

Gladstone Medical Centre

Inspection 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 location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Overall summary

This practice is rated as requires improvement overall.

(At the previous inspection in February 2015 the practice was rated as good overall but the safe domain was rated as requires improvement).

The key questions are rated as:

Are services safe? - Requires improvement

Are services effective? - Requires improvement

Are services caring? - Good

Are services responsive? - Requires improvement

Are services well-led? - Good

We carried out an announced comprehensive inspection at Gladstone Medical Centre on 3 October 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Gladstone Medical Centre was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- Risks to patients were assessed and well managed in some areas, with the exception of those relating to the level of exception reporting and management of blank prescription forms.
- The practice's uptake of the national screening programme for breast and bowel cancer screening and childhood immunisations rates were below the national averages.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. When incidents did happen, the practice learned from them and improved their processes.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Some staff had not received all the required training that was relevant to their role.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Results from the August 2018 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below the local and national averages.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- 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 areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review and ensure all staff have received training relevant to their role including sepsis awareness training.
- Implement a system to ensure the record keeping of a defibrillator checks.
- Review staff feedback in relation to non-clinical staffing levels.
- Continue to promote the benefits of the national screening programme and monitor the practice's uptake for breast and bowel cancer screening.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Gladstone Medical Centre

- Gladstone Medical Centre is a GP practice located in North West London and is part of the Brent Clinical Commissioning Group (CCG). The practice is located in converted premises.
- Services are provided from: Gladstone Medical Centre, 5 Dollis Hill Lane, London, NW2 6JH.
- Online services can be accessed from the practice website:
- Out of hours (OOH) service is provided by the Care UK.
- There is one principal GP, a salaried GP, three locum GPs and two trainee GPs at the practice. The practice offers 37 GP sessions per week (including nine trainee GP sessions). The practice employs a practice nurse, a clinical pharmacist, a phlebotomist and two health care assistants. The principal GP is supported by three senior administrators and a team of administrative and reception staff.
- This is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. We received positive feedback from the trainee GP we spoke with.
- The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 9,000 patients in the local area (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services).
- The provider is in discussion with NHS England and Care Quality Commission to resolve the ongoing commissioning and registration issues.
- The practice population of patients aged between 5 to 14 and under 18 years old is higher than the national average and there is a lower number of patients aged above 65 years old compared to the national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 61% of the population is composed of patients with an Asian, Black, mixed or other non-white background.
- The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Blank prescription forms for use in printers were not handled in accordance with national guidance.
- One clinical staff members we spoke with demonstrated lack of understanding to deal with the emergency situation and safeguarding flags.
- Disclosure and Barring Scheme (DBS) checks or risk assessments were not carried out for two non-clinical staff undertaking chaperoning duties to ensure patient safety.
- Staff we spoke with and written feedback we received on the day of the inspection raised concerns regarding inappropriate staffing levels of non-clinical staff.
- We noted paediatric defibrillator pads were out-of-date and written records were not maintained for a defibrillator checks.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, one of the clinical staff members we spoke with demonstrated lack of understanding to deal with safeguarding flags. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a DBS check with the exception of two non-clinical staff. However, the practice informed us their DBS applications were in the process. The practice had not carried out a documented risk assessment in relation to these staff members. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

- There were arrangements in place for planning and monitoring the number of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff we spoke with and written feedback we received on the day of the inspection raised concerns regarding inappropriate staffing levels of non-clinical staff.
- There was an effective induction system for temporary staff tailored to their role.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff we spoke with informed us that regular checks had been carried out to ensure equipment were safe to deal with medical emergencies. However, we noted paediatric defibrillator pads were out-of-date and written records were not maintained for a defibrillator checks.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Most staff were suitably trained in emergency procedures. However, one of the clinical staff members we spoke with demonstrated lack of understanding to deal with the medical emergencies and was unable to produce the evidence of receiving face to face basic life support training.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. Some non-clinical staff we spoke with were not sure how to identify symptoms of sepsis in an acutely unwell patient. Staff had not completed formal sepsis awareness training.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines with the exception of management of blank prescription forms.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice kept prescription stationery securely. On the day of the inspection, we saw blank prescription forms for use in printers were not handled in accordance with national guidance as these were not recorded and tracked through the practice at all times.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- There were effective protocols for verifying the identity of patients during online consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

- The level of exception reporting was above the clinical commissioning group (CCG) average and the national average for a number of indicators.
- The practice's uptake of the childhood immunisations rates were below the national averages.
- Some staff had not received all the required training that was relevant to their role.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated as requires improvement for effective care.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated as requires improvement for effective care.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in the hospital or through out of hours services.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. However, the level of exception reporting was significantly above the clinical commissioning group (CCG) average and the national average for a number of quality indicators for long term conditions. Please refer to the Evidence Tables for further information.

