

The Corner Surgery

Quality Report

99 Coldharbour Lane, East Brixton, SE5 9NS

Tel: 020 7274 4507

Website: www.thecornersurgery.nhs.uk

Date of inspection visit: 24 May 2016

Date of publication: 28/09/2016

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 The Corner 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 on 24 May. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had worked with a local children's charity to identify and register homeless and other vulnerable young patients, for example those experiencing poor mental health. The practice was proactive in monitoring the care of these patients and liaising with local support services. The practice registered patients to the address of the charity to ensure their medical notes and correspondence was coordinated.

The areas where the provider should make improvement are:

Summary of findings

- Ensure the complaints policy and responses comply with requirements of The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Ensure an up to date health and safety risk assessment of the premises is in place.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The last risk assessment of the premises had been carried out in 2010.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a culture of encouraging staff development at the practice, and staff were given time and support to learn new skills and roles.
- 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.

Good



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 similarly to 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.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible. Various information had been translated into different languages to reflect the needs of the local population.
- 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.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice had participated in local research projects and initiatives, as well as adopting clinical techniques relating to holistic patient care and healthy lifestyles

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. Comprehensive care plans for patients with long term illness and complex needs were in place.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of the GP partners was the dementia lead for the local Clinical Commissioning Group (CCG).

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.
- The practice performance for diabetic patient was in line with local and national averages.
- 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. Patients at risk of various long term conditions were effectively identified and managed by the practice

Good



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.

Good



Summary of findings

- The practice had worked closely with a local childrens charity to identify and register homeless and otherwise vulnerable young patients.
- 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 comparable to the CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had adopted the “You’re Welcome” quality criteria, which had been developed by the Department of Health which set out principles to encourage and support young people to access the service.
- The practice GP and nurse had attended a local primary school to provide health education talks.
- An audit of the recording of body mass index (BMI) in children (used to measure child obesity) prompted the practice to purchase new scales and to incorporate a designated room by the reception area as part of the ongoing building works which they intended to use to weigh children.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice offered telephone consultations where appropriate for patients who were unable to attend the practice in person.

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.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The GP partners at the practice had completed diplomas in mental health in 2015.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and nine survey forms were distributed and 94 were returned. This represented 2% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to CCG average 74% of and the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 78% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards of which 27 were all positive about the standard of care received, three were mixed and one contained negative comments. Patients described the reception and clinical staff as friendly, respectful and caring.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The results of the practice's friends and family test showed 75% of patients would recommend the practice. Patients were able to submit their views for the friends and family test on paper in the practice or on the practice website.

The Corner 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, and a CQC Inspection Manager.

Background to The Corner Surgery

The Corner Surgery is a medium sized practice based in Lambeth. The practice list size is 5621. The practice population is very diverse. The practice is in an area in London of high deprivation. There is a higher than average percentage of patients aged between 20-44 and also a higher than average number of single parents. The practice had a Personal Medical Services (PMS) contract.

The practice facilities include four consulting rooms, one treatment room, one patient waiting room and one administration office. The premises are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet, and a hearing loop.

The staff team comprises one male GP partner, two female GP partners and one locum GP providing a total of 14.5 GP sessions per week. One female practice nurse, one female locum practice nurse and a practice manager. Other practice staff include one female health care assistant, two female health care assistant / receptionists, five receptionists (three female, two male), and two administrators.

The practice is open between 8.00am and 6.30pm Monday to Friday for appointments and offers extended opening between 6.30pm and 7.00pm Monday to Friday, and

between 6.30pm and 7.30pm on Tuesday. When the practice is closed patients are automatically directed from practice telephone to the local out of hours provider and are also directed to the nearby Waldron NHS walk-in centre which is open 7 days a week from 8.00am to 8.00pm. This information is also available on their website.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder and injury; diagnostic and screening procedures and maternity and midwifery services. These regulated activities are provided at one location.

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 24 May 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including two GPs, a nurse, a health care assistant and several reception staff, and spoke with five patients who used the service including two members of the patient participation group.
- 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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Information about significant events was shared with the local clinical commissioning group.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and truthful information. The practice did not routinely provide a written apology in such circumstances, or tell patients about any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of ten significant events that had taken place in the last 12 months. These contained appropriate analysis, action points and learning from events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. One example seen was a review of the practice Patient Group Directions (PGDs) following a clinical error administering a shingles vaccine. Significant events were routinely discussed at practice meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and reception and administrative staff to level 1. Quarterly training sessions were held by the practice at which staff would use role play and case studies to help identify and report safeguarding concerns.

