

# Ferryview Health Centre GP Surgery

## Quality Report

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Ferryview Health Centre on 10 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and patients were allocated to microteams which provided continuity of care. Urgent appointments were 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.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes were comparable to the local and national averages. Exception reporting for most indicators was below the local and 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 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 comparable to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect and maintained patient 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, Clinical Commissioning Group and local Healthwatch to secure improvements to services where these were identified.
- In addition to the Extended Opening Hours appointments available on four evenings a week the practice offered appointments on a Saturday morning.
- The practice had facilities available for patients to monitor their own blood pressure, height and weight. This was available whenever the health centre was open and did not require an appointment.
- Patients said they were usually able to make an appointment with a GP when they wanted one. However, some patients told us they sometimes had to wait two weeks for a routine appointment. Urgent appointments were available the same day via the walk-in clinic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for the reporting and investigation of incidents and shared this information with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and contributed to the development of the practice improvement programme.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice population of patients over 65 years was 4% which was below the local and national average.
- The practice were responsible for the care of patients in four local care homes.
- Quality Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for patients who required them.
- In response to concerns from older patients regarding the busy morning clinics, which were crowded and attended by a large number of young children, the practice launched a clinic for older patients one afternoon a week.

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 worked closely with GPs and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The practice performance rate for the Quality Outcomes Framework (QOF) diabetes related indicators were comparable to the local and national averages.
- Longer appointments and home visits were available when needed.
- Patients had a named GP who was part of a clinical microteam providing continuity of care.
- A structured annual review was offered to all patients to check their health and medicines needs were being met. All reviews for long term conditions were booked with a clinician in the same clinical microteam. Review dates for all patients were linked to their birthday month to assist in reminding patients when their review was due.

Good



# Summary of findings

- The practice was participating in the Year of Care (YoC) initiative for patients with diabetes and chronic obstructive pulmonary disease (COPD). (The YoC is aimed at improving care for people with long-term conditions and supporting them to self-manage their condition).
- 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. These patients were discussed at the monthly multi-disciplinary team meetings.

## 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 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.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local 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, who held an antenatal clinic at the surgery every week, and health visitors who attended safeguarding meetings at the practice.
- A Saturday morning health and wellbeing clinic included the administration of childhood immunisations. This was introduced to provide an opportunity for working parents to bring their children for immunisations at a more convenient time.

Good



## Working age people (including those recently retired and students)

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

- The needs of 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.

Good



# Summary of findings

- Extended hours evening appointments were available at the surgery four evenings a week and prebooked appointments were also available on Saturday morning.
- The practice was proactive in offering online services.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual reviews for patients with a learning disability.
- The practice informed vulnerable patients 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
- The practice held quarterly multidisciplinary meetings with the Palliative Care team from Greenwich and Bexley Hospice to review care plans for all patients on the palliative care register.

Good



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

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 84% and national average of 84%.
- 80% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 85% and national average of 88%.
- 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.

Good





# Summary of findings

- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had introduced an initiative to make the practice 'autism friendly'. This included introducing newly registered patients to the layout of the practice to familiarise them with the environment and tagging patient records to ensure reception staff were aware that they should not be kept waiting when they attend for appointments.
- The practice prevalence of patients with severe mental illness was 2% which was above the local and national average.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages. Of the 420 survey forms distributed 108 were returned. This represented a response rate of 26% (0.4% of the practice's patient list).

- 76% of patients said they found it easy to get through to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 79% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We

received 76 comment cards all of which were positive about the standard of care received. Nine cards also included negative comments regarding delays in booking routine appointments and the long waiting time during the daily 'walk-in' clinic. Patients described the care received as excellent and commented that staff were friendly and that patients were treated with courtesy and respect.

We spoke with 12 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients also commented that they were dissatisfied with the length of time they had to wait for a routine appointment and that waiting times during the walk-in clinic were often long. All patients commented that they would recommend the practice to other patients.

A regular review of the Friends and Family survey results was undertaken and discussed at the managers and partners meetings and actions for improvements were identified where required.

# Ferryview Health Centre GP Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser, a second CQC inspector, a Practice Nurse Specialist Adviser, a Practice Manager Specialist Adviser and an Expert by Experience.