Families, children and young people:

This population group was rated as requires improvement for effective care.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were not in line with the target percentage of 90% for all four out of four immunisations measured for children under two years of age. The practice was aware of these results and explained that this was due to known challenges within the practice population and they were working to overcome the barriers. The practice had a highly transient patient population; patients were often outside of the country for long periods and patients registering at the practice were often only in the area for short, temporary amount of time. This had an impact on the national childhood vaccination programme.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

This population group was rated as requires improvement for effective care.

- According to the Public Health England data for 2016-17, the practice's uptake for cervical screening was 59%, which was below the 80% coverage target for the national screening programme. According to the unverified Quality Outcome Framework (QOF) results for 2017/18 the practice's uptake for cervical screening was 80%.
- The practice's uptake for breast and bowel cancer screening was below the national average. In total 38% of patients eligible had undertaken bowel cancer screening and 57% of patients eligible had been screened for breast cancer, compared to the national averages of 55% and 70% respectively. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and was writing letters and sending text messages to encourage the uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement for effective care.

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated as requires improvement for effective care.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for the period 1 April 2016 to 31 March 2017 were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and the national average of 97%. The overall clinical domain exception reporting rate was 22% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

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For example, the exception rates for a number of indicators were significantly higher than the CCG and national averages, such as:

- In 2016/17, exception reporting for diabetes related indicators was 30%. This was higher than the CCG average (10%) and national average (11%).
- In 2016/17, exception reporting for chronic obstructive pulmonary disease (COPD) related indicators was 29%. This was higher than the CCG average (12%) and national average (13%).
- In 2016/17, exception reporting for chronic heart disease related indicators was 17%. This was higher than the CCG average (9%) and national average (9%).
- In 2016/17, exception reporting for depression related indicators was 47%. This was higher than the CCG average (23%) and national average (23%).

The high exception reporting indicated that high numbers of patients had not received appropriate reviews or an annual check-up for their long term condition.

The provider explained that the practice had faced challenges and changes within staff team in the past 15 months which had an effect on the patient outcomes. With the staffing issues stabilising, the practice was concentrating on further improving QOF for 2017/18.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used information about care and treatment to make improvements. For example, we saw evidence of repeated audit cycle of patients with prostate (a gland in the male reproductive system) cancer. The aim of the audit was to identify and ensure all patients with prostate cancer had regular blood tests carried out to measure the amount of prostate specific antigen (PSA) to ensure appropriate management of abnormal results. Antigen was responsible for the production of antibodies and induced an immune response in the body.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles. However, some improvements were required.

- Most staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. However, one of the clinical staff members we spoke with demonstrated lack of understanding to deal with the emergency situation and safeguarding flags.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. However, we noted some staff had not received training that included: safeguarding adults, fire safety, basic life support, health and safety, infection control and equality and diversity.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

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they were referred, or after they were discharged from the hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mostly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results (published in August 2018) were below local and national averages for questions relating to kindness, respect and compassion.
- A patient and two members of the patient participation group (PPG) we spoke with said staff were helpful, caring and treated them with dignity and respect. They informed us that the practice had taken a number of steps in the last few months to improve the service.
- As part of our inspection, we also asked for the Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Thirty five of the 40 patient CQC comment cards we received were positive about the service experienced. Five of the 40 patient CQC comment cards we received were neutral and raised some concerns regarding access to the service. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.
- We noted the NHS friends and family test (FFT) results for the last six months and 98% of patients were likely or extremely likely recommending this practice.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement for providing effective services because:

- Results from the August 2018 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below the local and national averages.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.
- The practice had installed a touch screen self check-in facility to reduce the queue at the reception desk.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice sent text message reminders of appointments.

Older people:

This population group was rated as requires improvement for responsive care.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals. Patients from other local practices were also able to book an appointment for phlebotomy service at the practice.

People with long-term conditions:

This population group was rated as requires improvement for responsive care.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check the heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.

Families, children and young people:

This population group was rated as requires improvement for responsive care.

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered the same day appointment when necessary.

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

This population group was rated as requires improvement for responsive care.

Are services responsive to people's needs?

