

Binfield Road Surgery

Quality Report

1 Binfield Road
London
Lambeth
SW4 6TB
Tel: 02076221424
Website: www.binfieldroadsurgery.co.uk

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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	Requires improvement	
Are services safe?	Inadequate	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

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 Binfield Road Surgery on 19 April 2016. Overall the practice is rated as requires improvement.

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

- Staff did not understand what constituted a significant event and there were inconsistent accounts among the staff we spoke to of how significant events were reported and managed. No one in the practice was able to supply a significant event policy on the day of the inspection. Of the two significant events the practice had identified within the last twelve months, reviews and investigations were thorough. Although staff were able to demonstrate learning from these events this was not documented so that the practice could undertake a subsequent review of the effectiveness of any actions put in place.
- Risks to patients were either not assessed or not well managed particularly in respect of fire safety, equipment, medicines management, consent and infection control.
- Data showed patient outcomes were comparable to those in the locality and nationally. Consent for minor surgery was not always recorded using the practice's consent forms.
- The majority of patients said they were treated with compassion, dignity and respect and felt cared for supported and listened to.
- Information about local services in the practice waiting areas was limited though the practice had translated some information into different languages spoken by its patient population. In addition the practice informed us that they were able to print off health promotion materials and information from their computer system and that they had a large number of leaflets available in different languages.
- Urgent appointments were available on the day they were requested.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some were not sufficiently detailed to ensure that patients were kept safe; including safeguarding, chaperoning and health and safety.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure that all staff have received required mandatory training in accordance with guidance.
- Put in place effective governance arrangements and policies and procedures which ensure staff and patient safety and mitigate risk.
- Review the practice's significant event process and ensure that staff are familiar with the policy and adequately able to identify things which may constitute a significant event.
- Ensure that staff within the practice are chaperoning in accordance with best practice.
- Assess and address infection risks in areas where invasive procedures are carried out.
- Ensure that there are appropriate systems in place for recording consent.
- Ensure that medicines and prescriptions are always securely stored.
- Ensure that systems are in place to monitor the expiry dates of clinical equipment.
- Improve the processes in place for monitoring vaccine fridge temperatures and keep a record of the reason and actions taken for any out of range readings.
- Ensure that systems are in place to monitor the professional registrations of clinical staff.

- Ensure that systems are in place to monitor staff immunity to common communicable diseases.
- Ensure health and safety policies and procedures sufficiently mitigate against the risk of fire.
- Have systems and process in place to ensure that all electrical equipment is safe to use.

In addition the provider should:

- Improve the identification of and support for those with caring responsibilities among the practice's population and provide information for carers in the reception area.
- Ensure that staff are appraised annually.
- Consider undertaking regular documented strategic business reviews.
- Ensure records are kept and shared of action points and learning from meetings.
- Ensure the complaints policy and responses comply with requirements of The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services.

- Staff were not clear about what constituted a significant event and staff provided inconsistent accounts of the significant event process. No one within the practice was able to produce a significant event policy on the day of our inspection and the reporting form that staff used to report incidents only provided examples which arose from the actions of patients. Although the practice carried out investigations when there were unintended or unexpected safety incidents, learning from outcomes was not always documented; though staff were able outline learning points from these incidents. We were also unable to find examples of the practice having taken action in response to national safety alerts on the day of our inspection or a system for managing these.
- Patients were at risk of harm because systems and processes were not in place to ensure that expired equipment was disposed of, that vaccination fridge temperatures were monitored on a daily basis and action taken when temperatures went out with the optimum temperature range.
- Additionally medicines and prescriptions were not stored securely, infection control risks were not adequately addressed, practice one member of staff we spoke with was not chaperoning in accordance with best practice and the practice's policies and procedures around fire safety were not sufficiently robust to ensure patient safety.
- There was no evidence of safeguarding training for one of the partners and members of the nursing staff. One of the other partners' training had expired. In addition, the practice's safeguarding policy did not contain key information regarding external contacts.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Not all staff had been appraised within the last twelve months.
- Written consent forms were not always completed for minor surgical procedures.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.

