

GP Direct

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at GP Direct on 1 June 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 managed with the exception of infection control, medicines management, mandatory staff training and risk management which were not effective.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide 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 how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Information about services and practice news was made available through their tri-annual publication of the GP Direct journal.
- The practice was very engaged with technological developments which aimed to improve the patient journey, which they were able to share with other practices.
- Patients said they were able to get appointments when they needed them 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.
- The practice were recognised in two local newspapers for their work in helping patients to stop smoking.

Summary of findings

- 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.
- There was a buddy system in place for new reception staff to facilitate learning and integration into the team.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice including:

- The practice co-organised a health and fitness open day in September 2015 to promote healthy living. Amongst other activities, the practice provided basic life support and disease prevention sessions. Following positive feedback from participants, the event is now happening annually.
- The newly appointed nursing case manager had provided care to 288 housebound patients and as a result, 44 of these patients had avoided hospital admission. She was featured in an edition of a national nursing publication and a housebound patient survey completed by seven patients showed 90% of these patients felt the input from the nursing case manager had helped them stay better and healthier at home.
- The Time to Learn sessions which took place every week to continuously improve how the practice

delivered services to the patients. This included presentations from the clinical and reception staff and covered such topics as medical reports, clinical procedures and health checks.

The areas where the provider must make improvement are:

- Ensure effective medicines management processes are in place and operated effectively and this includes emergency medicines.
- Take action to ensure premises and equipment are kept clean, properly maintained and comply with the guidance from legislation about the prevention and control of infections. Ensure annual infection control audits are carried out for all sites and they are completed accurately.
- Ensure the procedures in place for monitoring and managing health and safety risks are effective, including adequate fire safety arrangements are in place at all sites.
- Ensure mandatory staff training for all staff is up to date.

In addition the provider should:

- Review the national GP patient survey scores with the aim of improving patient satisfaction scores on 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 requires improvement for providing safe services.

Requires improvement



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example areas of concern were found with infection control, medicines management, mandatory staff training and risk management. 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were actively engaged in activities to monitor and improve quality and outcomes. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98% of the points available. This was above the local and national averages of 93% and 95% respectively. Where exception rates were higher than average, action had been taken by the practice to improve.
- Staff assessed needs and delivered care in line with current evidence based guidance. Updates were presented during their weekly practice meetings. For example, a presentation on the guidelines for cryotherapy was communicated to all staff by the nurse. We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Weekly 'Time to Learn' educational sessions were also held for all staff and there was evidence of learning. Consultants from the local hospital would at times be invited to the practice weekly meetings to ensure all staff were kept updated on a variety of disease areas.
- Clinical audits demonstrated quality improvement.

Summary of findings

- The practice had developed their use of the clinical IT records system to improve diagnosis and draw together good practice and resources for patients. They shared this learning with local practices to spread the use of good practice.
- The practices' use of advanced telephone technology across all three sites enabled them to provide efficient care and timely access to appointments.
- There was a strong focus on health promotion within the practice. They organised and hosted a health and fitness open day together with their patient participation group and their local school in September 2015 in an formative, interactive and fun way.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey was comparable to local and national averages and showed patients rated the practice highly. Where satisfaction scores with nurses were below local and national averages, the practice had taken action to improve.
- The practice were proactive in gathering patient feedback and had undertaken their own patient satisfaction survey in 2015, with a response rate of 623 patients that rated the practice highly in several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible via their TV screens in the waiting areas and their own GP direct monthly journal.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- There were innovative approaches to providing integrated patient-centred care. For example, their recently recruited nursing case manager whose role was to work with other professionals and provide care to 288 housebound patients using a wide range of advanced mobile technology. She was featured in a recent national nursing publication article and since coming into post, 44 patients had avoided hospital admission.

Summary of findings

- The GPs and nursing case manager would visit patients while in hospital to offer support and act as patient advocates.
- Patients were able to access services in a way and at a time that suits them. For example, late evening appointments on Monday and Wednesday as well as weekend openings.
- In house allied health services such as physiotherapy and smoking cessation were offered and the practice was recognised in two local newspapers for their work in helping patients to stop smoking.
- The practice had good facilities and was well equipped to treat patients and meet their needs. They adjusted their disabled access to cater for patients during their building works for example, by implementing a ramped access to the porta cabins with a call bell facility at the entrance for those requiring assistance.
- A student undertaking work experience at the practice was available to help direct patients around the practice during the building works.
- The practice had an active website and they had a tri-annual publication of their own GP Direct journal which contained the latest practice news, articles written by practice staff and local health advertisements.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

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 although policies such as the infection control policy were overdue.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, arrangements to monitor and improve quality and identify risk were not effective. For example, there were some weaknesses in governance systems such as ineffective monitoring of safety procedures.