## Background to Ferryview Health Centre GP Surgery

Ferryview Health Centre (Valentine Health Partnership) is based in large purpose-built premises at Ferryview Health Centre, 25 Wilson Street London SE18 6PZ. The property is located near to the town centre of Woolwich and very close to the Woolwich Ferry terminus. The partnership was involved in the development of the premises which they moved into in 1999. The premises are owned by a separate partnership formed by several past and present partners. It is managed by the current GP partnership. The premises includes 20 consultation rooms, several administration offices, meeting rooms and a large reception and waiting area.

Several health related external services also rent accommodation in the health centre.

The practice also has two branch surgeries which were acquired through the absorption of three other practices. Holburne Road Surgery at 201-203 Holburne Road London SE3 8HQ is 2.5 miles from Ferryview Health Centre and Frances Street Surgery at 184 Frances Street London SE18 5JS is 1 mile from the Ferryview Health Centre. The practice

have applied to NHS England for permission to close the Frances Street surgery as they no longer hold regular surgeries at that site. All three locations were visited during this inspection.

All premises are located in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

The practice has 26312 registered patients. The practice age distribution is higher than the national average for patients in the 0 to 10 and 25 to 40 year age groups and lower than the national average for the 55+ age group. The surgery is based in an area with a deprivation score of 3 out of 10 (1 being the most deprived and 10 being the least deprived).

Ferryview Health Centre is registered with the CQC as a Partnership (Valentine Health PMS). The practice is registered to provide the regulated activities of family planning; surgical procedures; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures. Services are delivered under a Personal Medical Services (PMS) contract.

The provider's contractual arrangements include the provision of the following Directed Enhanced Services (DES): Extended Hours Access; Facilitating Timely Diagnosis and support for people with Dementia; Improving patient on-line access; Influenza and Pneumococcal Immunisations; Learning Disabilities; Minor Surgery; Patient Participation; Rotavirus and Shingles immunisation and Avoiding unplanned admissions. (A DES requires an enhanced level of service provision above what is required under the core PMS contract).

# Detailed findings

Ferryview Health Centre has been a training practice since 1999, providing training for up to four GP Registrars each year. Two of the senior practice nurses have recently acquired the Certificate of Post Graduate Education which enables them to be involved in GP and nurse training. (A GP Registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice. They are closely supervised by a senior GP trainer) The practice have recruited as salaried GPs all four of the GP Registrars they trained in 2015/16.

Services are provided by the following staff:

## GPs

- Eight GP partners - three full-time and five part-time (6.14 wte)
- Eight salaried GPs (5.38 wte)

## Nursing

- Nurse Manager (0.86 wte)
- Eight Practice Nurses (4.45 wte)
- Health Care Assistant (0.77 wte).

## Central Management and Administration Team

- Practice Manager (1.0 wte)
- Business Manager (1.0 wte)
- Human Resources Administrator
- Payroll Administrator
- Administrator

## Clinical Support Team

- Complaints and Clinical Support Manager
- Three Clinical Assistants (providing specific administrative and patient liaison support to GP and nursing staff)

## Data Team

- Data Team Lead
- Reports Administrator
- Four clinical coding administrators

## Reception

- Two Reception Leads
- Three Repeat Prescribing Clerks
- Two Registration Clerks
- Six reception staff

## Facilities and Housekeeping

- Three Facilities Administration staff
- Four housekeeping staff

To ensure continuity of care for patients, clinical staff are grouped into clinical micro teams which are smaller sub-groups of GPs, nurses and clinical assistants who work closely together on dedicated patient lists and provide cover in the event of staff absences. There are currently four clinical microteams.

The practice reception is open from 8am to 6.30pm Monday to Friday and from 9am to 4pm on Saturday with extended hours from 6.30pm to 8pm Monday to Thursday.

Urgent appointments with a GP are available through the walk-in clinic at Ferryview Health Centre between 8am and 11am Monday to Friday.

Booked appointments are available with a GP or Nurse Practitioner at Ferryview Health Centre from midday to 8pm Monday to Thursday and from midday to 6.30pm on Friday. Booked appointments are also available with the GP from 9am to 1pm on Saturday.

Booked appointments are available with a GP at Holburne Road Surgery from 8am to 6.30pm Monday to Friday and from 9am to 1pm on Saturday with extended hours on Thursday from 6.30pm to 8pm.

Booked appointments are available with a Nurse at Ferryview Health Centre from 8am to 8pm Monday to Thursday; from 8am to 6.30pm on Friday and from 9am to 4pm on Saturday

Booked appointments are available with a Nurse at Holburne Road Surgery from 8.30am to 6.30pm on Monday and Friday and from 9.30am to 12.30pm on Thursday.

