

The Nunhead 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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Nunhead Surgery on 28 January 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. However the practice's systems and processes in respect of staff training were not robust enough to ensure patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 must make improvement are

- Ensure that all staff have the appropriate mandatory training including safeguarding, infection control, fire safety and basic life support in accordance with current guidelines.

Summary of findings

The areas where the provider should make improvement are:

- Consider undertaking an annual appraisal for all salaried GPs.
- Consider implementing the actions outlined in the practice's legionella risk assessment.
- Ensure that no staff undertake chaperoning duties in the future unless the practice has completed a DBS check for the staff member or documented risk assessment regarding the necessity of a DBS certificate.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Though some practice staff had an awareness of safeguarding legislation and their responsibilities under it, three of the staff files reviewed contained no record of safeguarding training and one member of non clinical staff could not provide an example of what would constitute a safeguarding concern; though they were aware of the identity of the safeguarding lead.
- Some risks to patients were assessed and well managed. However there was an absence of fire safety, infection control, information governance and basic life support training for certain members of staff and some of this training was out of date for others. Although the practice had applied for Disclosure and Barring Service certificates for all staff who undertook chaperoning duties we were told by one member of staff that they had previously performed chaperoning duties without a DBS certificate or the practice completing a risk assessment as to whether one was required. However the practice informed us that since becoming aware of the need for all staff acting as chaperones to have a DBS check, all staff who did not yet have a check were prevented from chaperoning until this had been completed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- One of the practice's clinical audits demonstrated quality improvement.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all non-clinical staff. None of the salaried GPs had received an appraisal in the last 12 months.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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. The practice was part of a GP federation and was involved in the development of the Extended Primary Care Service which provided GP access 8 am to 8 pm 7 days per week for those services in the federation.
- 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.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. While there were arrangements in place to monitor and improve quality, the practice did not always have sufficiently robust arrangements in place to identify and monitor risk quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people 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.
- The practice employed a community nurse to review patients over 65 who had not attended their GP within the last 15 months and those over 80 as part of the locality's holistic health assessment scheme.
- The practice provides services to a local care home. We were told during discussions with the care home manager that there is one GP who comes to visit the home every Monday which ensured continuity of care. We were told that GP's respond to emergencies when requested and that they refer to secondary care services when appropriate. We were also told that the GP is involved in end of life pathway management with the local hospice.

Good



People with long term conditions

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 similar to the CCG and national average. For instance the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months was 65.2% compared with 72.8% within the CCG and 77.5% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 76.72% compared with 78.03% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August 2014 to 31 March 2015 was 86.09% compared to 94.45% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 83.95% compared to 80.53% nationally.

Good



Summary of findings

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87.62% compared with 88.3% nationally. The practice informed us that they had a high proportion of patients on their register with diabetes which made it challenging to achieve some of their targets for patients in this population 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

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions was 74.1% compared to the national average of 75.35%.
- 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 89.56%, which was above the CCG average of 79.9% and the national average of 81.83%.
- 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 and health visitors.

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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

- The practice had a robust call up system for people with mental health issues who did not attend appointments or who attended out of hours.
- The practice offered in house cognitive behavioural therapy, counselling and specialised drug and alcohol counselling. The practice, in conjunction with a local NHS Trust, hosted a Community Mental Health Dementia Specialist Nurse who ran a community based Dementia Clinic. This clinic allowed for patients to be seen closer to their homes and covered the population of two other neighbouring practices.
- 88.33% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

Good



Summary of findings

- Performance for mental health related indicators was similar to the CCG and national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88% which was the same as the average national performance. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 90% which again was the same nationally. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 92% compared to 94% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 published on 2 July 2015. The results showed the practice was performing in line or above the local and national averages. Three hundred and fifty five survey forms were distributed and 109 were returned. This represented 31% response rate and 1.1% of the practice's patient list.

- 91.6% found it easy to get through to this surgery by phone compared to a CCG average of 74.2% and a national average of 73.3%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79.6%, national average 85.2%).
- 86.9% described the overall experience of their GP surgery as fairly good or very good (CCG average 67.3%, national average 73.3%).
- 93.5% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72.7%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients said that all clinical staff and reception staff treated them with kindness and provided an excellent service. One of the comments described the practice as a "one stop shop" as they were able to access GPs, nurses, a counsellor, benefits advisor and health visitors. Many of the comments were complimentary about the way that staff at the practice had managed their long term conditions.

