

# Kenton Clinic

## 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# 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 Kenton Clinic on 21 December 2015. Overall the practice is rated as inadequate.

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

- There was insufficient assurance to demonstrate clinical staff were up to date with current clinical guidance and that people received effective care and treatment which reflected current evidence-based practice specifically chronic disease management and prescribing.
- We were not assured there were effective processes and systems in place for the dissemination of and acting upon safety alerts to staff who worked within the practice.
- There was no programme of continuous quality improvement, for example, through clinical audit
- 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 specifically in relation to medicine management, recruitment and confidentiality.

- The practice had a vision to deliver quality care but no formal strategy or business plan in place to support this.
- There was a clear leadership structure and all staff felt supported.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Specifically patients spoke highly about the access to appointments for children.
- The practice provides a two-hour Saturday morning walk-in clinic for emergencies as well as being open on Christmas Day, Boxing Day and New Year's Day for two hours.
- Patients we spoke to on the day of the inspection and all of the 46 patient Care Quality Commission comment cards we received were positive about the

# Summary of findings

service experienced. Members of the patient participation group we spoke with told us they were satisfied with the care provided by the practice and said they provided a personalised service.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses and when there were unexpected or unintended safety incidents the practice gave affected people reasonable support and truthful information.
- Patients said they were treated with compassion, dignity and respect.
- The practice sought feedback from patients and had a patient participation group.

The areas where the provider must make improvements are:

- Implement a system to ensure all clinicians are kept up to date with NICE and national guidance.
- Ensure there is an effective system in place for the receipt and distribution of safety alerts to all staff.
- Undertake a programme of continuous quality improvement, for example, clinical audits and re-audits to drive improvement.
- Ensure there are formal arrangements in place for reviewing patients with long-term conditions which includes an effective recall system.
- Ensure arrangements are in place for the effective management of medicines including vaccines and that there is an effective system for recording prescription pad serial numbers.
- Ensure staff understand their role and responsibility when chaperoning.
- Review arrangements for handling emergencies, for example, availability and use of panic alarms.

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff including locums.
- Ensure confidential medical records are not on view and securely locked away.

In addition the provider should:

- Compile a comprehensive list of all medical equipment in the premises and ensure all items are fit for purpose.
- Advertise within the practice the provision of formal translation services and review the current use of a bank of patients to help with translation.
- Formulate a written strategy to deliver the practice's vision.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and there was evidence patients received reasonable support and truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- We were not assured there were effective processes and systems in place for the dissemination of and acting upon relevant safety alerts.
- The practice had processes in place to keep people safe and safeguarded from abuse and all staff had undertaken the appropriate training.
- 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. The vaccine refrigerator was not appropriately checked for maximum and minimum temperatures, some clinical equipment had not been calibrated, not all pre-employment checks had been carried out in line with practice policy, checks had not been made on a recent locum doctor and there was no locum pack.
- We found confidential medical records were not securely locked away.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and infection control audits had been undertaken and actioned.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- There was insufficient assurance to demonstrate clinical staff were up to date with current clinical guidance and that people received effective care and treatment which reflected current evidence-based practice specifically chronic disease management and prescribing.
- Patient outcomes were hard to identify as there was not a system of clinical audits.
- There was evidence of appraisals and personal development plans for all staff.

Inadequate



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice below the CCG and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Members of the patient participation group we spoke with told us they were satisfied with the care provided by the practice and said they provided a personalised service.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The senior partner engaged with the Clinical Commissioning Group by way of attending monthly locality meetings.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice provides a two-hour Saturday morning walk-in clinic for emergencies.
- The GP national survey indicates that the practice is higher than the CCG and national average for access and seeing the preferred GP. These findings were echoed by the patients we spoke to on the day of inspection.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice told us they shared learning with staff in monthly meetings.

## Are services well-led?

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

Inadequate



- The practice had a vision to deliver quality care but no formal strategy or business plan.
- There was a clear leadership structure and all staff felt supported.
- The practice sought feedback from patients and had a patient participation group (PPG).

# Summary of findings

- All staff had received inductions and annual appraisal.
- However, the practice did not have adequate systems or processes in place to effectively demonstrate good governance in all areas of the service provided.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all patients including this population group. However there was evidence of some good practice.