- The needs of this population group 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, the practice offered extended opening hours Monday to Friday from 7.30am to 8am and every Monday evening from 6.30pm to 7.30pm.
- In addition, the patients at the practice were offered extended hours appointments through a local GP access hub Monday to Friday from 6pm to 9pm, Saturday and Sunday from 9am to 3pm.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement for responsive care.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

This population group was rated as requires improvement for responsive care.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

According to the national GP patient survey results published in August 2018, patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Results from the August 2018 annual national GP patient survey showed that patients' satisfaction with

how they could access care and treatment was significantly below the local and national averages. (Please refer to the evidence tables for further information).

- Most patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most of the patients reported that the appointment system was easy to use.

The practice had analysed the survey results and took steps to improve the access to the service in the last few months. For example,

- The practice had reviewed and improved the appointment booking system.
- The practice had introduced telephone and web consultations with GPs and pre-bookable GPs appointments were available to book online.
- The practice had employed additional non-clinical staff to answer telephone calls during peak hours and increased the working hours of existing non-clinical staff (increased the capacity by 20%).
- The practice had increased the number of GP sessions since December 2017 (increased the capacity by 33%). The practice was offering 37 GP sessions per week (including nine trainee GP sessions).
- A clinical pharmacist had started in July 2017. The practice had worked closely with the clinical pharmacist to help raise awareness of the prescribing issues.
- We checked the online appointment records and noted that the next pre-bookable appointments with named GPs were available within two to three weeks. We noted that the next pre-bookable appointment with any GP was available within two weeks and the next online GP appointment was available within one week. The practice was offering 37 GP sessions per week (including nine trainee GP sessions).
- Feedback from a patient and two members of the patient participation group (PPG) was positive and reflected that they had seen some improvements in the appointment booking system and were able to get appointments when they needed them.

Are services responsive to people's needs?

- Thirty five of the 40 patient CQC comment cards we received were positive about the service experienced. Five of the 40 patient CQC comment cards we received were neutral and raised some concerns regarding access to the service.
- Staff we spoke with and written feedback we received informed us they had seen some improvements in the last few months and waiting time to get through to the practice by telephone had been reduced.
- The practice informed us they were planning to develop one of the rooms into an administrative office which would enable the practice to employ more staff and accommodate up to eight staff working simultaneously on administrative duties.
- The practice planned to install a new telephone system by the end of October 2018. Staff we spoke with informed us that new telephone system would help in reducing telephone waiting times because telephone number would pull the patients' records. This would also enable to update incorrect telephone numbers.
- The practice had taken steps to improve the access to the service, however, it was too early to assess the

impact of improvements planned, for example, installation of new telephone system. We observed that there was further improvement required to monitor and review the appointment booking system and waiting time to get through to the practice by telephone.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

The principal GP had the capacity and skills to deliver high-quality, sustainable care.

- The principal GP was knowledgeable about issues and priorities relating to the quality and future of services. The management understood the challenges and were addressing them.
- The principal GP and three senior administrators at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop senior administrators' capacity and skills.
- The provider informed us that the practice had faced challenges and changes within staff team in the past 15 months. We noted the practice had implemented a number of measures to mitigate the challenges, addressed the staffing and leadership issues and took steps to improve, monitor and review the quality of service.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- The principal GP acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff, but improvements were required. For example, staff we spoke with raised dissatisfaction regarding non-clinical staffing levels at the practice.
- The practice actively promoted equality and diversity. Most staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

On the day of the inspection, we observed that the practice had a governance framework. However, some improvements were required.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, some staff had not completed role specific training to enable them to carry out the duties they were employed to do.
- Structures, processes and systems to support good governance and management were clearly set out. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Practice specific policies and procedures were available to all staff.
- There was an ineffective system in place to monitor the use of blank prescription forms.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance, however, improvements were required.

Are services well-led?

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- Disclosure and Barring Service (DBS) checks for non-clinical staff undertaking clinical duties, and monitoring and record keeping of a defibrillator checks were not always carried out to ensure risks were managed appropriately.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. However, one of the clinical staff members we spoke with demonstrated lack of understanding to deal with emergency situations.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not always have effective governance, assurance and auditing processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The practice was unable to demonstrate that they always followed national guidance on the management of blank prescription forms.• The level of exception reporting was above the clinical commissioning group (CCG) average and the national average for a number of indicators.• The practice's uptake of the childhood immunisations rates were below the national averages.• One of the clinical staff members we spoke with demonstrated lack of understanding to deal with the emergency situation and safeguarding flags.• Disclosure and Barring Scheme (DBS) checks or risk assessments were not carried out for two non-clinical staff undertaking chaperoning duties to ensure patients safety.• Results from the August 2018 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below the local and national averages. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>