

Chelsfield Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chelsfield Surgery on 15 December 2015. The overall rating for the practice was Good, but the Safe domain was rated requires improvement. The full comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Chelsfield Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 11 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 December 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

.Overall the practice is now rated as Good.

Our key findings were as follows:

- At our previous inspection on 15 December 2015, we rated the practice as requires improvement for providing safe services as we found that the provider had not ensured staff had appropriate support and training to carry out their duties, and some equipment used in treating certain medical emergencies was not fit for use. These arrangements had significantly improved when we undertook this inspection.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw this area of outstanding practice:

The practice had made particularly strong efforts to engage its practice population in the running of the service. They held a patient participation week in June 2017, to raise awareness about the patient participation group (PPG) and inform people about how they could get involved. During the awareness week, 189 questionnaires were completed by patients providing feedback to the PPG.

The areas where the provider should make improvements are:

- to review processes for monitoring and following up uncollected prescriptions in a timely manner.
- consider ways to improve patient satisfaction with access to appointments

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.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

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 higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population; such as in the provision of enhanced services such as extended hours, minor surgery and cardiology diagnostics
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.

Good



Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice waiting room was equipped with fixed seating comprising chairs with arms to aid standing up.
- The practice had a disabled toilet on the ground floor and the corridors in the premises were wide enough for a wheelchair.
- The practice had two consulting rooms on the ground floor in their extension to accommodate any patients unable to manoeuvre upstairs to the two nurses' rooms.

Good



People with long term conditions

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

- The practice provided regular reviews for patients with long term conditions.
- There was a system to recall patients with long term conditions for a structured annual review, to check their health and medicines needs were being met.
- For those patients with the most complex needs, their named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs

Good



Summary of findings

- The practice was involved in an enhanced scheme for diabetic care with Bromley Healthcare.
- The practice had an Advanced Nurse Practitioner and a GP who were able to initiate insulin. This allowed them to deliver care to diabetic patients that was normally provided in hospitals. One of their Practice Nurses was also in training to be able to initiate insulin treatment.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- Children were prioritised for appointments, and the practice policy was for the under 5s to be seen or their care discussed on the same day.
- Extended hours were available 3 days a week with GPs and Nurses
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice held a dedicated GP led baby clinic
- Baby immunisations were carried out by a Practice Nurse. Childhood immunisation rates for the vaccinations given were above national averages.
- The practice provided flu vaccinations for children yearly

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for

Good



Summary of findings

example, with extended opening hours and the provision of some care in general practice that was typically provided in secondary care such as insulin initiation for diabetic patients and minor surgery.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice has active online accounts on Facebook and Twitter, which it used as a further platform for raising awareness about their health promotion events and services
- The practice implemented 'shingles' and 'seasonal flu' programmes for all eligible patients.
- The practice encouraged patients to attend screening appointments for cervical, breast and bowel cancer in line with national guidance. The practice performance for breast and bowel cancer screening was above local area and national averages, and its performance for cervical screening was in line with local and national averages.

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, and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, such as through the integrated care network.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice carried out advance care planning for patients living with dementia. for
- 81% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local area and national averages (82% and 84% respectively).
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 97%; local area 83%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 94%; local area 94%; national 95%).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Of the 248 survey forms distributed, 112 were returned. This equated to a response rate of 45.2% (the national average response rate was 38%) and represented 1.4% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area as compared with the CCG average of 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards, 26 of which had wholly

positive comments about the standard of care received. People were satisfied with the care and treatment they received and told us the clinical and admin staff were caring and supportive. The three comments which also included some less favourable comments, related to wait times and issues with prescriptions and referrals and there were no themes to these.

We spoke with seven patients during the inspection. All the patients said they were satisfied with the care they received and that they would recommend the practice to someone new to the area.

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give views after receiving care or treatment across the NHS. The practice monitored its FFT responses on a monthly basis. In the five months preceding our inspection, the practice had received 44 to 263 responses per month, with 75 to 91% of respondents stating they would recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- to review processes for monitoring and following up uncollected prescriptions in a timely manner.