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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very active. Together with the practice, the virtual participation group and input from their local Healthwatch, they were proactive in gathering patient feedback and had developed their patient satisfaction survey in 2015 which was in different languages, with a response rate of 3% of the patient population, who rated the practice highly in several aspects of care. Action was taken to improve the areas of low satisfaction and further results showed an improvement as a result.
- There was a strong focus on continuous learning and improvement at all levels and the practice had implemented a buddy system for new staff.

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

Good



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

- The nursing case manager's role enabled her to support housebound patients with complex long term conditions to reduce avoidable admissions to hospital using an integrated care approach. Evidence showed a decrease in hospital admissions as a result of her input. For example, 44 of the 288 housebound patients had avoided hospital admission.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Practice GPs and the enhanced nursing case manager often visited patients while in hospital to offer support and act as patient advocates.

People with long term conditions

Good



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

- The practice helped promote independence. For example, the nursing case manager was able to create a safer environment at home for a patient with diabetes complications by coordinating health and social care arrangements to provide a guide dog and a speaking blood sugar monitor.
- Nursing staff based at the practice had lead roles in chronic disease management.
- The percentage of patients with diabetes on the register, whose cholesterol levels were within the normal range in the preceding 12 months was 84%, higher than the CCG average of 80% and national average of 81%.
- The practice conducted education group meetings held in the evenings and attended by the GP, practice nurse and dietitian to help newly diagnosed diabetics manage their conditions. The diabetes evening would normally consist of a diabetes presentation, an expert diabetes patient trainer, a talk on diabetes retinopathy and diabetes medication education by one of the GPs.

Summary of findings

- Longer appointments were available when needed. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Reviews were offered at times and venues convenient for patients, including evenings and weekends.
- There was a palliative care leaflet in place which had been devised by the palliative care lead GP.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Childhood immunisation rates were comparable to CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice together with the patient participation group and their local school organised and hosted a health and fitness day in September 2015. This event saw children attending a first aid and basic life support training session delivered by St John's ambulance. A breastfeeding and home birthing team was available to raise awareness and a children's dental health promoter promoted healthy dental care. The children also took part in a healthy lifestyle poster competition, with winners awarded prizes by the mayor.
- The percentage of women aged 25-64 who had received a cervical screening test in the last five years was 73%, lower than the CCG average of 77% and national average of 82% and highlighted for further enquiry. The practice had taken proactive steps to improve uptake which included introducing pre-smear appointments and disclaimers for those who completely declined screening to sign. A cervical screening article was published in their tri-annual GP Direct journal.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good



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. For example, their annual patient survey indicated that the most convenient time period for patients were in the weekday evenings and weekends. The practice catered for this and offered late evening and Saturday appointments with a GP, nurse or phlebotomist every week.
- Patient satisfaction scores for access to appointments were above local and national averages.
- 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. This was promoted through information screens and their tri-annual GP Direct journal publication.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals and external organisations in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. The practice had a safeguarding team in place and staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 percentage of patients with mental health conditions whose alcohol consumption had been recorded in the last 12 months was 90%, similar to the CCG and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The nursing case manager was able to address the needs of patients suffering from dementia and their families using the EMIS Mobile template for advance care planning as well as for their reviews and addressing the safety of their home. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 which contained data collected from January-March 2015 and July-September 2015. The results showed the practice results were mixed in some areas, when compared with local and national averages. Three hundred and twenty one survey forms were distributed and 109 were returned. This represented 0.5% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice had carried out their own practice survey in July 2015 and had a response rate of 623 patients which represented 3% of the practice's patient list. Results from this survey showed:

- 88% of patients were satisfied with the overall experience of this GP practice;

- 85% of patients were satisfied with the booking system;
- 81% of patients were satisfied with the opening times of the practice;
- 90% of patients were able to get an appointment to see the GP and 81% were able to get an appointment to see the nurse.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were mostly positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Seven of the comment cards highlighted issues with difficulty booking emergency appointments, lost paperwork and reception staff attitude

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also noted that they had seen improvement in staff attitude. However, some also felt that consultation times were rushed and some had difficulty getting emergency appointments. Friends and family test results showed 2015 showed 84% of patients were likely or extremely likely to recommend the practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure effective medicines management processes are in place and operated effectively and this includes emergency medicines.
- Take action to ensure premises and equipment are kept clean, properly maintained and comply with the guidance from legislation about the prevention and control of infections. Ensure annual infection control audits are carried out for all sites and they are completed accurately.

