

# Norheads Lane Surgery

## 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

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

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

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Norheads Lane Surgery on 2 August 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Clinical staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and felt involved in their care and decisions about their treatment. The practice was rated above average for consultations with the nurse but comparable to or below the national average in some areas for consultations with a GP.

- Information about services and how to complain was available. Improvements were made as a result of learning from complaints and concerns.
- A patient participation group (PPG) had been in operation in the practice since 2011. However, there were now only six members of the group and as they no longer held meetings, communication was carried out by email only.
- Most patients we spoke with said they were usually able to make an appointment with a GP when they wanted one and urgent appointments were usually available the same day through the practice walk-in 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

# Summary of findings

- The provider should continue to monitor patient satisfaction rates regarding consultations with GPs and implement improvements as appropriate.
- The provider should consider strategies to encourage patients to join the patient participation group (PPG) and establish regular communication with group members.

**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 a system in place for reporting, recording and investigating significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong, patients were informed as soon as practicable and received reasonable support, truthful information and a written apology. They were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for all indicators were above or comparable to the local and national averages.
- The overall clinical Exception Reporting rate was comparable to the local and national average.
- Clinical staff had access to and were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for consultations with the nurse and comparable to or below the national average for consultations with a GP.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions and patients living with dementia.
- Patients we spoke with said they were usually able to make an appointment with a GP and urgent appointments were usually available the same day through the practice morning walk-in service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the complaints we reviewed showed the practice responded quickly to issues raised and learning from complaints was shared with staff.

Good



## Are services well-led?

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

- 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 policies and procedures to govern activity and these were readily available to staff and reviewed regularly.
- An overarching governance framework supported the delivery of the practice strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received an induction, annual performance review and attended staff meetings and training opportunities.

Good



# Summary of findings

- The provider was aware of the requirements of the duty of candour. In examples of incidents and complaints we reviewed we saw evidence that the practice complied with these requirements.
- The provider encouraged a culture of openness and honesty. The practice had systems for managing safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients. We saw examples where feedback had been acted on.
- The practice engaged with the patient participation group via email.
- There was a focus on continuous learning and improvement at all levels. Staff training was encouraged.

# 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.

- Staff had received training to enable them to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- Patients were involved in planning and making decisions about their care, including their end of life care.
- The practice followed up older vulnerable patients when discharged from hospital to ensure care plans were updated to reflect any additional needs.
- Where older patients had complex needs, the practice shared summary care records with local care services following consent from patients.
- Older patients were provided with health promotional advice and support to help them maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- The Practice Nurse and GP worked collaboratively in the management of patients with long-term conditions.
- The practice performance rates for the Quality and Outcomes Framework (QOF) diabetes related indicators were above the local and national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were processes in place for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## Families, children and young people

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

- From the sample of records we reviewed we found there were systems to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Immunisation rates were below the national target for some standard childhood immunisations but the practice were aware of this and continued to work towards improving uptake rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group in the provision of ante-natal, post-natal and child health surveillance clinics. Quarterly meetings were held with the health visitor to discuss children and families of concern.
- The practice had processes in place for managing appointments for acutely ill children and for acute pregnancy complications.

Good



## 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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was proactive in offering online services.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

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 patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

Good





# Summary of findings

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

## **People experiencing poor mental health (including people with dementia)**

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

- The practice carried out advance care planning for patients living with dementia.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local average of 82% and national average of 84%.
- The practice monitored the physical health needs of patients with poor mental health and dementia.
- The practice monitored repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was above the local average of 83% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health regarding how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we interviewed had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with the local clinical commissioning group (CCG) and national averages in most areas. 292 survey forms were distributed and 99 were returned. This represented a response rate of 34% (3% of the practice's patient list).

- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 82% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 78% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 18 comment cards which were positive about the standard of care received. Positive comments also included reference to the valuable support and understanding provided by the friendly and caring practice staff. The few negative comments received related to recent difficulties obtaining GP appointments and the absence of regular GPs.