- consider ways to improve patient satisfaction with access to appointments

Outstanding practice

The practice had made particularly strong efforts to engage its practice population in the running of the service. They held a patient participation week in June 2017, to raise awareness about the patient participation

group (PPG) and inform people about how they could get involved. During the awareness week, 189 questionnaires were completed by patients providing feedback to the PPG.

Chelsfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

Background to Chelsfield Surgery

Chelsfield surgery operates from a single location in the suburban area of Chelsfield in Orpington, Kent. It is one of 49 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There were 7796 patients registered at the practice at the time of our inspection.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning services, and diagnostic and screening procedures. The practice is not currently registered for the regulated activity of surgical procedures, but is approved to carry out the minor surgeries direct enhanced service (DES). Under the DES the practice carries out excision for warts and bumps. One of the GP partners, who carries out these procedures, is level 3 accredited for minor surgeries.

The practice was in an area of low deprivation, with rates of unemployment slightly higher than the local area average but similar to the national average (practice 4.8%, CCG 3.2%, national 4.4%). The proportion of the practice population with a long standing health condition was 44%, which was lower than the local area (48%) and national average (53%). The practice population's age distribution profile was similar to local area and national profile; with children (those aged under 18) making up around 20% of

the practice population, those aged 65 and over making up a third of the practice population and the remaining (approximately half of the practice population) being people of working age.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, flu and pneumococcal immunisations, and extended opening hours.

The practice has a male and a female GP partner. They employ three female long term locum GPs. Chelsfield Surgery is an accredited training practice, and at the time of our inspection there was one GP registrar in training at the practice. There is also a nursing team which comprises a female advanced nurse practitioner, three female practice nurses and a female healthcare assistant completing the clinical team. The practice has a full time practice manager, 11 reception staff, five administrative staff and two secretaries. The practice provides 38 GP and advanced nurse practitioner sessions per week.

Chelsfield Surgery is currently open between 8am and 6.30pm Monday to Friday. The practice offers extended hours for GP and healthcare assistant appointments on Monday mornings between 7am and 8am, and on Tuesday and Wednesday evenings between 6.30pm and 7.30pm. They offer extended hours for appointments with their advanced nurse practitioner and practice nurse on Monday evenings between 6.30pm and 7.30pm. Routine appointments are available between 9.00am and 11.00am, then between 4pm and 6.30pm. Urgent appointments were available between 11.00am and 11.45am, with additional telephone consultations being provided at the end of the

Detailed findings

morning surgery sessions. The practice is not open at weekends. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

Why we carried out this inspection

We undertook a comprehensive inspection of Chelsfield Surgery on 15 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing Safe services. We set the provider two requirement notices as follows:

Regulation 15 HSCA (Regulated Activities) Regulations 2014 (Premises and Equipment) because the provider did not ensure that equipment used was properly maintained. Regulation 15(1)(e).

This was because some equipment used for treating medical emergencies was not fit for use.

Regulation 18 HSCA (Regulated Activities) Regulations 2014 (Staffing) because the provider did not ensure that persons employed received such appropriate support and training as is necessary to enable them to carry out the duties. Regulation 18(2)(a). This was because some staff that carried out chaperoning duties did not have suitable training and background checks. In addition, nursing staff did not have Patient Group Directions and Patient Specific Directions in place.

We undertook this announced comprehensive inspection on 11 July 2017 to check that action had been taken to comply with legal requirements.

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 11 July 2017. During our visit we:

- Spoke with a range of staff (GPs, nursing staff, practice management and reception and administrative staff) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited the practice premises
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 15 December 2015, we rated the practice as requires improvement for providing safe services as we found that the provider had not ensured staff had appropriate support and training to carry out their duties, and some equipment used in treating certain medical emergencies was not fit for use.