- Ensure the procedures in place for monitoring and managing health and safety risks are effective, including adequate fire safety arrangements are in place at all sites.
- Ensure mandatory staff training for all staff is up to date.

Action the service **SHOULD** take to improve

- Review the national GP patient survey scores with the aim of improving patient satisfaction scores on access to appointments.

Summary of findings

Outstanding practice

We saw several areas of outstanding practice including:

- The practice co-organised a health and fitness open day in September 2015 to promote healthy living. Amongst other activities, the practice provided basic life support and disease prevention sessions. Following positive feedback from participants, the event is now happening annually.
- The newly appointed nursing case manager had provided care to 288 housebound patients and as a result, 44 of these patients had avoided hospital admission. She was featured in an edition of a national nursing publication and a housebound patient survey completed by seven patients showed 90% of these patients felt the input from the nursing case manager had helped them stay better and healthier at home.
- The Time to Learn sessions which took place every week to continuously improve how the practice delivered services to the patients. This included presentations from the clinical and reception staff and covered such topics as medical reports, clinical procedures and health checks.

GP Direct

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to GP Direct

GP Direct practice is located in Harrow, Middlesex and holds a Personal Medical Services (PMS) contract with NHS England. The practice's services are commissioned by Harrow clinical commissioning group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services and family planning.

The partners run two other branch surgeries. The main surgery is located on Welbeck road and is currently undergoing major redevelopment work to create a larger three storey multi-purpose built health centre providing a wide range of services. The larger branch site is located at Butler Avenue, approximately one mile from the main practice and is set over three storeys. The smaller branch site is located on Eastcote Lane, approximately one mile from the main practice and is set on the ground floor only. One registered list size of 18,500 patients is managed from the main surgery on one clinical database. Their telephone system connects all three sites on one main telephone number and switchboard. The practice also has a single management and staff structure where patients are able to attend any of the three sites. This inspection report focuses on the services provided at all three sites.

The practice is staffed by six GP partners, three female and three male as well as five salaried GPs who provide a combination of 64 sessions a week. The practice is a training practice. Two GP registrars and one F2 doctor provide a combination of 24 sessions. The practice also employs a practice manager, a service development/business manager and a deputy manager/finance supervisor. Clinical staff also employed are one enhanced nursing case manager who provides 10 sessions a week and three practice nurses, one nurse practitioner, one healthcare assistant/receptionist, two phlebotomists and a doctor's assistant. Twenty reception and administration staff including one office junior, one scanner and a clinical coder are also employed by the practice.

The main practice at Welbeck Road is open between 8.30am and 6.30pm on Monday to Friday and between 9.00am and 12.00pm on Saturday. Extended hours surgeries are offered on Monday and Wednesday from 6.30pm to 8.00pm. The branch sites at Butler Avenue and Eastcote Lane are open between 8.30am and 6.30pm on Monday to Friday (closed for lunch between 1pm and 2pm).

As a result of the ongoing building works at Welbeck Road, the practice is currently providing a reduced service from within the main building and enhancing the use of the two branch sites. There has been reduced facilities at the main site such as the number of available patient toilets from five to four as well as the use of porta cabins at the front and rear of the building to store medical records and provide another waiting area for the patients.

The practice provides a wide range of services including GP consultations and nursing services, carers' checks, chronic disease management, immunisations, family planning and screening services and phlebotomy. Seven GPs are

Detailed findings

accredited to provide minor surgery at the practice. They also provide allied healthcare services such as the diabetes clinic, smoking cessation clinic, physiotherapy, dietitian, midwife and counselling.

The practice has a high ratio of children and young children aged between 5-14 years of age and a higher ratio of patients aged between 15-44 years of age.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 June 2016. During our visit we:

- Visited all three practice sites and spoke with a range of staff including three GPs, nurse case manager, doctor's assistant, two practice nurses, practice manager, business development manager and five reception and administration staff.
- Observed the premises at all three sites.
- We spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared amongst other staff and action was taken to improve safety in the practice. For example, contaminated cotton wool balls had been discovered inside a non-clinical waste bin and it was identified that this occurred frequently due to the lack of a clinical waste bin in the room. This was discussed at a practice meeting and the practice found they were short of clinical waste bins and arrangements were made to provide one in all clinical rooms. The practice liaised with the clinical commissioning group (CCG) regarding infection control training for the staff concerned.