Booked appointments are available at Ferryview Health Centre with the Health Care Assistant from 8.30 to 1.30pm Monday to Friday.

When the surgery is closed urgent GP services are available via NHS 111.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

# Detailed findings

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 10 August 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, Salaried GPs, Nurse Manager, Practice Nurse, Practice Managers, Clinical Assistant, Health Care Assistant and reception and administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the 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 (QOF) 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 there was a system in place for the reporting of significant incidents and there was an incident recording form available on the practice computer system. The incident reporting procedure supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Regular e-mails were sent by the clinical governance lead to all staff reminding them to report all significant events.
- Completed incident reporting forms were sent to the Complaints and Clinical Support Administrator.
- The practice carried out a thorough analysis of the significant events and an evaluation of incidents was discussed at clinical meetings. Action points and a summary of learning was disseminated as agreed in the meeting and uploaded onto the internal records system.
- Learning was shared with staff at meetings and minutes of meetings were distributed to all staff to ensure those not present at the time of the meeting were kept informed. Sharing of learning and implementation of changes that required urgent action was disseminated immediately by email.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- A significant event audit was undertaken annually.

We reviewed incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient attended the walk-in clinic with a rash suspected to be an infectious disease. They were asked to wait in the isolation room. When a further patient arrived with the same suspected infectious disease they were also asked to stay in the isolation room with the first patient. When seen by

the doctor one patient was not suspected as having the suspected infectious disease and had therefore been put at an unnecessary risk. As a result of the incident the infection control policy was updated to include a policy on the use of the isolation room including action to take in the event of an epidemic.

### 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.

- 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.
- Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of the GP and nursing staff for safeguarding. The GPs attended safeguarding meetings when required and provided reports promptly 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. All clinical staff were trained to safeguarding children level 3.
- Vulnerable children were identified in the practice electronic records and spot checks were carried out to compare information with social services to improve accuracy.
- The practice had a policy to register all children and parents with the same doctor to improve continuity of care.
- Vulnerable adults were identified by use of major alerts to flag high risk patients.
- Patient Safety Alerts are received by the Practice Manager and discussed with the clinical lead if necessary. The information was then cascaded to relevant clinicians by email and through the electronic patient record system. Audits were undertaken to ensure an appropriate response was carried out.
- The practice was registered with The National Reporting and Learning System (NRLS) (The NRLS is a central database of patient safety incident reports which was set up in 2003)
- A notice in the waiting room advised patients that chaperones were available if required. Members of the nursing team acted as chaperones. All staff who acted

## Are services safe?

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. Housekeeping staff were on site throughout the day.
- The Nurse Manager and Business Manager/Facilities Lead were the infection control leads for the practice. They liaised with the local infection prevention teams to keep up to date with best practice and had undertaken additional training for the role.
- There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified.

The practice arrangements for managing medicines, including emergency medicines and vaccines, 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. Dedicated repeat prescribing clerks were responsible for the administration of the repeat prescribing procedure. The patients usual GP was responsible for signing the prescription (or 'buddy' if the GP was absent). The practice followed the CCG repeat medicines management policy. Prescribing clerks also followed the overdue medication review policy which included contacting patients who were overdue a medicines review. Adherence to the procedure was closely monitored and an audit of the number of patients overdue a review showed an improvement since this policy had been implemented.
- 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. A quarterly review and an annual meeting with CCG prescribing advisor to review prescribing data and CCG priorities was carried out.

Prescribing incentives had been fully achieved for the last two years. Updates and reviews of prescribing issues were shared in practice meetings and disseminated to all clinicians.

- Prescription pads were securely stored in the safe and were not taken on home visits as all prescribing was carried out electronically or printed to minimise prescribing risks. Blank prescription forms were securely stored.
- Four of the practice nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the Nurse Manager and medical staff for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer some medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- 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 reception which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire evacuation drills. Fire warden training had been undertaken by 25 staff members.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- The practice employed 65 members of staff and 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 staffing groups to ensure sufficient staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training. Anaphylaxis packs were available in all consultation and treatment rooms.
- At all three sites there was a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.
- A first aid kit and eye wash station was available on each floor of the building and 12 staff had undertaken first aid training.
- 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 and copies of the plan were kept off-site with the partners and Practice Manager.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patient 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. All long term conditions management was aligned to NICE guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random checks of patient records.