- A notice in the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of

Are services safe?

patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (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 six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills as well as having two trained fire marshalls. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place for the control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The most recent risk assessment of the premises that was seen at the inspection was dated 2010, actions arising from that risk assessment had been carried out. Evidence was seen that a risk assessment had been arranged following the completion of significant building works at the premises.

- As part of an ongoing programme of building work to extend the premises, the practice held a meeting every two weeks to discuss how this was affecting the service and patients.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Administrative and reception duties and skills were shared between staff, allowing a flexible use of resources and cover during times of sickness or leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available 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 and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Two GP partners at the practice were able to log in to the clinical system from home and carry out telephone triage in the event of unexpected closure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example audits were carried out based on NICE guidelines for the prescription of simvastatin and amlodipine, as well as a full two cycle audit of diabetes management, for which the the second cycle had been based on updated NICE guidelines.

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 97% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 94% overall which was higher than the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- The percentage of patients with hypertension whose blood pressure was controlled to 150/90 mmHg or less was 85% compared to the CCG average of 82% and the national average of 84%.

- Performance for mental health related indicators was 97% compared to the to the CCG average of 91% and national average of 93%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 89%, compared to the CCG average of 85% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 88% compared to the CCG average of 88% and the national average of 84%.

The practice discussed QOF performance at clinical meetings and issued a staff newsletter referring particular areas of QOF that had been identified as in need of improvement. The GPs held numerous "virtual" clinics in which different areas of QOF were reviewed.

There was evidence of quality improvement including clinical audit.

- There had been 8 clinical audits completed in the last two years, of which four were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of patient deaths led to improvements in the recording of contact details and information about advance care planning for palliative care patients.
- An audit of the recording of body mass index (BMI) in children prompted the practice to purchase new scales and to include a designated room as part of the ongoing building works, which they intended use to weigh children.
- An audit of prescribing rates for patients with asthma saw a reduction to below local average levels with improved clinical feedback, more patient information and changes to repeat prescriptions.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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 had an induction pack available to GP locums which contained relevant information about operational policies, information systems and contact details.
- 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. Three reception staff had been supported to develop into the role of health care assistants, and two school leavers had been recruited as “apprentice” receptionists.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice nurse did not have formal supervision in place. She said she felt supported by the GP partners at the practice and attended a local nurse clinical supervision group as well as having working relationships with nurses in local practices.
- Many of the staff at the practice performed more than one role, such as reception, administration, practice management and health care assistant. This enabled the staff team to be responsive to unexpected absence and the daily needs of the practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.

- The practice participated in “simulation” training at a simulation and interactive learning (SaIL) centre at St Thomas' Hospital.
- The GP partners at the practice had completed diplomas in mental health in 2015 and one of the GP partners was the dementia lead for the local Clinical Commissioning Group (CCG).

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice utilised the “Local Care Record” scheme, a secure way of sharing information electronically between local hospitals and GP practices in Lambeth and Southwark.
- The practice did not routinely share performance data with local out of hours and ambulance services. However we saw evidence that patients receiving end of life care had appropriately coordinated out of hours care.

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

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. {cke_protected_1}

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, pregnancy and childcare. Patients were signposted to the relevant service.
- Patients at risk of various long term conditions were effectively identified and managed by the practice.
- A dietician and smoking cessation advice was available on the premises, for which patients were reminded by text message to attend.
- The practice was a member of the Lambeth GP Food Co-operative, at which patients and staff would grow fruit and vegetables in a small garden at the practice. Patients especially people with long-term health conditions had the opportunity to learn how to grow food in a safe and secure environment, led by practice nurses. Hospital based nutritionists and dietitians also worked alongside patients, providing informal advice on diet and nutrition. The practice told us that mental health consultations had been reduced and one patient reported lower blood pressure as a result of this initiative.

- The GP partners in the practice told us they had researched and adopted the "BATHE" technique in patient consultations. This technique is a psychotherapeutic method that addresses the patient's background issues and troubling problems which may be affecting their health.

The practice's uptake for the cervical screening programme was 74%, compared to the CCG average of 80% and the national average of 82%. The practice conducted a cervical screening review in February 2016 which led to changes in the patient registration system and the recruitment of a medical summariser to help identify and contact eligible women. 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. Women who did not wish to have a smear were offered written information, invited to speak with a nurse or doctor and given the option to complete an opt-out form. The practice 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 80% to 93% compared to the CCG average of 81% to 95%, and five year olds from 76% to 98% compared to the CCG average of 83% to 96%.

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

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.