Overview of safety systems and processes

The practice had systems and processes in place to keep patients safe and safeguarded from abuse, however, they were not in all cases effective:

- Arrangements were in place that 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 GP for

safeguarding and the practice also had a safeguarding team in place which comprised of three GPs, one practice nurse and the practice manager who reviewed the safeguarding register every three months. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities on safeguarding children and vulnerable adults relevant to their role. However, some arrangements in place to safeguard children and vulnerable adults from abuse were not always effective for example, not all clinical and non-clinical staff had received update training. For example, there were gaps in both adult and children safeguarding training for reception and nursing staff. Most of the reception staff had undertaken online level 3 child safeguarding training but had not received safeguarding adults training. There were also gaps in nursing safeguarding training and not all had received level 3 child safeguarding training. Four GPs had not received update training in level 3 child safeguarding. Following the inspection the provider sent us data which indicated nine non-clinical staff had completed safeguarding training post the inspection. The data also indicated that almost two thirds of clinical staff had not undergone any update training since 2014; and one third of non-clinical staff had not undergone training since 2013.

- 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 standards of cleanliness and hygiene at the branch sites required improvement. There were infection control audits in place for all three sites but they were not dated and contained inaccuracies. For example, the infection control audits for both branch sites indicated that there was a cleaning schedule maintained for medical equipment such as the ear irrigator but we found this schedule for one branch site was blank and there was no schedule for the other branch site. When we inspected the branch site at Butler Avenue, we noted that the cloth privacy curtains in place had not been

Are services safe?

identified in the audit. The practice told us that they were cleaned every six months however; there was no evidence of this and the curtains in one clinical room were overdue changing by seven months. Following the inspection the provider sent us confirmation from the cleaning company that the curtains had been cleaned as part of their bi-annual schedule.

- The infection control processes at Butler Avenue were not satisfactory. We observed the conditions of the waiting room chairs were not satisfactory. There were open top bins in the toilets without lids and the toilet equipment required changing. There was no separate sink area for the cleaners and therefore cleaning buckets were filled over the kitchen sink. A cleaning schedule was not provided for this branch site, however it was provided following the inspection as part of the factual accuracy process.
- We saw evidence that additional issues with the walls, flooring, furnishings and taps at both branch sites had been identified in the audit and were to be updated as part of the practice's development plan.
- The arrangements for managing emergency medicines and vaccines in the practice (including obtaining, recording, handling, storing and security) were not effective. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation, however; we found three PGDs had expired and two had not been signed by the nurses (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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- The practice did not have a system in place to record the amount of vaccines stock delivered to the practice and there was no process for completing a fridge log. We noted during our inspection that seven vaccines at the Butler Avenue site had expired. We made the practice

aware of this and they took immediate action by disposing of the expired vaccines safely and completing a significant event record and implementing a vaccine expiry date check policy.

- The practice had six vaccines refrigerators across all the three sites and an effective cold chain monitoring system in place by way of an electronic smart card, that allowed them to record and monitor the vaccine fridge temperature over a period of time and accurately identify any breaches in temperature.
- Emergency medicines were located in the dedicated medicines cabinet at all the sites as well as the nurses' room. Emergency medicine such as morphine for severe pain was not available. A risk assessment had not been carried out to identify why these medicines were not suitable for the practice to stock. On inspection, we found non-working medical equipment and expired medicines in an unused doctor's bag at Butler Avenue site which were not fit for use. The practice took immediate action to dispose of this bag and complete a significant event record.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice also had a prescribing lead GP. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed 11 personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been undertaken.

Monitoring risks to patients

Risks to patients were assessed but not effective.

- The practice was undergoing major redevelopment works and there was a formal redevelopment plan in place for the other two branch sites to also undergo complete renovation works by November 2016. On the day of inspection, we observed extensive building work

Are services safe?

taking place at the main site and the practice had made use of porta cabins to use as a temporary reception area, administration office and to securely store medical records. A risk assessment had been carried out with regards to the storage of medical records in one of the porta cabins.