We spoke with 11 patients during the inspection; three were members of the practice's PPG. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients did say that it could take some time to get through to the practice on the phone. All five patients that completed the practice's friends and family test would recommend the practice.

The Nunhead Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to The Nunhead Surgery

The Nunhead Surgery is part of Southwark CCG and serves approximately 9100 patients. The practice is registered with the CQC for the following regulated activities; Maternity and midwifery services, Treatment of disease, disorder or injury and Diagnostic and screening Procedures.

The practice population has a larger proportion of working age people and infants compared to the national average. The number of older people on the patient list is comparable to the national average. The practice population falls within the third most deprived decile on the index of multiple deprivation. The practice population is majority white British but has a significant number of white patients who are not native British and a number of black and Afro Caribbean patients. There are also a small number of Asian patients. The practice informed us that their patient turnover was 30% annually.

The practice is managed by 3 GP partners; one female and two male. There are seven salaried GPs; six female and one male, two nurses and a healthcare assistant.

The practice is open between 8 am and 6.30 pm Monday to Friday with extended hours from 6.30pm to 7.30 pm on Tuesdays. Appointments were from 9 am till 11.20 am in

the mornings and from 3.30 pm till 6 pm in the evenings Monday, Wednesday Thursday and Friday and from 9 am till 9 am till 11.20 am in the morning and 3.30 pm till 7.30pm on Tuesdays. The practice is closed at weekends.

The practice offers 30 GP sessions per week and 10 nursing sessions with booked and emergency appointments five days per week appointment structure.

The Nunhead Surgery operates from 58 Nunhead Grove, London, SE15 3LY which is owned by the partners. The service is not ideally suited to those with disability issues as the entrance to the surgery and waiting area is narrow.

Practice patients are directed to contact the local out of hour's provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and Pneumococcal Immunisations, Learning Disabilities, Minor surgery, Patient Participation, Remote Care Monitoring, Rotavirus and Shingles Immunisation.

The practice was working as part of a federation, improving health limited, which had set up an extended primary care service enabling patients to access GP services from 8 am to 8 pm 7 days per week.

Why we carried out this inspection

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

Detailed findings

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 28 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses healthcare assistants and reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in an incident book.
- The practice carried out a thorough analysis of the significant events; initially at weekly meetings and then again during an annual review meeting.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice were able to detail a security incident where a patient had accessed a clinical room without being directed to do so by staff; though a staff member was in the room when the patient entered. The practice had undertaken a significant event meeting with all staff and elected to increase security by putting a pin access lock on the door between the clinical rooms and the waiting area. We were told that clinical staff would now collect patients from the waiting area when it was time for their appointment.

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

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. Though the majority of these were embedded and clearly defined there were some instances where systems were not sufficiently robust. For example:

- There were limited arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and 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. Meetings were regularly held with

the local health visitor to review all patients with any safeguarding concerns, particularly where child protection issues had been identified, making sure that that the notes of any child, parent or siblings were accurate and up to date. Alerts were placed on the practice's electronic record keeping system so that clinicians were aware of the patient's circumstances. Though GPs did not regularly attend safeguarding case conferences they always provided reports where necessary. Staff demonstrated they understood their responsibilities. GPs were trained to Safeguarding level 3. A number of non-clinical staff had not received any safeguarding training and one member of staff, who had minimal contact with patients by virtue of the role they were assigned to and location of their work space, was unable to provide an example of something that would alert them to a potential safeguarding concern. The practice did not provide us with any documented risk assessment in respect of these members of staff regarding the necessity of safeguarding training. We were sent evidence that this training had been completed for all staff shortly after our 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 were in the process of having a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However one member of staff did inform us that they had previously chaperoned without being DBS checked or the practice completing a risk assessment to ascertain if a DBS check was needed. We were informed that once the practice became aware that chaperones required a DBS check all those who did not have a DBS certificate were prevented from chaperoning until their check was completed.
- 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. Some staff had not received up to date infection control training though evidence was provided that this had