These arrangements had significantly improved when we undertook this inspection. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident was recorded of an attempted cyber-attack. All staff were alerted of signs to look at for, and referred to their information governance toolkit as well as seeking advice from their IT support team.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

Are services safe?

to ensure this occurred. However when we reviewed the prescriptions box we found a number of prescriptions had not been collected for some months, with a few dating back to March and April 2017. The practice management team informed us that these would be immediately reviewed, with a view of adding this task to the duties of the repeat prescribing clerk. They also explained that they had had issues with the electronic prescribing system, and we saw minutes of meetings they had had with their local pharmacy to resolve these.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was taking part in a medicines optimisation scheme to discourage and reduce medicines waste.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice's health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

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

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- 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 nurse's treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan 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

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

There was evidence that the practice's clinical team also contributed recommendations for clinical improvements locally. For example, one of the GP partners became aware that there was no referral pathway for cancer of unknown primary on the PAN London Cancer Referral Pathway. She raised the issue at a Cluster Meeting in March 2017 and the CCG has now produced a flowchart to be used throughout the surgeries in Bromley.

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 98% of the total number of points available compared with the clinical commissioning group (CCG) and national averages of 95%. The practice's overall exception reporting rate was 5.4%, slightly higher than the CCG average of 4.4%, and slightly below the national average of 6%. For specific clinical domain areas, the practice exception reporting rate was higher than the CCG and national averages for heart failure, Peripheral arterial disease, asthma and Rheumatoid arthritis. 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. The most recent published data showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of diabetic patients with well controlled blood sugar levels (practice 73%; CCG 77%; national 78%) and the percentage of diabetic patients with well controlled cholesterol (practice 76%; CCG 77%; national 80%)
- Performance for mental health related indicators was similar to or higher than the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (practice 81%; CCG 82%; national 84%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (practice 100%; CCG 83%; national 89%)
- Performance for asthma related indicators was similar to the CCG and national averages. For example, the percentage of asthma patients who had had a review of their condition in the preceding 12 months (practice 74%; CCG 73%; national 76%)
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was similar to the CCG and national averages. For example, the percentage of COPD patients who had had a review of their condition in the preceding 12 months (practice 94%; CCG 89%; national 90%)

There was evidence of quality improvement including clinical audit:

- The practice provided us with the summaries of ten clinical audits commenced in the last two years; two of these were completed audits where the improvements made were implemented and monitored. Cancer detection rates has been audited by the practice lead GP for several years, and has been shown to significantly increase, from 34.17% in 2010/11 to 2012/13, to 54.2% in 2013/14 - 2015/16
- Findings were used by the practice to improve services. For example, recent action taken as a result included a

Are services effective?

(for example, treatment is effective)

system being put in place to follow up patients who had developed gestational diabetes and additional clinical discussion and study among clinical staff following an audit of DVT and tools used in its diagnosis.

Information about patients' outcomes was used to make improvements such as triggering audits.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training in medical terminology for administrative staff and immunisations update training for nursing staff
- 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example, for 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.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast

Are services effective?

(for example, treatment is effective)

cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice's uptake for the cervical screening programme was 82%, which was the same as the CCG average of 82% and the national average of 81%. For breast and bowel cancer screening, the practice performance was better than the CCG and national averages: women aged 50 to 70 screened for breast cancer in the last 36 months (practice 81%; CCG 75%; national 72.5%) and persons aged 60 to 69 screened for bowel cancer in the last 30 months (practice 62%; CCG 57%; national 58%).

Childhood immunisation rates for the vaccinations given were above national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.4 (compared to the national average of 9.1).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 29 completed Care Quality Commission comment cards, 26 of which were completely full of praise for the service and staff. Three comments cards also included negative comments - relating to prescriptions, waiting times and referrals - but there were no themes to these.

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

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

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local area average of 83% and the national average of 85%
- 94% of patients said the nurse was good at listening to them compared with the CCG and national average of 91%
- 95% of patients said the nurse gave them enough time compared with the CCG and national average of 92%
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG and national average of 91%
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% 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. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%
- 80% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the local area average, and similar to the national average of 82%.

Are services caring?

- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local area and national averages of 85%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. Carers were identified as part of the new patients' registration process, as well as during consultations and through the staff knowledge of the patients. The practice had identified 138 patients as carers (1.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours for GP and healthcare assistant appointments on Monday mornings between 7am and 8am, and on Monday, Tuesday and Wednesday evenings between 6.30pm and 7.30pm. They offered extended hours for appointments with their advanced nurse practitioner and practice nurse on Monday evenings between 6.30pm and 7.30pm
- There were longer appointments available for patients who had that need, such as people with learning disabilities or complex health problems.
- The practice is a referral hub for six local GP surgeries, for minor surgery level 3 and cardiology diagnostics, which meant patients needing treatments in these services could be referred to receive them in this GP practice rather than in hospital. Accessing these services through Chelsfield surgery has seen reduction in wait times from an average of 23 weeks to approximately two weeks.
- The practice found it was referring a higher than average proportion of patients for ear, nose and throat (ENT) conditions in 2013, the local area average referral rate was 14 per 1000, whilst the practice's was 21.3 per 1000. The referrals were reduced by 30% following training by one of the lead GPs to carry out the use of the EPLEY manoeuvre, for treating patients with benign vertigo.
- The practice is an accredited Advanced Practice for Insulin and GLP-1 initiation. One of the lead GPs and the practice nurse became involved in a local pilot scheme, which has now been adopted throughout the borough of Bromley, entitled Walking Away from Diabetes, for patients who were considered pre-diabetic to promote lifestyle change. The clinicians devised detailed Personal Care Plans for Diabetic patients, who were invited in for multidisciplinary meetings with nurse specialists. These patients were asked for their feedback on these appointments, which were wholly positive from the 68 patients who responded, 62% of those who took part in the pilot scheme.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was part of a GP alliance, which allowed them to offer additional appointment within and outside their normal working hours.
- The practice sent text message reminders of appointments and test results.
- Online services were available for patients including making and cancelling GP and advance nurse practitioner appointments, order repeat prescriptions and view parts of their records (such as immunisations and allergy information). At the time of our inspection approximately 20% of their patients were registered to use online services.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included wheelchair access and interpretation services available.

Access to the service

Chelsfield Surgery was open between 8am and 6.30pm Monday to Friday. It offered extended hours from 6.30pm to 7.30pm on Mondays to Thursdays. Routine appointments were available between 9.00am and 11.00am, then between 4pm and 6.30pm. Urgent appointments were available between 11.00am and 11.45am, with additional telephone consultations being provided at the end of the morning surgery sessions.. Extended hours appointments were offered. In addition to pre-bookable appointments that could be booked up to four weeks in advance with the GPs and six weeks in advance with the nursing team.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the local area average of 70% and the national average of 73%.
- 72% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 74% and the national average of 76%
- 88% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%

However:

- 38% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%

and

- 55% of patients said they feel they do normally have to wait too long to be seen compared with the CCG average of 38% and the national average of 35%

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

However one patient did comment that there was an 'inevitable wait' to be seen for appointments.

The practice had a system to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters displayed about how to make complaints, and complaints leaflets were available.

We looked at a sample of two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and that there was openness and transparency with dealing with the complaints. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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 and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It proactively sought feedback from:

Are services well-led?

Good 

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. These have included requests for armed chairs in the waiting area which makes them easier to get up from, elbow taps in the patient toilets to improve infection prevention and control, and improved soundproofing in clinic rooms. The practice was supporting their PPG to run Mindfulness sessions for the practice population. The first session was due to be held on 25 July 2017.
- the NHS Friends and Family test, complaints and compliments received
- 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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was regularly part of local pilot schemes to improve patients' outcomes. Chelsfield

Surgery is an accredited training practice, and at the time of our inspection there was one GP registrar in training at the practice. The practice also offered training for nurses. The practice had already supported an advanced nurse practitioner to complete the advanced diabetic care course, and a practice nurse was currently in training to complete the course as well.

There was evidence that the practice's clinical team also contributed recommendations for clinical improvements locally. For example, one of the GP partners became aware that there was no referral pathway for cancer of unknown primary on the PAN London Cancer Referral Pathway. She raised the issue at a Cluster Meeting in March 2017 and the CCG has now produced a flowchart to be used throughout the surgeries in Bromley.

The practice regularly participated in CCG led pilot schemes. Recently they have been a pilot site for a tele dermatology scheme, a self-referral scheme for musculoskeletal disorders and been among the pilot sites for the CCG led integrated care network (ICN). At the time of our inspection, 10 cases had been discussed through the ICN at teleconferences which were attended by a suitable range of care professionals including elderly care consultants and social workers.