- There was a health and safety policy in place however, the procedures in place for monitoring and managing risks to patient and staff safety at the branch sites were not effective. For example, at Butler Avenue we found several health and safety risks which included sharps bins not labelled, exposed radiators, loose cables around the reception desk, exposed dual pipework likely to create a scalding risk and overloaded sockets without surge protection. We also found blind loop cords at the Eastcote Lane branch site in the waiting area, next to patient seating but these had not been identified in any risk assessment.
- The practice did not have up to date fire risk assessments for all three sites as they were last carried out in 2014. No recent fire risk assessments had been carried out at the main site since the building works commenced. Two fire marshals were based at the main site, however, there were no fire marshals based at the branch sites. The practice did not carry out regular fire drills at all the sites and not all staff had received fire safety training. The fire log book at Eastcote Lane only contained a record of fire extinguisher and smoke detector checks.
- 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 asbestos, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice kept liquid nitrogen and had a policy in place. While building works were being carried out at the main site, liquid nitrogen was stored in a smaller cupboard with a vent in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty for example, across all the sites, the administration team covered for reception team members during absence and one GP was on long term absence but cover was provided by regular locums who provided 10 sessions. The practice manager was in the process of recruiting more reception staff.

Arrangements to deal with emergencies and major incidents

Some of the arrangements in place to respond to emergencies and major incidents were not robust.

- Not all staff had received annual basic life support training; however, we saw evidence that up to 40 staff had been booked for training later in June 2016.
- 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 however emergency medicine such as morphine for severe pain was not available. A risk assessment had not been carried out to identify why this medicine was not suitable for the practice to stock.
- The practice had a defibrillator available and oxygen with adult and children's masks across all three sites but we did not see evidence of an oxygen checklist at Butler Avenue site. A first aid kit and accident book were available.
- There was an instant messaging system on the computers and phones in all the consultation and treatment rooms which alerted staff to any emergency. CCTV was placed across all the sites and signage was in place. The practice had a lone working policy in place and the nursing case manager who undertook home visits had a personal safety device linked to an external security management centre.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. Exception reporting for some conditions were higher than CCG and national average. (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). For example:

- The exception reporting for patients with diabetes, on the register, who had influenza immunisation in the preceding 12 months was 22%, higher than the CCG average of 16% and the national average of 18%. The practice were aware of this data and told us that this was due to patients declining flu immunisations as well as a large proportion of the eligible patients travelling out of the country on holidays for extended periods of time, resulting in a poor response and uptake. The practice had taken steps to address this by way of an alert system in place for eligible patients to be offered the immunisation opportunistically at the start of their appointment. They hosted a diabetes education evening which included a diabetes presentation, an expert diabetes patient trainer, and a talk on diabetes retinopathy and diabetes medication education by one

of the GPs. Although 20 diabetic patients had been invited, the event was attended by four patients. Following this, the practice had put another action plan in place to extend the education evenings to all patients with long term conditions.

- The exception reporting for patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 19% which represented 18 patients, higher than the CCG average of 9% and national average of 6%. The practice were aware of this data and were able to demonstrate that of the 18 patients excluded from QOF calculations, 14 of these patients were on aspirin and clopidogrel, one was contraindicated and two had declined this therapy despite being offered.

QOF data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average, for example, the percentage of patients with diabetes on the register, who had influenza immunisation was 92%, compared to the CCG average of 87% and 94%.
 - The percentage of patients with diabetes on the register, who had a foot examination in the last 12 months was 89%, compared to the national average of 88%.
- Performance for mental health related indicators was similar to the national average for example, the percentage of patients with mental health conditions on the register, who had a comprehensive, agreed care plan in the last 12 months was 93%, compared to the CCG average of 91% and national average of 88%.
 - The percentage of patients with dementia on the register, whose care had been reviewed face to face in the preceding 12 months was 86%, compared to the CCG average of 88% and national average of 84%.

The percentage of women aged 25-64 who had received a cervical screening test in the last five years was 73%, lower than the CCG average of 77% and national average of 82% and highlighted for further enquiry. The practice were aware of this data and explained that the high pregnancy rate at the practice and cultural background were factors that played a role in the low screening uptake. Plans were

Are services effective?