Are services safe?

been booked for April 2016. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were told that the prescribing lead for the CCG had been out of post for a year. However the practice held their own yearly meetings attended by all clinicians where they would analyse patterns in prescribing and areas of change. Prescription pads were securely stored and there were systems in place to monitor their use in the practice. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer flu vaccinations after specific training when a doctor or nurse was on the premises. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed four personnel files and found that the practice was carrying out some recruitment checks prior to employment. For example, proof of identification, appropriate checks through the Disclosure and Barring Service and qualifications.
- 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 nurse continuously audited the results of cervical examinations.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However we found no evidence of fire safety training for those staff whose files we reviewed. Clinical equipment was checked to ensure it was working properly. We saw that the practice's portable appliance testing had recently expired and that testing had been scheduled for February 2016. 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. However the practice had not sent water samples to be analysed for legionella (*Legionella* is a term for a particular bacterium which can contaminate water systems in buildings) in accordance with recommendations detailed in their external risk assessment; which had been completed in 2012 and expired in 2014.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We saw evidence that those staff currently working in the practice had received basic life support training. However there was no evidence of any basic life support training for a member of staff currently on maternity leave and a number of staff had not completed this training within the last year. The practice provided confirmation that this had been booked for August 2016. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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. The practice held a number of annual virtual clinics with specialist consultants from a local hospital. These consultants were easily accessible by email or telephone and provided advice and support in respect of the management of complex patients. They also kept practice staff informed of developments in their specialism. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.3% of the total number of points available, with 6.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For instance the percentage of patients with diabetes, on the register, in whom the last IFCC**HbA1c** is 64 mmol/mol or less in the preceding 12 months was 65.2% compared with 72.8% within the CCG and 77.5% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 76.72% compared

with 78.03% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August 2014 to 31 March 2015 was 86.09% compared to 94.45% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 83.95% compared to 80.53% nationally. Finally The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87.62% compared with 88.3% nationally. The practice informed us that they had a high proportion of patients on their register with diabetes which made it challenging to achieve some of their targets for patients in this population group.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84% which is the same as the average performance nationally.
- Performance for mental health related indicators was similar to the CCG and national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88% which was the same as the average national performance. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 90% which again was the same nationally. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 88% compared to 84% nationally and the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 92% compared to 94% nationally.

One of the practice's clinical audits demonstrated quality improvement.

- There had been five clinical audits conducted in the last two years, one of these was a complete audit where the improvements made were implemented and monitored. Findings were used by the practice to improve services. The completed audit focused on the

Are services effective?

(for example, treatment is effective)

management of type two diabetic patients whose treatment was not being optimised with first and second line treatments. Patients were targeted who had a raised HbA1c. The patient's care was then adjusted to their individual circumstances and wishes. Some had their medicines changed, some were put on additional medicines, and others were referred to secondary care or an educational programme which promoted self-management. The patient's HbA1c were then checked three to six months later and it was found that 13 of the thirty patients selected had an improvement in their HbA1c. Where there was no improvement the practice had provided analysis of why there had been no improvement. The practice had also completed the first cycle of an audit related to pregabalin prescribing (a medicine used to treat neuropathic pain); aiming to identify alternative medicines that would be more appropriate for patients. This was due to be re-audited in April 2016. The practice nurse also undertook a continual audit of cervical screening results; identifying inadequate samples, those who required further treatment and when patients who had negative results needed to be recalled. Although all the practice used the information to recall patients where appropriate there was no evidence that the information was being used to drive quality improvement.

- The practice also participated in a study to assess the quality of holistic health assessments (HHAs) in South Southwark. Seventy of these were analysed and it was found that though there were a number of incomplete assessments identified the assessments were generally of a high standard leading to interventions that benefited patients. For example lunch clubs and befriending services to reduce loneliness, benefits assessments and debt advice to address financial strains and referrals for carer support. The action plan aimed to improve the quality of the templates used in the assessment, supply those undertaking home visits with electronic tablets and introduce electronic prompts to ensure the right codes are used for future audit purposes.
- The practice participated in local audits and national benchmarking.