- The practice offered personalised care to meet the needs of the older people in its population. Home visits were available and the senior partner personally visits and administers the flu vaccination to all housebound elderly patients requiring this.
- The practice has a dedicated GP lead and runs a weekly clinic for the care of older people and closely liaises with local social services, district nurses and the short-term assessment, rehabilitation and resettlement service.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable with CCG and national averages.

Inadequate



### People with long term conditions

The provider was rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all patients including this population group. However there was evidence of some good practice.

- Care and treatment of patients with long-term conditions did not always reflect current evidence-based guidance.
- There was not an effective recall system for patients with long-term conditions.
- Performance for diabetes related indicators was 96.5% (9.8% above the CCG average and 7.3% above the national average. However, we found the exception reporting for 5 of these indicators to be well above the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood sugar (IFCC-HbA1c) is 64 mmol/mol or less in the preceding 12 months had exception reporting at 25.2% (14% above the CCG average and 11.7% above the national average).
- Performance for hypertension indicators was 100% (4.2% above the CCG average and 2.2% above the national average). However, exception reporting was 4.3%, 1.6% above the CCG average and 0.5% above the national average.

Inadequate



# Summary of findings

## Families, children and young people

The provider was rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all patients including this population group. However there was evidence of some good practice.

- The practice ran a weekly clinic on Friday for antenatal and post-natal care and immunisations. Further immunisation clinics are also held on Saturday morning for parents who are unable to attend on Friday.
- Same day appointments were available for children and those with serious medical conditions. Patients we saw on the day spoke highly about the access to appointments for children.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65.8% to 94.7% and five year olds from 71.8% to 94.9%.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages.

Inadequate



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

The provider was rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all patients including this population group. However there was evidence of some good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provides early and late appointments as well as extended hours from 6.30pm to 7pm Monday, Tuesday and Friday and a two-hour Saturday morning walk-in clinic for emergencies.

Inadequate



## People whose circumstances may make them vulnerable

The provider was rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all patients including this population group. However there was evidence of some good practice.

- The practice offered longer appointments for patients with a learning disability and it had carried out annual health checks.

Inadequate





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

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

The provider was rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all patients including this population group. However there was evidence of some good practice.

- 85.7% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national average.
- Staff had a good understanding of how to support patients with mental health needs and dementia and was proactive in signposting to various support groups and voluntary organisations.

**Inadequate**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 shows the practice was performing similarly to local and national averages. Three hundred and sixty one survey forms were distributed and 112 were returned. This represented a 31% response rate.

- 92.9% found it easy to get through to this surgery by phone compared to a CCG average of 65.5% and a national average of 73.3%.
- 80.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80.3%, national average 85.2%).
- 79.3% described the overall experience of their GP surgery as good or very good (CCG average 78.1%, national average 84.8%).
- 75.6% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 70.8%, national average 77.5%).

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

We received 46 comment cards which were all positive about the standard of care received. Comments included 'first class service, excellent service, friendly caring service by all the doctors and staff and always received excellent care'.

We spoke with 13 patients during the inspection. All patients said they were happy with the care they received and comments included being able to get an appointment with a preferred GP within one week and emergency appointments on the same day. All patients we spoke to with children praised the practice for the care provided and that appointments for children were prioritised. The practice's Friends and Family Test for 2015 displayed in the waiting room indicated 86% of patients would recommend the practice to their friends and family. The practice has sought further feedback from patients and had undertaken an independent survey in 2015 which showed an overall satisfaction level of 90%. This survey was only completed in December and would be analysed by the practice and discussed at a practice meeting.

# Kenton Clinic

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

### Background to Kenton Clinic

Kenton Clinic is situated at 533A Kenton Road, Kenton, Harrow, HA3 0UQ. The practice provides NHS primary care services to approximately 3,300 patients living in Brent and Harrow through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS Brent Clinical Commissioning Group (CCG).

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services and surgical procedures.

The practice team consists of one male GP partner (5.5 sessions per week) and one female GP partner (6.5 sessions per week), a practice nurse (13 hours per week) and a practice manager who is supported by a small team of reception and administrative staff.

The practice is open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday and on Wednesday 8am to 1pm. The practice provides extended hours from 6.30pm to 7pm Monday, Tuesday and Friday. The practice operates a two-hour Saturday morning clinic and on Christmas Day, Boxing Day and New Year's Day for emergencies.