The provider was aware that their recent period of unavoidable long-term sickness absence had impacted on continuity of care for patients and hoped that following their return to work and the start of the new partner the following month this would be improved. A review of current appointment availability and timings was planned once the new partner joined the practice.

We spoke with 11 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results received via SMS text messaging showed that the majority of patients would recommend the practice to friends and family:

- April 2017 (42 responses) – 95% of patients were likely to recommend the practice.
- May 2017 (40 responses) – 93% of patients were likely to recommend the practice.
- June 2017 (45 responses) – 93% of patients were likely to recommend the practice.
- July 2017 (45 responses) – 84% of patients were likely to recommend the practice.

# Norheads Lane Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser, an Expert by Experience and another member of CQC staff.

## Background to Norheads Lane Surgery

Norheads Lane Surgery is located in Biggin Hill, Kent, in the London Borough of Bromley. The area is predominantly residential. Local rail services are five miles from the surgery and there are limited local bus routes. Unrestricted on-road parking is available close to the surgery.

The practice is located in a residential property which has been converted for the sole use as a surgery. The accommodation is based over two floors with patient facilities based on the ground floor. The two consultation rooms, one treatment room, reception area and waiting room are based on the ground floor with three administration offices and staff kitchen on the first floor.

A GP practice has operated from the current address for more than 40 years. The service operates under a General Medical Services contract providing services to 3098 registered patients. Bromley Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality. This is one of only two GP surgeries in the Biggin Hill area.

The surgery is based in an area with a deprivation score of 9 out of 10 with 1 being the most deprived and 10 being the least deprived.

The provider is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

The provider is currently registered with the CQC as an Individual, which it has been since 2007, following the retirement of one of the previous partners. Since then, until the month preceding the inspection, a salaried GP had been employed to provide five sessions per week in addition to the four weekly sessions provided by the lead GP.

Clinical services are usually provided by two GPs (providing a total of 9 sessions per week) and one full-time Practice Nurse.

At the time of the inspection there was no salaried GP in post and the lead GP was on long-term sickness absence. GP services were therefore provided by locum GPs (9 sessions per week). The lead GP is planning to return to work in September 2017 and the new GP partner is due to join the practice on 1 October 2017.

Administrative services are provided by four part-time members of staff including a Practice Manager (24 hours), Medical Secretary (27 hours) and two reception staff (29 hours).

The practice reception is open from 9am to 1.30pm and 5pm to 7.30pm on Monday; from 9am to 1.30pm and 4.30pm to 6.30pm on Tuesday; from 9am to 1.30pm and 5pm to 7pm on Wednesday and Friday and from 9am to 1.30pm on Thursday.

Telephone lines are open from 8.30am to 3pm and 5pm to 7.30pm on Monday; from 8.30am to 3pm and 4.30pm to 6.30pm on Tuesday; from 8.30am to 3pm and 5pm to 7pm on Wednesday and Friday and from 8.30am to 3pm on Thursday.

# Detailed findings

On Thursday the practice reception is open between 9am and 1.30pm with telephone lines open until 3pm. Between 3pm and 6.30pm the answerphone message instructs patients that the surgery is closed and provides a mobile number to call if the matter is urgent. The mobile phone is held by the duty doctor.

Appointments are available with a GP from 9am to 11.50am and 5pm to 6.50pm on Monday, Wednesday and Friday; from 9am to 11.50am and 4.30pm to 6.20pm on Tuesday and from 9am to 11.50am on Thursday.

In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are available on the same day through the walk-in clinic for patients that need them.

Telephone consultations are available daily.

The practice can also access appointments with the local Primary Care Access Hub (The Bromley GP Alliance). The service is available between 4pm and 8pm Monday to Friday and between 8am and 8pm Saturday and Sunday. Appointments must be booked through the surgery. The service is staffed by GPs from the practices who are members of the alliance and full access to GP electronic records is available for all consultations. The nearest location is approximately nine miles from the surgery.