(for example, treatment is effective)

made by the practice to improve uptake by introducing pre-smear appointments in order to go discuss the screening process with patients. The practice had also made plans to introduce disclaimers for those who completely declined screening to sign as well as to publish a cervical screening article in their tri-annual GP Direct journal.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years and these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. They participated in the clinical research network to promote research to patients and peers and were the only practice in the area to be designated the NHS National Institute of Health Research hub status in 2015-16 and in 2016-17, undertaking several studies.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit undertaken to ensure clinical staff were documenting that they were offering statin therapy to patients who were at risk of developing cardiovascular disease. The practice identified 65 at risk patients aged between 40-74 years of age. The audit found that 77% of these patients in the high risk category had not been offered statins. Proposed actions were to create an alert for those patients at high risk of cardiovascular disease and to read code that statins were offered to these patients in their notes. Improvement was made to improve awareness among the clinical team of the new NICE guidelines on the use of statins in primary prevention. The second cycle audit showed the number of patients who had not been offered statins had improved to 59%.

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 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, for those reviewing patients with long-term conditions. The nursing case manager and practice nurse both attended update training for conditions such as diabetes and asthma and would share this learning with the practice by holding tutorials at practice meetings.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All clinical staff had received an appraisal within the last 12 months apart from two non-clinical bank staff who worked part-time hours.
- Additionally, a number of in house multi professional Time to Learn sessions took place every week to continuously improve how the practice delivered services to the patients. This included presentations from the healthcare assistants and reception staff and covered such topics as medical reports and health checks. Three of the GPs were approved trainers within the practice who met on a regular basis as part of their learning set. Areas of staff learning needs were identified and covered during these sessions.
- Not all staff had received training that included: safeguarding and information governance. However, 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice had an effective way of sharing relevant information with other services in a timely way, for example when referring patients to other services, they undertook a daily search to ensure two week wait referrals had been actioned. This was achieved by making use of their system based workflow manager instead of relying on their email system, to ensure referrals were processed in a timely manner. This was overseen by the management team and reduced the risk of delays in referrals during staff absence and ensured there was an audit trail.
- They had developed their use of the clinical IT records system significantly and shared their learning on this with other practices. For example, they developed an EMIS Mobile template for their enhanced case manager to use for dementia reviews which was shared with other practices. This allowed for the needs of patients and their families to be addressed comprehensively, covering even the safety of the home. Other technology used by the practice included their real time call monitoring system, the security system used by the nursing case manager when out on home visits and the electronic smart card used to capture the temperature movement of the vaccines fridge.

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

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 although not all new clinical staff were able to demonstrate full understanding of Gillick competency.

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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol cessation and young people at risk of abuse. Patients were signposted to the relevant service through various means including publication of their tri-annual GP Direct journal.
- A dietitian was available at the main site and one branch site every two weeks and a smoking cessation adviser held weekly clinics at the practice. They had been featured on two separate occasions in their local media for their role in supporting patients to stop smoking.
- The practice together with the patient participation group and their local school organised and hosted a health and fitness open day in September 2015 to promote healthy living. This included input from several external groups for all the population groups. The practice nurses undertook health checks such as blood pressure and weight readings.

The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG average of 77% and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and 10 minute pre-smear appointments were introduced in order to go through the screening process with patients first. The practice demonstrated how they encouraged uptake of the screening programme by also using information in different languages and for those with a learning disability and they ensured a female sample taker was available. They also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 21% to 83%, compared to the CCG averages that ranged between 22% and 80%. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 66% to 92%, compared to the CCG averages that ranged between 60% and 85%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Twenty of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Seven of the comment cards highlighted issues with difficulty booking appointments, lost paperwork and reception staff attitude.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the PPG was thriving as a result of support from the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice had put an action plan in place to improve satisfaction scores for the nurses. The management had arranged some shared consultation time between the GPs and nurses to ensure they learnt the different ways to ensure patients were left feeling like they had been given the time they required and had been listened to. The experienced nurses also offered additional working hours to improve patient access to care. Additionally, GPs were also undertaking regular spot reviews of nurses' consultations to ensure good practice. The practice had a plan in place to follow this up with specific individual questionnaires for patients as this process was already in place for GPs. This would allow staff to receive training and support where needed and ensure patient satisfaction.

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 and patients were involved in care planning.

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 for satisfaction scores with GPs and nurses were in line with local and national averages with. For example:

Are services caring?

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% 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 national average of 85%.

An action plan was put in place to improve satisfaction scores for the nurses, which included regular nurse meetings which focused on reviewing their own practice with regards to involving patients in decision making and explaining processes and treatments clearly. Patients were also being involved in their own care planning for example; diabetic care plans were implemented together with the patient whereby they would look at ways to improve their own diet.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and a range of information outlets were used by GPs to support the advice they gave to patients for example, their GP brochure and GP Direct monthly publication journals.
- The practice website had a function that allows automated translation into many languages.