Good



Summary of findings

- 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.
- 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 above 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 within the practice was available and easy to understand. Though there was limited health promotion material in the practice's reception area practice staff told us that they could print off information from their computer system in various languages.
- The practice had only identified 0.2% of their practice population as carers.
- 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. For example the nurse practitioner was involved in a Lambeth wide initiative aimed at creating a sustainable career path for nurses working in primary healthcare which aimed to address nursing shortages within the locality.
- 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. However we did identify that some of the practice's emergency equipment had expired.
- Though the practice quickly acknowledged and responded to complaints; not all of the complaint responses we reviewed

Good



Summary of findings

addressed the concerns that patients had identified, had details of who patients could contact if they were dissatisfied with the practice's response or included details of discussions from complaint meetings.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy which aimed to deliver high quality care and promote good outcomes for patients. However deficiencies in governance meant that this was not implemented effectively. Though the practice had a formalised business plan detailing their vision and strategy, this was drafted in 2010 and there had been no review undertaken since 2012.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these did not include all required information to ensure they were effective including safeguarding, chaperoning and health and safety. Other policies and processes were not implemented effectively enough to ensure that risks were identified and mitigated against including those related to significant events, emergency medications, equipment vaccinations, alerts, infection control and consent.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).

Requires improvement



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 provider was rated as inadequate for safety and requires improvement for well led resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 held a monthly clinic with a geriatrician from a local hospital where vulnerable older people would be reviewed and care plans implemented.
- The practice undertook holistic health assessments for those over 65 who were housebound or had not seen their GP within the past 12 months and those who were over 80 years old.

Requires improvement



People with long term conditions

The provider was rated as inadequate for safety and requires improvement for well led resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Indicators that related to the management of diabetic patients were comparable to 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.
- The practice held virtual clinics where the care of patients with diabetes, asthma and chronic obstructive pulmonary disease was optimised with the assistance of specialist consultants from local hospitals.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as inadequate for safety and requires improvement for well led resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 had an asthma review in the preceding 12 months, was comparable to national averages.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives and health visitors; though minutes of health visitor meetings were not documented.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as inadequate for safety and requires improvement for well led resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services and health promotion and screening that targeted this population group.
- Screening was provided which reflected the needs for this age group.
- The practice could refer patients to a local extended hours access hub for those who required a same day appointment when none were available at the practice.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety and requires improvement for well led resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including 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. However, the practice policies did not contain details of external agencies where concerns could be escalated and training for some staff had either not been completed or was out of date.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safety and requires improvement for well led resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Other mental health indicators were in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health; including those with dementia and that the practice would refer complex dementia patients to a GP with a specialist interest in this area.
- 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.

Requires improvement



Summary of findings

- 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 practice hosted a weekly clinic for patients with drug and alcohol dependency issues.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was above local and national averages. Four hundred and nine survey forms were distributed and 98 were returned. This represented 1.4% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 93% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 72%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, 28 of which were exclusively positive about the standard of care received. Six of the comment cards contained mixed feedback. Patients said that clinical staff provided good quality care and that receptionists were friendly and helpful. Of the comment cards that provided mixed feedback, the majority concerned problems with appointment access. One card mentioned a lack of liquid soap in the patient toilets and another expressed concern around the practice's repeat prescribing processes; though we did not see evidence to support these concerns during our inspection.

We spoke with five patients during the inspection and a member of the Patient Participation Group (PPG) after the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Binfield Road 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 practice manager specialist adviser.

Background to Binfield Road Surgery

Binfield Road Surgery is part of Lambeth CCG and serves approximately 7143 patients. The practice is registered with CQC for the following regulated activities: treatment of disease, disorder or injury; surgical procedures; family planning; diagnostic and screening procedures and maternity and midwifery services.

The practice population has a significantly higher proportion of working age people and lower proportion of patients over 65 compared to the national average. The number of infants on the patient list is comparable to the national average. It is located within the third most deprived decile on the index of multiple deprivation.

The practice is run by three partners and a salaried GP. Two of the GPs are male and two are female. There is one nurse practitioner and two practice nurses. The practice is a teaching practice but does not have any students at present. The practice offers 25 GP sessions and five nurse practitioner sessions per week with booked and emergency appointments available Monday to Friday.

The practice is open between 8.00 am and 6.30 pm Monday to Friday with the exception of Tuesday and Thursday when the surgery is open until 7.15 pm and appointments were available during these times.

Binfield Road Surgery operates from 1 Binfield Road, London, Lambeth SW4 6TB. The premises are owned by the partnership. The service is accessible to those who have mobility problems.