When the surgery is closed, out-of-hours services are accessed through NHS 111.

The practice provided a wide range of services including clinics for chronic illnesses, childhood immunisations, NHS health checks, cervical smears, smoking cessation and travel vaccinations.

Since 2009 the practice has been a teaching practice and has participated in the training programme for 3rd, 4th and final year students at Kings College Medical School.

### Why we carried out this inspection

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

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

### 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 21 December 2015. During our visit we:

# Detailed findings

- Spoke with a range of staff (GP partners, practice manager, practice nurse, practice secretary, senior receptionist and junior receptionist) and spoke with patients who used the service including 3 members of the Patient Participation Group.
- 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 a system in place for reporting and recording significant events which all staff were aware of. We reviewed nine incidents from the previous 12 months provided in a summary. We were told that significant events were discussed as they happened at the end of surgery and again in the monthly clinical meetings however they were not minuted.

When there were unintended or unexpected safety incidents, patients received support and information and were told about any actions to improve processes to prevent the same thing happening again. There was an example where four patients were administered the ACWY (meningitis) vaccine without dilutant. The significant event summary indicated all patients were contacted and informed and the incident was reported to the Public Health England. We were told that this was discussed in a clinical meeting however there was no evidence from the minutes to confirm this.

We were not assured there were effective processes and systems in place for the dissemination of safety alerts to staff who worked within the practice. We asked the lead GP and practice manager about the audit trail for the dissemination of National Patient Safety Alerts. They told us that safety alerts received by the practice were emailed by the practice manager to the clinicians but the practice manager said she did not always forward them. Furthermore, there was no system in place to ensure that safety alerts had been read and acted on by individual clinicians.

### Overview of safety systems and processes

The practice did not have systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the practice nurse

were trained to Safeguarding level 3. There was a facility in the clinical system to clearly flag all vulnerable patients however we found this was not consistently being used. We reviewed one patient record who was on the palliative care register. The patient had been visited twice by the GP but the patient had refused to open the door. No further action was taken by the practice or referral to Social Services was seen in the clinical record.

- Medical records displaying patient names were visible behind the reception desk on open shelves. Other records were kept on open shelves in a room sometimes used as a consultation room and at times was accessible to the public.
- A notice in the waiting room advised patients that chaperones were available, if required. There was a chaperone policy available. All staff who acted as chaperones had undertaken on-line training for the role. However, some staff we spoke to were unclear as to where to stand and observe a procedure indicating that they stood outside the curtain screen. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw a cleaning schedule signed weekly by the cleaner, documented evidence of monthly spot checks and a system of communication with the cleaner when there were issues. The practice manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last one being 4 February 2015 undertaken by the CCG and had achieved overall compliance. We saw evidence that action was taken to address any improvements identified as a result and outcomes cascaded to staff which included the practice nurse who told us about actions she had undertaken as a result of the audit.
- The practice did not have suitable arrangements in place for the proper and safe management of vaccines. The practice had a cold chain policy but this was not

## Are services safe?

adhered to. There was a written log that the vaccine refrigerator's temperature was checked on a daily basis but only the actual temperature was recorded. The practice were unaware that the maximum and minimum temperature should be recorded also. The cold chain policy stated that if the refrigerator temperature went out of the recommended range then the vaccines would be placed in a secondary refrigerator. The practice manager told us that the temperature of this refrigerator was not monitored and sometimes was used as a domestic fridge.

- Prescription pads were securely stored in a locked cupboard but there was no audit system in place to monitor their use through the recording of serial numbers. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and these were signed and dated by the GP Lead and Practice Nurse.
- We reviewed seven personnel files and found the majority of appropriate recruitment checks had been undertaken prior to employment, for example qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the recruitment policy stated that two references would be sought for new personnel but only one was present in any of the files. The practice told us they do not usually engage locum doctors and so do not have a locum pack. However, a locum doctor was used recently who was known to the practice but no employment checks were carried out.
- There were 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. The practice nurse undertook cervical smear audits.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a dedicated health and safety lead who had undertaken on-line training. The practice had an up to date fire risk assessment and carried out regular fire drills. Staff we spoke to knew the process for fire evacuation. The last

evacuation was done in February 2015. Fire evacuation procedures were displayed throughout the practice. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment had been checked in April 2015 and the practice had an annual arrangement in place. However, we noted some clinical equipment had not been checked, for example, a blood pressure monitor. The practice had a variety of other risk assessments in place to monitor health and safety of the premises and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This included a log of water temperatures and flushing on a weekly basis.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was currently trying to recruit a practice nurse ahead of a retirement in March 2016. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us they covered each other for holidays and sickness.