Appointments are available with the Practice Nurse from 9am to midday and 5pm to 6.30pm on Monday, Tuesday, Wednesday and Friday and from 9am to midday on Thursday.

When the surgery is closed at weekends and between 6.30pm and 8.30am weekdays, urgent GP services are available via NHS 111.

## 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.

## 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 2 August 2017.

During our visit we:

- Spoke with a range of staff including the lead GP, Practice Nurse, secretary and receptionist.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Reviewed a sample of treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. There was no recording form available at the time of the inspection but the provider informed us, that immediately following the inspection, an incident reporting form had been placed at all staff work stations; an electronic copy was easily accessible to all staff and training had been given regarding the use of the forms. The incident reporting procedure supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice also monitored trends in significant events and evaluated any action taken.
- The practice carried out a thorough analysis of all significant events and an evaluation of the incident was discussed by the Practice Manager and lead GP. Learning and implementation of changes was shared with all staff at practice meetings and if urgent action was required this was disseminated immediately.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. We were told that the GP attended safeguarding meetings when possible and provided reports where necessary for other agencies.

- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding. All staff had received training on safeguarding children and vulnerable adults relevant to their role. The GP and nurse were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff acted as chaperones and 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) lead and liaised with the local infection prevention team to keep up to date with best practice.
- There was an IPC policy and protocol in place and staff had received up to date training.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were checked and signed before being given to patients and there was a reliable process to ensure this occurred. The practice aimed to process repeat prescription requests within 24 hours.

- With the support of the local clinical commissioning group pharmacy teams the practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Blank prescriptions were removed from printers and stored in a locked cupboard at the end of the day.

## Are services safe?

- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer vaccines in line with legislation.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out annual fire drills. Staff were aware of the procedure to evacuate the building and knew how they should support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated annually to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements in place to plan and monitor the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure sufficient staffing to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- In reception and in all consultation and treatment rooms there were panic alarms and an instant messaging system on the computer, which alerted staff to an emergency.
- Staff received basic life support (BLS) training. All clinical staff had received annual BLS training. The practice had recently introduced annual BLS training for all administrative staff and were in the process of updating staff training to achieve this.
- 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 appropriately.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. Emergency contact numbers for staff was readily available.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits 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 used by the CQC (2015/16) showed that the practice achieved 100% of the total number of points available compared to a Clinical Commissioning Group (CCG) and national average of 95%.

The practice clinical exception reporting rate was 7% which was similar to the CCG average of 8% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patient is unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Performance rates for all indicators were above or comparable to the CCG and national average. Data from 2015/16 showed:

- Performance for diabetes related indicators of 100% was above the CCG average of 89% and national average of 90%.
- Performance for mental health related indicators of 100% was above the CCG average of 90% and national average of 93%.

Exception reporting rates for both indicators were comparable with the CCG and national average.

There was evidence of quality improvement including clinical audit. There had been six clinical audits carried out in the last two years. Two of these were completed audits where the improvements made were implemented and monitored and findings used by the practice to improve services. For example, an audit was carried out in October 2016 to evaluate antibiotic prescribing for sore throat symptoms against the current NICE clinical guidelines. Treatment was audited against the set standard of 100% of patients to be prescribed antibiotics for upper respiratory tract infections on the basis of the Centor criteria. (The Centor criteria are a set of measures which may be used to identify the likelihood of a bacterial infection in adult patients complaining of a sore throat).

Results of the initial audit showed, that of the 21 patients reviewed, a total 10 patients had documented evidence in their medical record that met the criteria. Overall compliance with guidance was therefore 48%. The practice GPs discussed the results at a governance meeting and implemented the following changes to improve the adherence of future prescribing to relevant guidelines:

- Self- management leaflets were put in clinical rooms and the waiting room.
- An e-module for antibiotic prescribing was undertaken by two of the GPs.
- It was agreed to clearly document in patient records the indications for antibiotic prescribing for upper respiratory tract infections according to the Centor criteria.