Practice patients are directed to contact the local out of hours 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, Minor Surgery, Remote Care Monitoring, Rotavirus and Shingles Immunisation and unplanned admissions.

The practice is a member of a GP federation.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 19 April 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, nursing staff and members of the administrative and reception team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members of people who used the service.
- 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 no effective system in place for reporting and recording significant events and we saw no policy in place at the time of our inspection.

- We received inconsistent reports from staff as to who was responsible for the management of significant events. The practice was unable to provide a significant event policy on the day of our visit but supplied one after the inspection. The practice told us that there had been two significant events in the last twelve months. One event related to the death of a patient who had been discharged from hospital and another to a member of the public who had attended the surgery and acted aggressively. Staff were able to demonstrate appropriate learning from both incidents although this was not documented in respect of the incident involving the member of the public who had become aggressive.

The practice had an incident form which we were told was used to report incidents and had been completed for one of the significant events. The form listed a limited number of incident categories, none of which allowed for the identification and reporting of internal process or clinical errors, and some of the staff we spoke with were not able to give an example of things that may possibly constitute a significant event outside of this prescribed list. The policy provided by the practice subsequent to our inspection did list additional examples of significant events.

We were told that clinical incidents were discussed in practice meetings before being entered onto a system that enabled them to be shared with the CCG and that an entry was then made on the patient's records though practice staff were only able to provide the two examples above on the day of the inspection. The practice have since provided examples of quality alerts shared with secondary care providers, though these were all incidents stemming from the actions of other healthcare services and did not demonstrate identification and learning from incidents that occurred within the practice.

We asked to see a recent Medicines Healthcare Regulatory Agency (MHRA) alert where action had been taken in response to the alert. There was a folder for these on the practice's shared drive but there were no alerts within this folder. We were then told that the alerts were stored in NHS

mail. The practice was having difficulty accessing NHS mail on the day of our inspection and were unable to show us a patient safety alert or action taken. The practice has since provided us with a copy of the latest relevant alert and advised that they undertook a search of relevant patients and found that no action was required.

Overview of safety systems and processes

The practice's systems, processes and procedures which aimed to keep patients safe and safeguarded from abuse were not always effective.

- The arrangements in place to safeguard children and vulnerable adults from abuse were not sufficiently effective to ensure that that people were protected. The practice policy did not include details of external safeguarding contacts or details of what would constitute a safeguarding issue and some staff we spoke to were not aware of this policy. Following the inspection the practice has since provided us with updated policies which have addressed these concerns though the updated policy had no review date. There was a lead member of staff for safeguarding who was supported by a receptionist. The GPs attended safeguarding meetings when possible and always provided reports where necessary to other agencies. These meetings were not minuted and the GPs instead made entries directly into the patients' records. There was no evidence of one of the partners having had child safeguarding training and the training of another partner was out of date; though we were told training had been completed in 2013 but that they were unable to produce a certificate due to technical issues. Other members of staff had not completed any safeguarding training including a member of the nursing team; although we received evidence that this was completed after our inspection.
- A notice in the waiting room advised patients that chaperones were available if required. This was also available in Portuguese. All staff who acted as chaperones had received 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 the practice's chaperone policy did not make any reference to DBS checks for staff who acted as chaperones and stated that staff would only

Are services safe?

stand within the curtain if the patient requested them to do so. Though staff told us that they had received chaperone training, a member of staff who acted as a chaperone told us that they would stand outside of the curtain when they were observing consultations. The practice policy also did not have any provision relating to recording the staff member's observations after the procedure had been completed. The practice have since sent an amended policy which clarifies where chaperones should stand and the need to record observations after the examination is complete. There is no reference to DBS checks or risk assessments for those staff who have not been DBS checked.