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 although this required updating. They also offered patient information via their TV information screens in the waiting areas.

The practice's computer system alerted GPs if a patient was also a carer. A carers' identification letter and questionnaire was a part of the practices' registration pack. They had identified 318 patients as carers (2% of the practice list). The practice told us that they faced challenges with some ethnic groups with extended families who did not want to identify themselves as carers. They offered carer reviews to help them manage their own physical and mental health needs and to allow for further assessment and support by the GP. Carers were also offered flu immunisation and written information was available to direct them to the various avenues of support available to them.

The practice had a bereavement alert on their computer system and incoming notifications were held in the patients' record for six months, allowing the practice to be proactive in the support they offered. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They had a newly appointed CCG lead GP and together with the CCG implemented an enhanced nursing service which saw a nursing case manager recruited by the practice.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours. Saturday appointments were also available.
- There were longer appointments available for a range of patients including those with a learning disability, co-morbidities and those requiring interpreters. Appointments could be booked online or via their automated telephone system. Patients were sent text message appointment reminders.
- Same day appointments and pre-bookable or same day telephone appointments were available with the on call GP or nurse practitioner across all the sites for children and those patients with medical problems that require same day consultation.
- The GPs and nursing case manager would visit patients while in hospital to offer support and act as patient advocates. The palliative care lead GP had developed an end of life leaflet which was shared with the patient participation group.
- Joint home visits were undertaken with the GPs and annual housebound checks for patients not seen in a year were carried out.
- The practice had a smoking cessation adviser and had been acknowledged in two local media articles for their input in helping patients to stop smoking.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Phlebotomy services were offered at the two sites with an option of morning, afternoon or weekend appointments.

- The practice proactively invited 17-25 years old for the Meningitis vaccination programme. Over 16's were also offered the Measles, Mumps and Rubella (MMR) vaccine and 14-18 year olds who had missed the school vaccination programme for Human Papilloma Virus (HPV) were offered the vaccine.
- There were translation services and TV information screens available in the waiting rooms. The practice had a patient website and they had a tri-annual publication of their own GP Direct journal which contained the latest practice news, articles written by practice staff and local health advertisements. This journal publication also kept patients well informed of the current building works at the practice.
- The practice adjusted their disabled access to cater for patients during their building works. They implemented a ramped access to the porta cabins with a call bell facility at the entrance for those requiring assistance. There were also a disabled toilet facility and a jayex board (display screen) at the practice. A previous hearing loop was deinstalled when building works commenced. A buggy park was available on site for parents with pushchairs.

Access to the service

The main practice at Welbeck Road was open between 8.30am and 6.30pm on Monday to Friday. Extended hours appointments were offered on Monday and Wednesday between 6.30pm and 8.00pm and every Saturday between 9.00am and 12.00pm.

The branch sites at Butler Avenue and Eastcote Lane were open between 8.30am and 6.30pm on Monday to Friday (closed for lunch between 1pm and 2pm).

Patients could access appointments across all three sites. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available with all the GPs for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages when it came to telephone access. This was due to the practice initiative to use an advanced telephone call monitoring software technology covering all three sites which improved telephone access for patients. This

Are services responsive to people's needs?

(for example, to feedback?)

desktop displayed real time data which included the average inbound call waiting time, the maximum call waiting time, the number of active calls, the number of abandoned inbound calls, active talk time as well as the number of answered inbound calls.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

Results from the practice survey carried out in July 2015 showed:

- 85% of patients were satisfied with the practice's opening hours;

People told us on the day that they felt that consultation times were rushed and some had difficulty getting emergency appointments. The practice told us that the demand for appointments were reviewed daily and locums were brought in if necessary. Patient did not attend (DNA) letters were sent to patients that failed to attend their appointments and as a result, their DNA rate had reduced by 60%.

The practice had a system in place to assess:

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

There was a home visit policy in place. The receptionists would add all home visit requests to the on call doctors call list and a screen message would be sent immediately to them. The on call GP would telephone the patient and

triage the home visit request 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 an effective system in place for handling complaints and concerns.

