximately 8829 patients at the practice. Compared to the England average, the practice has more patients aged 25 to 49, young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

Life expectancy of the patients at the practice is in line with CCG and national averages. The practice population scores relatively highly on a national measure of deprivation: with a score of four out of ten (with one being the most deprived) and on measurements of deprivation affecting older people and children. Compared to the English average, more patients are unemployed.

Six doctors work at the practice: two male and four female. Four of the doctors are partners (two male and two female) and there are two salaried GPs. Some of the GPs work part-time. Full time doctors work 8 sessions per week. The practice has 39 GP sessions per week.

There are three female practice nurses. They all work part-time, with all of the nursing hours adding up to 1.7 whole time equivalents.

The practice is a training practice for junior doctors training to be GPs.

The practice is open 7am to 6.30pm Monday to Friday.

Appointments are available from 7am to 11.30 am and 1pm to 6pm on Monday, 8am to 12pm and 3.30pm to 6pm on Tuesday, 8.10am to 12pm and 2.30pm to 8.30pm on Wednesday, 8am to 11.30 am and 1pm to 6pm on Thursday, and 8am to 11.40 am and 2.50pm to 6pm on Friday.

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

The practice provides works under a Personal Medical Services contract with the NHS, and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, family planning and maternity and midwifery services.

Why we carried out this inspection

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 May 2016. During our visit we:

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

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of significant events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after part of a smear test sample was rejected as it unlabelled, nursing staff reviewed their procedure and now ask patients to wait while all sample pots are labelled.

We heard of a 'near miss' that had not been recorded using the practice's significant event process, although appropriate review and learning had taken place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.

- Staff demonstrated they understood their responsibilities in relation to safeguarding children and vulnerable adults relevant to their role. We checked staff records for evidence of training. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1.
- The practice was unable to provide evidence of up to date of level 3 child safeguarding for two GPs, we were advised that these GPs were to attend further training after the inspection. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) 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.)

Are services safe?

- We reviewed four personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. One file (for a GP) only had one reference, rather than two as required by the practice policy.
- 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 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.

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. 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 88% of the total number of points available, compared to the Clinical Commissioning Group (CCG) and national averages of 93% and 95%.

Data from 2014/15 showed:

- Performance for diabetes related indicators was generally below the national average.
- 74% of patients with diabetes had a result from an IFCC HbA1c test (a specific test that measures the control of blood sugar) of 64 mmol/mol or less (compared to the national average of 78%).
- 63% of patients with diabetes had well controlled blood pressure (compared to the national average of 78%).
- 86% of patients with diabetes had an influenza immunisation (compared to the national average of 94%).
- 71% of patients with diabetes had well controlled total cholesterol (compared to the national average of 81%).
- 73% of patients with diabetes had a foot examination and risk classification (compared to the national average of 88%).

- Performance for mental health related indicators was mixed, with some below the national average.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 88%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan (compared to the national average of 88%).
- 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (compared to the national average of 90%).
- 76% of patients with physical and/or mental health conditions had their smoking status recorded (compared to the national average of 94%).

Practice staff explained that QOF performance, particularly for diabetes care, has historically been good, and that the QOF performance in 2014/15 was negatively affected by significant changes in personnel and staff on long-term leave.

Unverified and unpublished data that the practice submitted for 2015/16 showed improvement, with 94% of the total points achieved, and improvement in most diabetes and mental health indicators, for example:

- The percentage of patients with diabetes had a foot examination and risk classification increased from 73% in 2014/15 to 81% in 2015/16.
- The percentage of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months increased from 76% to 96%.

The practice manager told us that a few weeks previously the practice had introduced a system of designated 'QOF leads' with nominated administrative support to strengthen monitoring and identify areas for improvement.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. This was a CCG-led review of antibiotic prescribing. It is important that antibiotics are prescribed correctly, so that they remain effective. When the practice first checked a sample of patient records,

Are services effective?

(for example, treatment is effective)

only three out of 39 prescriptions for antibiotics had been made according to published guidance. GPs completed online training and the a second sample of patient records were checked three months later. At this stage, 20 out of 29 prescriptions had been made in line with the guidance. The practice planned to continue to monitor antibiotic prescribing to ensure continued improvement.

The practice participated in local quality improvement initiatives. For example, the Lewisham multi-disciplinary reflective learning programme to improve prescribing practice. As a result of their involvement, the practice made a number of changes, including working more closely with nursing home staff to ensure that medicines and other treatments and equipment were ordered in an effective way (ensuring patients had what they needed when they needed it, with the minimum of wastage).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical

supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, but these did not include a documented personal development plan.

- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and add your example. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from nursing staff.
- Two of the practice nurses were trained educators for a specific self-management course for people with, or at risk of, type 2 diabetes. One of the GPs had led on the local education programme for people with type 1 diabetes.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening

programme and the practice followed up women who were referred as a result of abnormal results. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 12% to 93% and five year olds from 85% to 96%. Local childhood immunisation rates for the vaccinations given to under two year olds ranged from 10% to 93% and five year olds from 71% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Take up rates for health checks were relatively low, including by people with learning difficulties. In 2015/16, none of the practice's 22 patients with learning difficulties attended for an annual health check. This data had not been published or independently verified at the time of our inspection.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 30 patient Care Quality Commission comment cards we received were positive about the care they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). 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 (published in January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them (compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%).
- 89% of patients said the GP was good at giving them enough time (compared to the CCG average of 83% and the national average of 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (compared to the CCG average of 94% and the national average of 95%).
- 91% of patients said the last GP they spoke to was good at treating them with care and concern (compared to the national average of 85%).

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (compared to the national average of 91%).
- 86% of patients said they found the receptionists at the practice helpful (compared to the CCG average of 87% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

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

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 generally in line with national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. We discussed bereavement

support with practice staff. Shortly after the inspection, the practice sent us a new letter that to be sent to all bereaved families, offering the sympathies and giving details of sources of support.

The practice added a 'special care' note to the patient's electronic record if they might need particularly sensitive treatment, perhaps because of a bereavement, a recent difficult diagnosis or dementia.

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, the practice provides 24-hour blood pressure monitoring for patients suspected of having high blood pressure, to avoid patients having to travel to hospital to have this test set up. Some of the GPs in the practice were clinical directors on the CCG board.

- The practice offered 'Earlybird' appointments from 7.00am to 7.50am on a Monday and opened late on a Wednesday evening (until 8.30pm) for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- To better meet the needs of patients with long term medical conditions, all clinical staff were trained in collaborative care planning. We saw evidence that the care plans of people with complex needs were reviewed every six months, with extra time and support given to engage patients to help them engage with plans to improve their health and wellbeing. This scheme was supported by the CCG.
- One of the GPs was designated as the 'end of life' care lead. Their role included working with patients and families to create holistic care plans and encouraging discussions about patient's wishes for end of life care and place of death. The practice worked with others in the multidisciplinary team to try to ensure these wishes

were met. The practice told us that (over a 9 month period checked in 2015) 50% of these patients died in their preferred location, which was above the national average of 25%.

- We saw examples of extra efforts being made to limit the disruption to very vulnerable or frail patients from medical treatment, for example tests being arranged in a patient's home that would normally take place in hospital.

Access to the service

The practice is open 7am to 6.30pm Monday to Friday.

Appointments are available from 7am to 11.30 am and 1pm to 6pm on Monday, 8am to 12pm and 3.30pm to 6pm on Tuesday, 8.10am to 12pm and 2.30pm to 8.30pm on Wednesday, 8am to 11.30 am and 1pm to 6pm on Thursday, and 8am to 11.40 am and 2.50pm to 6pm on Friday.

Extended hours appointments were offered on Monday 7am to 7.50am and 6pm to 8.30pm on Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them, but some patients told us that it was difficult. We checked the practice appointment system and saw that appointments were still available to book for the next day and the following day.

As the practice was aware that some patients were unhappy with appointment access the practice manager planned an audit to check the situation and whether the issue is with particular days of the week.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the

Are services responsive to people's needs?

(for example, to feedback?)

need for medical attention. Anyone requesting a home visit was telephoned by a GP to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 information was available to help patients understand the complaints system, with a leaflet available in reception.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, after a patient complained about being asked to wait in the practice to see a GP (when the clinic was running late), reception staff discussed different ways to deal with similar situations arising in future.

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.

- Staff knew and understood the practice 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 was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG recently suggested the introduction of a practice newsletter, which was being developed.
- In addition to having paper copies of the 'Friends and Family Test', the practice had a system that sent a text message to patients after their appointment to ask for feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Based on a suggestion from a staff

Are services well-led?

Good 

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

member, the practice is currently re-arranging how and where patient files are stored, to make them easier for staff to manage. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area.

For example, the Lewisham multi-disciplinary reflective learning programme to improve prescribing practice. As a result of their involvement, the practice made a number of

changes, including working more closely with nursing home staff to ensure that medicines and other treatments and equipment were ordered in an effective way (ensuring patients had what they needed when they needed it, with the minimum of wastage).

To better meet the needs of patients with long term medical conditions, all clinical staff were trained in collaborative care planning. We saw evidence that the care plans of people with complex needs were reviewed every six months, with extra time and support given to engage patients to help them engage with plans to improve their health and wellbeing.