### Management, monitoring and improving outcomes for people

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

The most recent published results (2014/15) showed that the practice achieved 93% of the total number of QOF points available compared to the local Clinical Commissioning Group (CCG) average of 92% and national average of 95%.

The practice exception reporting rate was 8% which was similar to the CCG average of 7% and the national average of 9%. (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 clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators of 87% was comparable to the CCG average of 81% and national average of 89%.
- Performance for mental health related indicators of 80% was comparable to the CCG average of 90% and national average of 93%.

- Performance for asthma related indicators of 98% was comparable to the CCG average of 96% and national average of 97%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators of 99% was comparable to the CCG average of 93% and national average of 96%.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

We looked at eight clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, a two-cycle completed audit was carried out to review the current arrangements for the provision of Multi-compartment Compliance Aids (MCA). The aim of the audit was to provide a structured and uniform approach to the identification and assessment of patients who require additional support and encouragement to adhere to their prescribed medication regimen and to establish the best method by which to achieve this. The aim was also to switch as many patients as possible from 7 day to 28 day prescriptions.

- The initial audit identified that 283 patients used a MCA of which 283 were dispensed under a 7 day prescription and 208 patients received MCAs containing medications unsuitable for a MCA.
- The second cycle of the audit identified a reduction of patients with a MCA to 253 patients. All 253 patients were now receiving 28 day prescriptions but 187 patients were still receiving a MCA containing medications unsuitable for a MCA. Monitoring and repeat audits were ongoing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.

# Are services effective?

## (for example, treatment is effective)

- 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 through discussion and support from colleagues.
- 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.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support, information governance, Mental Capacity Act and infection control. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

All patients were linked to one of four clinical micro-teams which were introduced to promote continuity of care, especially for patients with long term and complex conditions. The annual recall system ensured patients were booked with a member of their clinical microteam for reviews and patient records were tagged to ensure reception staff booked appointments with the aligned microteam whenever possible.

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 on a monthly basis with the local multi-disciplinary care co-ordination team to review the care plans of patients with complex needs or those at high risk of hospitalisation. Personal Acute Medical Plans were developed for these patients, which were shared with A&E and the ambulance service.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Written consent was obtained and retained in patient records for some procedures such as joint injections.
- The process for seeking consent was monitored through patient records audits.

### 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. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and 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 and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

The practice 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 and national averages. For example, 2014/15 childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 87% to 92%.

Patients had access to appropriate health assessments and checks. Health Checks for patients aged 40 to 74 years were provided by local public health services. 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 and 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.
- The reception layout in Ferryview Health Centre had been redesigned to improve confidentiality for patients.
- Extra security was in place in the practice computer system to maintain the confidentiality for patients whose family members were staff.

All of the 76 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with ten members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said they felt valued and listened to by the practice management.

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

- 88% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% 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 84% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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 from the comment cards we received was also positive and aligned with these views.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients

## Are services caring?

this service was available. All consulting room, reception front desk and administration office across all sites had access to a poster listing all languages available with the access code and access telephone number.

- Information leaflets were available in the waiting room on a variety of health related subjects.

### **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.

The practice had implemented a Carers support policy and the practice's computer system alerted staff if a patient was also a carer. Identification of carers was encouraged through the new patient registration pack. A Carer Questionnaire was included in new patient packs.

The practice had identified 465 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A notice board in reception directed carers to the Royal Borough of Greenwich carer assessment service.

Staff told us that if families had suffered bereavement their usual GP contacted them and a sympathy card was sent if the family were known to the practice. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to access local support services. All staff were informed immediately of the death of a patient.

# 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.

- The practice offered extended hours appointments for patients who could not attend during normal opening hours.
- The practice provided 12 minute appointments for all patients and longer appointments were available for patients with a learning disability and patients who requested them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available through the morning Walk-in clinic for children and patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities such as toilets accessible for patients in a wheelchair a hearing loop and a lift for access to upper floors.
- Interpreting services were available for patients who required it.

### Access to the service

The practice reception was open from 8am to 6.30pm Monday to Friday and from 9am to 4pm on Saturday with extended hours from 6.30pm to 8pm Monday to Thursday.

Urgent appointments were available through the walk-in clinic at Ferryview Health Centre between 8am and 11am Monday to Friday.