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

We looked at 37 complaints received in the last 12 months and found they were dealt with in a timely way, thoroughly investigated and satisfactorily handled. Lessons were learnt 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. For example, a complaint had been raised regarding a GP's advice and handling of concerns raised by a carer. We saw the complaint was dealt with within a two week period and apologies were given to the patient for the delayed response. Additionally, the practice acknowledged there were areas of improvement and showed empathy toward the patient. An apology and reassurance was given to the patient and a follow up appointment was provided with a different GP.

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 in their tri-annual GP Direct journal. Staff knew and understood the values.
- The practice had a 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 although there were some weaknesses in governance systems such as ineffective monitoring of safety procedures. One of the GPs was the clinical governance lead and produced annual formal end of year clinical governance reports. These outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff although some policies such as infection control had expired.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- However, risk management processes were not effective when it came to identifying, recording and managing safety risks including infection control, health and safety, fire safety and medicines management. We saw evidence that when safety issues were highlighted on inspection, the practice took immediate action to rectify any shortfalls.

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. Ten members of staff had lead roles in the practice which included CCG lead, clinical governance lead and service development lead. There was also an education lead in the practice and three other approved trainers who met regularly as part of their learning sets. They held in-house multi-professional educational meetings once a week and Time to Learn sessions. Seven GPs were accredited to provide minor surgery to patients. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information 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.

- The practice held regular team meetings and weekly learning sessions. We saw evidence of detailed meeting minutes.
- 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.
- 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

Are services well-led?

Good 

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

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

- The PPG was very active. Together with the virtual PPG, they initiated the The PPG and the practice also worked together with their local Healthwatch who had some input in the survey and together implemented questions that were based on what they considered to be the key areas of importance. Action was taken by the practice to improve customer care for patients and this included reception staff attending customer service training and new starters were allocated buddies. As a result, the practice was amongst the top three practices in the CCG for customer service and patient satisfaction.
- The PPG were also active in working together with the practice, their local Healthwatch and local school to organise and host their health and fitness open day in September 2015 to promote healthy living.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, when reviewing issues regarding staff attitude raised during patient complaints, the practice manager invited all staff to submit ideas which would motivate staff to raise standards of customer service and this led to suggestions being made to improve patient experience. As a result, the practice was amongst the top three practices in the CCG for customer service and patient satisfaction. 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 continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care. The practice had a long track record as a

training practice. Three of the GPs were approved trainers who met on a regular basis as part of their learning set. Areas of staff learning needs were identified and covered during their weekly in house multi professional 'Time to Learn' sessions. Examples included when the practice nurse delivered a presentation on what cervical screening involved to all practice staff including non-clinical staff during a learning session.

- The practice was very engaged at the forefront of technological developments which aimed to improve the patient journey and which they were able to share with other practices. This included EMIS mobile system used by the nursing case manager during her home visits. Presently, the nursing case manager was one out of 28 nursing case manager colleagues in the CCG who had this facility. Other technology used by the practice included their real time call monitoring system, the security system used by the nursing case manager when out on home visits and the electronic smart card used to capture the temperature movement of the vaccines fridge.
- They were active in patient research for the past seven years and worked closely with the National Institute for Health Research (NIHR) to promote research to patients and their peers. As a result, they were recognised as the sole research hub in the area for 2015/2016 and 2016/2017.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were planning on continuing to host their annual health and fitness days which were temporarily halted during the building works. They were also planning to expand their patient education evenings to include patients with other long term conditions. They were also planning on undertaking the NHS clinical pharmacist pilot scheme to help reduce the time spend of complicated medicines queries which resulted in consultation delays.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The infection control policy was overdue a review in January 2016 and the infection control audits and processes in place were not effective.</p> <p>There was no system in place to monitor the stock levels and expiration of vaccines at the practice.</p> <p>Recommended emergency medicine such as morphine was not available and a risk assessment had not been completed for this. There was also no evidence of an oxygen checklist at the Butler Avenue branch site.</p> <p>They had failed to identify the risks associated with health and safety and fire safety across the sites and there were no adequate fire safety arrangements in place.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that all staff received role specific and up to date training. We found not all clinical and non-clinical staff had received update training in child protection. For example, there were gaps in both adult and children safeguarding training for reception and nursing staff. Most of the reception staff</p>

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had undertaken online level 3 child safeguarding training but had not received safeguarding adults training. There were also gaps in nursing safeguarding training and not all had received level 3 child safeguarding training. Four GPs had not received update training in level 3 child safeguarding.

We also found not all staff had received training in information governance.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.