- The practice maintained appropriate standards of cleanliness and hygiene in most areas. We observed the premises to be clean and tidy in most areas. However we were told that intrauterine contraceptive devices were fitted in rooms that were carpeted. We also found that the bathroom light cords were very dirty. 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. We saw that they had not received any infection control training for over two years other than a handwashing update from the local hospital. Two staff whose files we reviewed did not have any record of infection control training. In addition, the practice did not have up to date accounts of staff immunity for infectious diseases such as Hepatitis B, measles, mumps, chickenpox and rubella; though action was taken to ensure all staff were immune subsequent to our inspection. 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 did not ensure that patient safety was always maintained. We observed that the log books for monitoring the temperature of the vaccine fridges were not always completed. There had been occasions where the vaccine temperatures had reached 10 Celsius, which was above the recommended limit of 8 Celsius for safe storage, and it was not always clear what action had been taken to address this. Although the practice have informed us since the inspection that action has been taken to ensure that fridge temperatures are now regularly monitored it is still unclear what action was been taken those vaccines

that were stored at temperatures outside of the optimum range. The emergency medicines and vaccines were stored in a room which was accessible to patients. The medicines were not stored in a locked container. Many of the syringes and other clinical equipment stored with the supply of emergency medicines had expired; some in 2001. The practice have informed us that all expired equipment has now been disposed of and that both emergency medicines and vaccines are now secure. 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. Written prescription pads were securely stored; however, we were told that although printer prescriptions were stored in a locked room they were not securely locked away when practice staff were not in the building.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role and was herself a mentor for other nurses and healthcare assistants in the locality. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed four personnel files and found appropriate recruitment checks had, on occasion, not been undertaken prior to employment. For example, there was no proof of identification for one of the GPs recruited in 2014 and only one written reference for this staff member.
- 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.

Monitoring risks to patients

We saw evidence of limited risk assessment and these were not always well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety however they

Are services safe?

were not sufficiently detailed to enable them to be effective. There was a health and safety policy available however it was not dated and although it mentioned the responsibilities of the health and safety lead there was no staff member designated as such within the policy. This policy also covered the practices fire procedures though some information was absent. For example, the fire assembly point was not mentioned and there was reference to a fire prevention officer but there was no one designated as such in the policy. Reference was made to fire drills being carried out and regular testing of the alarms though the frequency of this was not specified. The practice had recently carried out a fire drill. There was no log of fire drills and there was no log to confirm that the alarm was regularly tested. The practice provided a log of fire alarm testing after our inspection. The practice had an up to date fire risk assessment. The practice was unable to supply evidence of portable appliance testing to ensure electrical equipment was safe to use, though all clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were systems 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 arrangements in place to respond to emergencies and major incidents however there were some issues which could impede the ability to respond in an emergency situation.

- 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. However we found that one of the oxygen masks had expired in 2009. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location however this location was not secure. All the medicines we checked were in date and fit for use though some of the equipment stored with the medicines had expired.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice also held virtual clinics with consultant specialists who had expertise in the management of long term conditions. We saw evidence that patients were reviewed and their care optimised in accordance with current 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 94% 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 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 August to 31 March was 84% compared to 94% nationally and those with a record of a foot examination and risk classification within the preceding 12 months was 84% compared with 88% nationally. The rate of exception reporting for diabetic patients was 10% which was the same as the national average.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less

- Performance for mental health related indicators was similar to the national average. For instance, 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 97% compared to 88% nationally. The practice's exception reporting for patients with mental health conditions was 4% which was significantly lower than the national average of 11%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77% compared with 84% nationally. The exception reporting rate for patients with dementia was 9% compared with 8% nationally.

Clinical audits demonstrated improved outcomes for patients.

- There had been two clinical audits completed in the last two years, one of these was a completed audit where we saw evidence of learning that could be used to improve patient outcomes. The audit was undertaken with the support of the CCG pharmacist and expanded on the audit proposed by the CCG's medicines management team to include additional work undertaken by the practice in respect of the introduction of new anti-hypertensive agents. Through provision of lifestyle advice and alterations to medication the number of patients with blood pressure greater than 160/100 had reduced from 76 to 17 between 2015 and 2016.
- The practice had also participated in virtual clinics with a consultant from the local hospital focusing on the management of patients on the practice's atrial fibrillation register. Through referrals to secondary care the practice increased the number of patients on anticoagulant medicine.
- The practice also provided us with the first cycle of an audit regarding heart failure.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research studies including a study into obesity among the residents of Lambeth and the impact of cognitive behavioural therapy in patients with irritable bowel syndrome.

• Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had completed clinical training and updates to enable them to deliver effective care and treatment. However there were gaps in mandatory training for some staff and some staff had not received an appraisal within the last twelve months.