Booked appointments were available with a GP or Nurse Practitioner at Ferryview Health Centre from midday to 8pm Monday to Thursday; from midday to 6.30pm Friday and from 9am to 1pm on Saturday.

Booked appointments were available with a GP at Holburne Road Surgery from 8am to 6.30pm Monday to Friday and from 9am to 1pm on Saturday with extended hours on Thursday from 6.30pm to 8pm.

Booked appointments were available with a Nurse at Ferryview Health Centre from 8am to 8pm Monday to Thursday; from 8am to 6.30pm on Friday and from 9am to 4pm on Saturday.

Booked appointments were available with a Nurse at Holburne Road branch surgery from 8.30am to 6.30pm on Monday and Friday and from 9.30am to 12.30pm on Thursday.

Booked appointments are available at Ferryview Health Centre with the Health Care Assistant from 8.30 to 1.30pm Monday to Friday.

Telephone appointments with the GP were available daily.

Results from the national GP patient survey showed that patient's' satisfaction with how they could access care and treatment was comparable to local clinical commissioning group (CCG) and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.

People told us on the day of the inspection that urgent consultations were available through the daily walk-in clinic but that it was sometimes difficult to book a routine appointment less than two weeks in advance.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary.

### Listening and learning from concerns and complaints

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

- The practice 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.

We looked at 53 complaints received in the last 12 months and found that these were all satisfactorily handled in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care provided. For example, a patient had complained that she had contacted the surgery

with concerns regarding recent changes to her prescribed medicines. She asked for her GP to call her back but received no response to her original call or to the requests she made on the following two days. The delay had been caused as the GP only worked on two days a week so was not available. As a result, the practice now have a procedure in place to check the availability of the requested GP before the message is left for them and to suggest to the patient that the message is left for the duty GP if their GP is not available.

# 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 and values statement 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 outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- All partners had specific lead responsibility.
- Practice specific policies were implemented and were available electronically 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.

Valentine Health Partnership have developed an Improvement Executive where a smaller group of partners, with an interest in improvement work and organisational development, work with other staff to develop an overarching improvement plan. This Improvement Executive was introduced 18 months ago and in addition to developing an improvement plan the group also monitors progress and allocates resources to support the goals of individual projects. Current projects include 'Right person first time' which is evaluating the practice approach to triaging and appointment allocation for patients with long term conditions and 'Optimising Access' which is evaluating and refining the daily walk-in and wait service.

The Improvement Executive board, which included three partners, Nurse Manager, Practice Manager and Business

Manager, met monthly to monitor progress and to agree how to phase the work streams. They reported back to the partners quarterly or sooner if there are exceptions with progress. A specific group was convened for each new project. The group completed a mandate for each project which included agreed outcomes and key performance indicators (KPIs). This was discussed at the partners meeting and when approved, the group commences the work. The practice has approximately four live projects in progress at one time.

### 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 and management team 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).

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence to support this.
- Formal monthly meetings included the Partnership Group Meeting, Managers Group Meeting, Clinical Governance Group and Improvement Executive.
- Practice development events took place one afternoon each quarter and were open to all staff to attend.
- GPs and nursing staff involved in the walk-in clinic held a daily informal meeting at the end of the clinic.
- 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.



# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been introduced in 2013 and now had approximately 82 members. They held meetings on one Friday and one Saturday each month. The meetings were chaired by a member of the PPG and the practice provided administrative support and refreshments. A Clinical Assistant also attended all meetings and twice a year the PPG held a joint meeting with the partners to discuss the Valentine Health Partnership strategy and discuss any issues. They told us that they felt the practice were keen to improve the services it provided and acted on the suggestions of the PPG. The PPG carry out patient surveys and submit proposals for improvements to the practice management team. A number of changes had been implemented by the practice following feedback from the PPG.

- The walk-in clinic had been suggested and promoted by the PPG.
- The children's play area had been sited away from the main waiting area to make the area safer for children and other patients when the waiting area is busy.
- The PPG advise and comment on the wording of communications with patients.

The practice had gathered feedback from staff through staff meetings, annual staff appraisals and discussion at staff meetings. 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. The practice was recently awarded a Health Foundation Innovation grant to tailor their services to the needs of two subgroups of registered patients. One of these groups is children who are frequent users of A&E and walk in services and the practice has recently run a workshop for the mothers of these children to explore how they can work with them to keep their children well and manage childhood illnesses more effectively.