A re-audit was carried out in April 2017, the results showed that of the 20 patients reviewed, 16 patients had the appropriate criteria recorded for justification of antibiotic prescribing and four patients were prescribed in the absence of documented criteria. Overall compliance with guidance had therefore risen to 80%.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for staff. For example,

# Are services effective?

## (for example, treatment is effective)

the GP and Practice Nurse had undertaken additional training in order to provide an enhanced diabetes primary care service including optimisation of oral medicines and initiation of insulin.

- The Practice Nurse, who administered vaccines and carried out sample taking for the cervical screening programme, had received specific training which had included an assessment of competence. They were able to demonstrate how they stayed up to date with changes in current practice, for example, by access to on line resources, training and discussion at peer support meetings.
- The learning needs of staff were identified through a system of appraisals 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 revalidation. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire safety awareness, 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. This included care and risk assessments, care plans, medical records and investigation and test results.

From the records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The practice were also involved in the local Integrated Care service where patients with complex needs were discussed via video link in a multi-disciplinary forum which included the GP, district nurses, community matrons, elderly care consultant, occupational therapists, physiotherapists, etc.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The Practice Nurse was the end of life care lead for the practice and maintained regular contact with patients and families to ensure care was coordinated and patients felt supported.

### 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. Confirmation of verbal consent was recorded in patient records.
- 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.
- Written consent was obtained and retained in patient records for the administration of some immunisations, such as those given to 'looked after' children.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, those at risk of developing a long-term condition, carers and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by telephoning patients who did not attend to remind them of its importance. The practice



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

ensured a female sample taker was available and there were systems in place to ensure results were received for all samples sent for testing. The practice followed up women who were referred as a result of abnormal results.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent data available to CQC (2015/16) showed that for some vaccines the uptake rates were below the national target of 90%. For example, rates for the vaccines given to

under two year olds ranged from 84% to 92% and five year olds from 80% to 90%. The practice were aware of this and had implemented actions to improve this over the previous year. Current practice data showed an improvement.

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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Open cabinets used for the storage of patient records were visible from the reception desk which meant some patient names were visible on the records. The provider informed us that they were in the process of considering ways to address this by providing covers for the storage cabinets.

Most of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The four negative comments received related to recent problems with booking appointments and increased use of locum GPs.

We spoke with 11 patients during the inspection including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the most recent national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to or above the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared with the CCG average of 88% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 99% of patients said the nurse was good at listening to them compared with the CCG and national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke to 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.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to or above local clinical commissioning group (CCG) and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

## Are services caring?

- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and national average of 90%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice were aware some of the patient satisfaction rates for consultations with a GP were below average and were planning to address this when the lead GP returned to work the following month and the new GP partner joined the practice on 1 October 2017.

The practice provided facilities to enable patients to be involved in decisions about their care. Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception area 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice had identified carers on the computer system to alert staff if a patient was also a carer. The practice had identified 64 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, the Practice Nurse or GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs or by giving them advice on how to access support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours GP appointments until 7pm three evenings a week for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available through the morning walk-in clinic for children and those patients with medical problems that required a same day consultation.
- The practice sent text message reminders for appointments.
- Patients were able to receive travel vaccines available on the NHS and patients were signposted to other clinics for vaccines available privately.
- There were facilities accessible to patients with a disability such as a hearing loop and a toilet accessible to wheelchair users.
- Interpreting services were available to patients whose first language was not English.

### Access to the service

The practice reception was open from 9am to 1.30pm and 5pm to 7.30pm on Monday; from 9am to 1.30pm and 4.30pm to 6.30pm on Tuesday; from 9am to 1.30pm and 5pm to 7pm on Wednesday and Friday and from 9am to 1.30pm on Thursday.

On Thursday when the practice reception was closed at 1.30pm, telephone lines remained open until 3pm. Between 3pm and 6.30pm the answerphone message instructed patients that the surgery was closed and provided a mobile number if their call was urgent. The mobile phone was held by the duty doctor until 6.30pm.