- The practice had an induction programme for all newly appointed staff which covered health and safety and confidentiality but it did not cover mandatory training like safeguarding, infection prevention and control and fire safety.
- 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 stayed up to date with changes to the immunisation programmes, for example by access to on line resources and engagement with nurses in the wider locality.
- The learning needs of staff were identified through a system of appraisals and meetings Staff had access to appropriate clinical training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However there were a number of non-clinical staff and one nurse who had not received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness but (with the exception of basic life support training) there were gaps in training for a number of staff.

• **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. 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 were told that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated however these meetings were not minuted.

Consent to care and treatment

Staff sought patients' consent to care and treatment though this was not always 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.
- We saw that staff did not always assess mental capacity or consent to care or treatment when a patient's ability to consent was unclear. For instance we reviewed the record of a patient with dementia. The record stated "(relative) present: informed consent for minor surgical procedure risks and benefits explained". However there was no evidence of an assessment of the patient's capacity to consent to this procedure. In addition, though the practice had a form for documenting consent for minor surgical procedures this had not been completed for this patient.
- Staff at the practice told us that they had taken advice regarding the need to document consent for minor surgical procedures and were advised that documenting verbal consent in a patient's notes was satisfactory. The practice was unable to provide us with any instances where consent for minor surgery had been documented using the consent form.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included carers and those at risk of developing a long-term condition. The practice did not have a register of those within the last 12 months of their lives as they told us that they had so few patients who fit into this category. Instead the practice undertook reviews of patients with serious illnesses and ensured that care plans were monitored and updated as appropriate. Patients were then signposted to the relevant service.
- GPs referred patients to a community dietician where required and smoking cessation advice was available from staff at the practice.
- 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.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of

82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that 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. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 92% and five year olds from 77% to 92%.

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 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 area to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the care provided by clinical staff. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 91%.
- 95% said the GP gave them enough time (CCG average 87%, national average 91%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (national average 90%).

- 91% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

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 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 above the local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language and a number of notices advertising this were translated into different languages.

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 0.2% of the practice list as carers. Written information was available to direct carers to various avenues of support available to them. The practice advertised the local carer's hub on their website though we did not see this advertised in the practice waiting area. We spoke to a patient who acted as a carer who told us that the practice had been supportive and helpful.

Are services caring?

Staff told us that if families had suffered bereavement, the practice would send them a sympathy card. Patients were then offered a consultation where advice would be given on how to access the local support 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. For example the nurse practitioner at the practice was involved in a Lambeth wide initiative aimed at creating a sustainable career path for nurses working in primary healthcare which aimed to address the shortage of nursing staff working in the CCG. This focused on the provision of clinical supervision, training, provision of student nursing placements and initiatives to increase the number of healthcare assistants.

- The practice offered extended hours access on Tuesday and Thursday evenings until 7.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Though there was some information within the waiting area regarding health promotion, this was limited. For example there were no materials in the waiting area which advertised support for carers, the recently bereaved or those with long term conditions. However we were told that practice staff could print this information for patients when required and translate this into various languages.
- The practice had an in-house phlebotomy service
- The practice did not have a hearing loop in the reception area; however, we were told that reception staff would communicate with patients with hearing difficulties in writing if required. We were also told that one of the GPs was fluent in sign language and that alerts would be placed on the system so that staff knew they would be required to make adjustments.

- There were facilities to assist patients with mobility problems and translation services were available.
- The practice could refer patients to a local extended hours access hub for those who required a same day appointment when none were available at the practice.
- The practice provided cryotherapy and joint injections.
- The practice hosted a clinic for patients with drug and alcohol dependence issues.

Access to the service

The practice was open between 8.00 am and 6.30 pm Monday to Friday with the exception of Tuesday and Thursdays when the surgery closed at 7.15 pm. Appointments were available during these times. In addition to pre-bookable appointments which were released on a monthly basis, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 30% patients said they always or almost always see or speak to the GP they prefer (national average 36%).
- However patient satisfaction was above average in respect of patients being able to get through easily to the surgery by phone; 90% compared with 73% nationally.

People told us on the day of the inspection that they were able to get appointments when they needed them though some of the CQC comment cards we received did mention that it was sometimes difficult to get an appointment

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns; however, some of the responses we reviewed did not address all of the concerns outlined in the patient's complaint and patients were not directed to other organisations if they were dissatisfied with the practice's response.

- There was a designated responsible person who handled all complaints in the practice, though we saw complaint responses provided by different members of staff.