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 non-clinical staff. It covered such topics as the practice's prescription policy, building security, fire safety, health and safety and confidentiality. However the practice was unable to supply a documented induction programme for two of the most recently employed GPs.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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. The practice told us that all staff were able to access additional training through the locality provider. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All non-clinical staff had received an appraisal within the last 12 months. However none of the salaried GPs had been appraised by the practice. The practice has since sent us a schedule confirming that GP appraisals will be undertaken in April.
- Staff received training that included: safeguarding, basic life support and information governance awareness. However some staff had not received this training. After the inspection the practice provided evidence that this training had either been booked or completed. 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.

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that meetings took place with a local hospice on a quarterly basis and that care plans were routinely reviewed and updated. Meetings were also held with the district nursing team on a fortnightly basis. Annual virtual clinics were held with consultants from the local hospital to review diabetic patients and those with respiratory problems.

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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice provided patients with smoking cessation and dietary advice and referred them to support groups where appropriate.

The practice's uptake for the cervical screening programme was 89.56%, which was above the CCG average of 79.9% and the national average of 81.83%. 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. 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 100 % to 83.4% and five year olds from 90.5%% to 96.8%.

Flu vaccination rates for the over 65s were 75.32%, and at risk groups 49.68%. These were also comparable national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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

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 14 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 provided high quality care and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice, felt the treatment given was of a high standard and the practice was open and honest. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94.2% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88.6%.
- 92.6% said the GP gave them enough time (CCG average 81.5%, national average 86.6%).
- 98.4% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95.2%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 80.2%, national average 85.1%).

- 94.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84.8%, national average 90.4%).
- 94.6% said they found the receptionists at the practice helpful (CCG average 84.9%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 the majority reported having sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 85.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.4% and national average of 86.0%.
- 81.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.2%, national average 81.4%).
- 86.1% said the last nurse they saw was good at involving them in decisions about their care (CCG average 79.2%, national average 84.8%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.65% of the practice list as carers. There were forms available in the reception area for carers to complete which would enable staff to note this on patient records as well as the records of the person that the patient cared for. Written information

Are services caring?

was available to direct carers to the various avenues of support available to them. The practice also held a support group for carers on the second Tuesday of every month. This was advertised in their practice leaflet.

Staff told us that if families had suffered bereavement, the practice sent a letter of condolence which offered relatives

the opportunity to book an appointment or speak to a GP at a flexible time to meet the family's needs. The practice would also refer relatives to a local bereavement counselling service.

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. One of the partners was the clinical lead within the CCG and another partner was a director of the federation. The practice was involved in the development of the Extended Primary Care Service which provided GP access 8 am to 8 pm 7 days per week for those services in the federation. The surgery informed us that they were actively participating in developing the service to include childhood immunisations, health checks and reviews of long term conditions.

- The practice offered extended hours appointments Tuesday evenings until 7.30pm for working patients who could not attend during normal opening hours. The practice told us that they would continually review their appointment system to ensure it met the needs of its patient population.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had a seasonal newsletter which was available for patients in the waiting area which kept patients informed of developments in the surgery and advertised services that the practice offered.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice offered in-house 24hr ambulatory blood pressure monitoring ABPM enabling a quicker and easier route to diagnosis for at risk patients.
- There were facilities for people who used a wheelchair, a hearing loop and translation services available.
- The practice nurse undertook holistic health assessments for patients over 65 who had not recently attended their GP and those over 80. The nurse worked closely with other colleagues in the practice who were able to refer patients to a wide range of services to meet their holistic needs.
- The practice PPG ran a walking group for patients.

- The practice nurse undertook home visits for elderly or housebound patients on Fridays to supplement the work of the district nursing teams who were busy with acute tasks.
- The practice held a weekly baby clinic where parents and guardians could seek advice from a local health visitor. The practice's immunisation clinic ran alongside this in order to make the service more convenient.
- The practice participated in the Southwark Time Bank Scheme. This scheme aims to get people actively involved in their local community by enabling people to use their skills to support those in their community while being able to utilise the skill and support of others. This was previously piloted at a nearby surgery. Although this had only recently been introduced, we were told by the programme coordinators that one of the GPs and the practice manager had been champions of the scheme and that they would soon be targeting the scheme towards carers, young mothers and the residents in a nearby nursing home.

Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday with extended evening access till 8 pm on Tuesdays. Appointments were from 9 am till 11.20 am in the mornings and from 3.30 pm till 6 pm in the evenings Monday, Wednesday Thursday and Friday and from 9 am till 11.20 am in the morning and 3.30 pm till 7.30pm on Tuesdays. The practice was closed at weekends. In addition to pre-bookable appointments that could be booked up to a week 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 local and national averages.

- 82.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.5% and national average of 74.9%.
- 91.6% patients said they could get through easily to the surgery by phone (CCG average 74.2%, national average 73.3%).
- 64.4% patients said they always or almost always see or speak to the GP they prefer (CCG average 54.3%, national average 60.0%).

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 to access and understand the complaints system. For instance the practice had leaflets in the waiting area and forms for patients to fill in with any comments or complaints

We looked at 11 complaints received in the last 12 months and found that the practice dealt with all complaints appropriately. Holding letters were issued within three working day and periodic updates were given when the practice requested information from other agencies. The practice acknowledge wrongdoing where appropriate and offered apologies. We found that the practice provided timely responses to all of the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had received a complaint which related to disclosure of confidential information. In response to the complaint the practice contacted the Information Commission and notified and apologised to all parties involved. The practice then ensured that before patients were provided copies of their notes these were checked by a senior member of the team to ensure that no confidential data was disclosed.

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.

- Practice staff had a clear understanding of the practice's vision and values. They were aware of the challenges faced by the organisation and knew what the practice was doing to address these.
- The practice informed us that their list size had grown from 7100 to its present size over a period of two years and that they applied to NHS England to reduce their catchment area and were currently awaiting a response as to whether they were allowed to do so. We were told that this was put out for patient consultation prior to submission. The partnership also owned an adjacent residential property which is currently rented out to residential tenants. We saw that a documented strategic proposal had been submitted to the Primary Care Infrastructure Fund to develop the property; incorporating three additional clinical rooms, two therapy rooms and relocating their administrative team and storage to the newly developed site. The practice would then seek to employ additional staff based at those premises; expanding existing services and providing additional services to be used by both the practice's patients and those from practices in the locality. This reflected the practice's vision and values; aiming to extend the services it offered to better cater to the needs of their own patients as well as providing services that could be utilised by those who were registered with other practices.

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.

- Though we saw evidence of an audit having been completed the practice's programme of continuous clinical improvement, including audits was insufficient.
- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice had failed to take action in respect of certain risks including legionella and other risks which could have been mitigated through provision of adequate staff training.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held clinical meetings on a Monday and whole practice meetings involving all staff in the practice on Tuesdays. This provided clinical staff with the opportunity to discuss relevant issues that had been raised in the prior clinical meetings and enabled staff to contribute ideas to any proposed changes or action points.
- 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 in doing so and felt supported if they did. We were told that the staff would all have lunch together at the weekly practice meetings.

Are services well-led?

Good 

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

- 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the patient participation group had asked for the practice to run educational sessions. The practice organised a guest speaker for the Alzheimer's society to attend in February 2016 and another talk from the dietics team from the local hospital in March 2016. The PPG also told us that they had raised concerns about the condition of the carpeting in the practice and that the practice had taken action to replace all of the flooring within the surgery.

- The practice had gathered feedback from staff through weekly practice meetings and annual appraisals. We were told that the practice manager had an open door policy and that staff were able to raise concerns at any time. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For instance a member of staff told us that although there were two points of entry to the kitchen staff would frequently walk through their office to get access which they found distracting. The staff member raised this in a team meeting and a sign was put on the door to encourage staff to use the other access point. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had signed up to the local shared care record pilot which enabled primary and secondary care organisations to have access to each other's medical records and aimed to minimise duplication of tests, time spent chasing feedback and enhance patient safety.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in that:</p> <ul style="list-style-type: none">• All staff did not have appropriate mandatory training. <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>