### Arrangements to deal with emergencies and major incidents

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

- The majority of rooms had panic alarms which alerted staff to any emergency. However, the location of one of the panic alarms in the doctor's room was not easily accessible from the positioning of the desk. The practice nurse told us about a recent incident when a patient collapsed and she struggled to attract the attention of staff. The incident happened in February 2015 and was discussed with the practice manager but the incident was not included in the significant event summary or minutes of meetings. On the day of our inspection we learned that there is a panic alarm in the nurse's room but she wasn't aware of it until the day of our visit.
- All staff received annual basic life support training. Emergency medicines were kept in two plastic boxes in the nurses' rooms. Items needed in an emergency were in also in the nurses' rooms but not kept in one place

## Are services safe?

The medicines we checked were in date and fit for use. However, we found the practice did not hold stocks of any antibiotics and therefore would not be able to respond to a patient with meningitis.

- The practice had a defibrillator available with adult pads and a large oxygen tank with masks in the nurse's room. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs we spoke with could outline the rationale for their approaches to treatment. However, this was not always in line with current National Institute for Health and Care Excellence (NICE) guidance. One GP said they did not routinely keep up to date with NICE guidance and the second GP gave us an example of where they had implemented new guidance. However, this was guidance that had been published at least 5 years ago. The practice did not have a system in place to ensure that NICE guidance was disseminated and learning shared within the clinical team. The clinical staff we spoke with could not demonstrate a good level of understanding and knowledge of NICE guidance and local guidelines.

We reviewed over 40 patient records to ensure the GPs were following NICE guidance and found concerns about the care of patients with long-term conditions, specifically around diabetes and asthma management. For example:

- we found examples of diabetic patients who had not been called in for reviews for over two years included one patient who drove heavy goods vehicles but was not advised by the GP to inform the DVLA of his medication.
- six asthma patients on repeat medication who had not been regularly reviewed in line with recognised guidance.
- one patient on blood pressure medication who had not been reviewed since January 2014 and was continuing to be prescribed it.
- there was no system in place for ensuring patients on disease-modifying anti-rheumatic drugs (DMARDs) (a group of medications commonly used in patients with rheumatoid arthritis) were having regular blood tests in line with recognised guidance to minimise the risk of side-effects.
- patients prescribed non-steroidal anti-inflammatory drugs (NSAIDs) who had chronic kidney disease and also patients taking NSAIDs without gastro-protection.

- an elderly patient with atrial fibrillation had Warfarin initiated earlier in the year and had been taken off the medication however there was no record in their case notes explaining why.
- a patient with epilepsy taking phenobarbital had no record of an annual medication review (the side effects often outweigh the benefits of this medication and therefore it is not commonly prescribed).

### 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, with 8.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Although this practice was not an outlier for any QOF (or other national) clinical targets, the number of patients on the QOF registers were lower than would be expected for a practice of this size. For example, 16 patients on the COPD register and 3 patients on the depression register. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 96.5% (9.8% above the CCG average and 7.3% above the national average) but exception reporting for 5 of the indicators was above CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood sugar (IFCC-HbA1c) is 64 mmol/mol or less in the preceding 12 months had exception reporting at 25.2% (14% above the CCG average and 11.7% above the national average).
- Performance for hypertension indicators was 100% (4.2% above the CCG average and 2.2% above the national average) but exception reporting was above CCG and national averages.
- Performance for mental health related indicators 100% (7.1% above the CCG average and 7.2% above the national average).



# Are services effective?

## (for example, treatment is effective)

The practice had not undertaken any completed clinical audit cycles and there was no clear audit strategy in place. The only audits undertaken were CCG led prescribing audits. However, these were not completed audit cycles.