Telephone lines were open from 8.30am to 3pm and 5pm to 7.30pm on Monday; from 8.30am to 3pm and 4.30pm to 6.30pm on Tuesday; from 8.30am to 3pm and 5pm to 7pm on Wednesday and Friday and from 8.30am to 3pm on Thursday.

GP appointments were available from 9am to 11.50am and 5pm to 6.50pm on Monday, Wednesday and Friday; from 9am to 11.50am and 4.30pm to 6.20pm on Tuesday and from 9am to 11.50am on Thursday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance a limited number of urgent appointments were available on the same day, through the walk-in clinic, for patients that needed them. Telephone consultations were available daily after midday.

The practice also had access to appointments with the local Primary Care Access Hub (The Bromley GP Alliance). The service was available between 4pm and 8pm Monday to Friday and between 8am and 8pm Saturday and Sunday. Appointments had to be booked through the surgery. The service was staffed by GP members of the alliance and full access to patient electronic records was available for all consultations. The nearest location was approximately nine miles from the surgery.

Appointments were available with the Practice Nurse from 9am to midday and 5pm to 6.30pm on Monday, Tuesday, Wednesday and Friday and from 9am to midday on Thursday.

When the surgery was closed at weekends and between 6.30pm and 8.30 am on weekdays, urgent GP services were available via NHS 111.

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was above or comparable to the local clinical commissioning group (CCG) and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 71%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 82% of patients said that the last time they wanted to see or speak to someone they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 78% of patients said their last appointment was convenient compared with the CCG and national average of 81%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 68% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients told us on the day of the inspection that they were usually able to book appointments at the surgery when they needed them.

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

### **Listening and learning from concerns and complaints**

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

- The complaints policy and procedure 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. Information on how to make a complaint was displayed in the waiting area and in the patient information leaflet.

We looked at the four complaints received in the last 12 months and found these were satisfactorily handled in a timely way with openness and transparency. Lessons were learned 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, a patient complained that they attended the walk-in clinic and could not be seen as the appointments had already been filled. They complained that the website stated that the walk-in clinic was available until 11am. The complaint was discussed with staff and it was felt that the current provision of walk-in appointments was appropriate considering the additional availability of evening and weekend GP Alliance appointments. However, as the procedure for appointment allocation had not been understood by the patient the wording on the website was altered to ensure it was clear that a limited number of appointments were available on a 'first come, first served' basis and a note was also displayed in the waiting area with regards to the current process for urgent appointments.

# Are services well-led?

Good 

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

## Our findings

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

- The practice had a mission statement which stated that the aim of Norheads Lane Surgery was to provide high quality health care in a responsive, supportive and courteous manner. Staff understood and supported these values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The GP and Practice Nurse had lead roles in key areas.
- Practice specific policies were implemented and were readily available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice meetings were held two-monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of staff meetings that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

The provider chose to attend the surgery on the day of the inspection despite being on sick leave. They 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 that they were approachable and always took the time to listen to members of staff and had remained in regular contact and supported the practice throughout their recent absence.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff when communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty.

From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment, written records were kept of verbal interactions and written correspondence and affected patients were given reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including quarterly meetings with community matrons and health visitors to monitor vulnerable patients and safeguarding concerns.
- Staff told us the practice held regular team meetings. We saw minutes of staff meetings held every two months. Minutes were comprehensive and were available for practice staff to view.
- 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 by the provider. All staff were involved in discussions about how to develop services and were encouraged 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, valued and proactively sought feedback from patients and staff.

# Are services well-led?

Good 

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

- A patient participation group (PPG) had been in operation in the practice since 2011. There were only six members. The members were contacted by email to provide patient feedback to surveys when required.
- There were NHS 'Friends and Family' feedback forms available in the waiting area and SMS text messaging was used to encourage feedback from patients following appointments.
- Complaints and compliments were monitored and reviewed on a regular basis to identify trends and patterns with issues raised.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how services were provided.