Of the 31 patient Care Quality Commission comment cards we received, 27 were positive about the service experienced, three were mixed. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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. 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 comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice were aware of their low scores in the GP patient survey for questions relating to being treated with care and concern by the doctor, and being listened to. They were considering how to improve these scores but had not put firm plans in place.

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 had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans for vulnerable patients and those with long term conditions were personalised.

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

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the 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 79% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer, urgent telephone consultations and longer

appointments were made available to these patients. The practice had identified 214 patients as carers (4% of the practice list) and a carers pack had been developed. Written information was available to direct carers to the various avenues of support available to them, including a local carers' charity. In one example a patient with a diagnosis of dementia and their carer were assisted by their GP to seek out financial support and advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. The practice had carried out a two cycle audit of all deaths at the practice and this had led to an increased awareness of the death and bereavement protocol, and improvements in the recording of patients' family and carers details.

The practice had a counsellor and psychologist on site and there were leaflets in reception outlining how to access these services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Tuesday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- The practice was undergoing renovation and extension works at the time of the visit which would create additional rooms for patient consultations, increased office space and patient waiting areas.
- There were longer appointments available for patients with a learning disability and other vulnerable patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had employed GPs and reception staff who spoke languages common among patient population such as German, Spanish, Portuguese and French. The practice leaflet was available in Spanish, Portuguese and French.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The GPs routinely handed "Asthma Action Plan" leaflets in various languages to known and suspected asthmatic patients.
- The practice had adopted the "You're Welcome" quality criteria, which had been developed by the Department of Health which set out principles to encourage and support young people to access the service.
- The practice had invited all patients with sleep disorders to participate in a charitable research project funded by Guys and St Thomas' Charity, with the aim of better managing sleep disorder. Four patients attended interviews as part of this project and the GP partners used the learning from this project to help treat sleep disordered patients.

- The practice has registered homeless and otherwise vulnerable young patients who had been referred via a local childrens charity.
- The practice GP and nurse regularly attended a local primary school to provide health education talks.

Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday for appointments and offered extended opening between 6.30pm and 7.00pm Monday to Friday, and between 6.30pm and 7.30pm on Tuesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice has introduced telephone consultations for patients who were assessed as not requiring a face to face consultation, and a procedure was in place to ensure this was appropriately managed between reception and clinical staff.

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.

- 79% of patients were satisfied with the practice's opening hours compared to CCG average of 80% and the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- 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 which was included in the practice leaflet. There was a poster on display in reception detailing the complaints procedure, and complaints forms available to patients. NHS choices feedback forms had been translated into Spanish
- The practice routinely reviewed and responded to comments made on the NHS choices website.

We looked at five complaints received in the last 12 months and found that these were not always dealt with in a timely way. The practice told us that this delay may have been caused by the temporary absence of their practice manager earlier in the year. Responses demonstrated openness and transparency with dealing with the complaint and offered an apology where appropriate.

Response letters did not always provide details of the local health service ombudsman or other avenues for patients to pursue if they are not happy with the outcome, as required by the The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care. The practice kept a log of written, verbal and anonymous complaints which listed lessons learned and action taken. For example, following a complaint from a deaf patient about a failure to communicate effectively with them, contact details were made available at reception for a sign language interpreter. An annual complaints review meeting took place in March 2016 which identified further learning, for example additional staff training in the handling and recording of correspondence coming in to the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice maintained a list of a range of clinical and non clinical duties and specialisms that were attributed to individual staff members.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information but not always a written apology. An example was given by the practice of a patient who was invited in to the practice to discuss concerns about their clinical care.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and evidence was seen that these were minuted.
- 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. For example the practice considered a complaint from a member of staff about a patient who had become abusive and was upsetting other patients. As a result of this complaint the practice arranged for staff to attend training on handling challenging patients.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice leaflet contained information about the PPG and invited patients to join.

Are services well-led?

Good 

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

- The practice had made improvements arising from discussions with the PPG and the patients survey which included an online forum for the PPG, more information being made available in different languages, employing reception staff who can speak Spanish and Portuguese, and engaging younger patients using text messaging and frequently updating the website. A younger person and a person with a learning disability had joined the PPG further to efforts by the practice to make the group more representative of the local population.
- The practice had gathered feedback from staff through meetings and informal supervision. 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 the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, an example of this was the Lambeth GP Food Co-Operative. The practice had participated in local research projects and initiatives, as well as adopting clinical techniques relating to holistic patient care and healthy lifestyles .

The practice had invited all patients with sleep disorders to participate in a charitable research project funded by Guys and St Thomas' Charity, with the aim of better managing sleep disorder. Four patients attended interviews as part of this project and the GP partners used the learning from this project to help treat sleep disordered patients .