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

- We saw that information was available to help patients understand the complaints system including a poster in reception and a complaint form that the reception staff would give to patients who wished to make a complaint. The practice also had information on how to complain in the website with links to ombudsman service.

We looked at three complaints received in the last 12 months and found that though timely responses were

provided, in two instances they did not address all of the issues the patient had raised. In respect of one of the complaints the practice also did not include details of the discussion between the practice and the complainant within their written response or information about who to contact if they were unsatisfied with the response. Not all of the staff we spoke with were involved in discussions regarding complaints.

Are services well-led?

Requires improvement 

(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 and strategy which aimed to deliver high quality care and promote good outcomes for patients. However, deficiencies in governance meant that this was not implemented effectively.

- We saw evidence that the practice had undertaken an analysis of the practice's strengths and challenges in a meeting which aimed to set out a strategy for the next three to five years. The document contained a list of practice values and priorities. However, this exercise was undertaken in 2010. A subsequent review was undertaken with the assistance of an external organisation in 2012. The review highlighted staffing shortages and suggested alternative organisational structures to rectify problems with staffing, including hiring a deputy practice manager. Neither alternative organisational structure had been implemented by the practice. Staff at the practice were able to clearly describe the practice's current aims and vision.

Governance arrangements

The practice had a governance framework. Although policies and procedures were available in the practice; limited staff awareness and insufficient detail limited their ability to support the delivery of the practice's strategic vision. We found that:

- There was a clear staffing structure and that the majority of staff were aware of their own roles and responsibilities; with the exception of those who acted as chaperones.
- Most practice specific policies were available to all staff however we did not always find that all staff had an awareness of these policies or that these policies were sufficiently detailed to effective use and implementation; particularly those relating to the identification and reporting of significant events, safeguarding, fire safety and chaperoning.
- We saw an example of one completed cycle audit and other partially completed audits.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating

actions were not sufficiently robust; particularly in respect of significant events, emergency, equipment, vaccines, safety alerts, infection control and documenting consent.

Leadership and culture

It was evident that the lack of appropriate systems and processes impacted on the practice's ability to ensure patients were kept safe at all times. 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 the requirements of the Duty of Candour. The practice told us that they had systems in place for knowing about notifiable safety incidents. On the day of our inspection we were told that these were stored in a folder which we found to be empty and then were informed that these were saved in the practice manager's email. However due to technical difficulties the practice manager was unable to log into their account on the day of the inspection. We have since been provided with a recent alert that the practice received and informed that no action was required. However, we saw no evidence of any unintended safety incidents having been discussed at the practice and some of the complaints we reviewed did not address the areas of concern raised by the patients.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported to develop in their role, particularly by the partners in the practice. All staff were involved in discussions about how to run 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

Are services well-led?

Requires improvement 

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

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 and submitted proposals for improvements to the practice management team. For example, as a result of patient feedback the practice now offered extended hours access on two evenings instead of one. The practice had recently undertaken a patient survey regarding the practice's prescription service the results of which they were yet to review. The member of the PPG we spoke with told us that they had recommended advertising the PPG on the back of appointment cards in order to increase membership and that the practice had implemented this.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example one member of staff had noted that when she had been asked to call for an ambulance there were specific questions that the emergency operator would ask that reception and admin staff may not have the answer to. As a result this member of staff compiled an ambulance request form with a series of prompts to ensure that the staff member had all relevant information to give the emergency operator. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team had participated in several research projects including one which involved a study into obesity among residents in Lambeth. They had also recruited for another study which aimed to assess the impact of cognitive behavioural therapy in patients who suffer from irritable bowel syndrome.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures 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 or do all that was reasonably practicable to mitigate risks in that:</p> <ul style="list-style-type: none">• They not have effective processes for the identification, reporting and management of significant events.• Staff were not chaperoning in accordance with best practice.• Not all staff had completed mandatory training including infection control and safeguarding.• Invasive procedures were being undertaken in carpeted areas of the practice.• Medicines and prescriptions were not always securely stored.• There were no systems in place to monitor the professional registrations of clinical staff or staff immunity to communicable diseases.• Not all of the practice's electrical equipment had been tested to ensure it was safe to use.• There were inadequate fire procedures in place.• There was expired clinical equipment on the premises.• Vaccine fridges had exceeded the optimum temperature on several occasions and there was no evidence of action taken in response to this.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.