We saw evidence from a CCG practice visit in December 2015 that the practice had low referral rates and accident & emergency attendances compared to other practices in the local area.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff which detailed an assessment of training required and performance monitoring over a period of six months.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurse who administered vaccinations could demonstrate how she stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings and appraisals. Both GPs had been revalidated (All staff had had an appraisal within the last 12 months).
- Staff received training that included: safeguarding, infection control, chaperoning, customer service and basic life support and staff had access to and made use of e-learning and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that team meetings took place on a monthly basis which included external healthcare professionals when required and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. However, we found one GP lacked knowledge of the Gillick competences (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had consent forms for minor surgical procedures.

### Supporting patients to live healthier lives

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

- These including carers, those requiring advice on their diet and smoking cessation. Smoking cessation advice was available from the practice nurse and patients were also referred to local support groups.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages (national average 81.84%)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65.8% to 94.7% and five year olds from 71.8% to 94.9%.

Flu vaccination rates for the over 65s were 77.58%, which was comparable with CCG and national averages (national average 73.24%). At risk groups was 67.04%, which was comparable to CCG average and above national average of 52.96%

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtain screens 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. Reception staff had undertaken recent customer service training.
- We observed staff helping an elderly patient with a walking stick to the consultation room by assisting with doors.

All of the 46 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.

We spoke with three members of the patient participation group which included the Chair. They also told us they were satisfied with the care provided by the practice and said it provided a well run personalised service responsive to patient needs. Posters were seen advertising for new members to join the patient participation group.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored below the CCG and national average for its satisfaction scores on consultations with GPs and above CCG and national average for consultations with the nurse. For example:

- 75% said the GP was good at listening to them compared to the CCG average of 86.2% and national average of 88.6%.
- 75.5% said the GP gave them enough time (CCG average 83.1%, national average 86.6%).

- 90.6% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95.2%)
- 72.4% said the last GP they spoke to was good at treating them with care and concern (CCG average 81.5%, national average 85.1%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84.2%, national average 90.4%).
- 90.4% said they found the receptionists at the practice helpful (CCG average 83.9%, national average 86.8%)

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed a mixed response from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 76.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.9% and national average of 86%.
- 89.4% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 82.8% and national average of 89.6%.
- 69.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.7% , national average 81.4%).
- 89.7% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76.4% , national average 84.8%).

There were no posters in the reception area informing patients that a translation service was available. The practice manager told us that Silent Sounds was available through the CCG but the practice had not had to use it as staff members spoke a combination of Urdu, Gujarati and Punjabi to assist with translation. The practice also told us they have a bank of patients they call to help translate. We

## Are services caring?

asked how the practice was assured patient confidentiality was maintained. We were told that there had been a recent increase of Eastern European patients but the practice could not provide examples of what steps had been taken to provide resources in other languages or provide interpreter assistance.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. We were told all carers had been referred to the Carer's Association for support. However, this was not coded on the clinical system. The practice offered annual health checks and flu vaccinations to carers. The practice had attended a carers awareness course.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support.

# 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 Clinical Commissioning Group (CCG) through monthly locality meetings.

- The practice provided a two-hour Saturday morning walk-in clinic for emergencies.
- The practice was open on Christmas Day, Boxing Day and New Year's Day for two hours for emergency appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. The Senior Partner personally visits and administers the flu vaccination to all housebound patients requiring this.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities including ramp access and a disabled toilet. If a patient in a wheelchair needed to be seen the GP would use a ground floor room.
- The practice did not have a hearing loop for those patients hard of hearing.
- The practice has taken action to support staff with an impairment to enable them to work in the practice.
- There were no posters in the reception area informing patients that a translation service was available. However, the practice told us that Silent Sounds was available through the CCG but the practice had not had to use it as staff members spoke a combination of Urdu, Gujarati and Punjabi to assist with translation.

### Access to the service

The practice was open between 8am and 6pm Monday, Tuesday, Thursday and Friday and from 8am to 1pm on Wednesday. The practice offered early morning appointments for patients who required them and there were extended hours clinics until 7pm on Monday, Tuesday and Friday. A two-hour Saturday morning walk-in clinic for emergencies was provided. In addition to pre-bookable appointments, urgent appointments were also available 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 above local and national averages. For example:

- 84.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.8% and national average of 74.9%.
- 92.9% of patients said they could get through easily to the surgery by phone (CCG) average 65.5%, national average 73.3%).
- 60.1% of patients said they always or almost always see or speak to the GP they prefer (CCG average 50.1%, national average 60%).

The GP National Survey indicated that the practice is slightly higher than the CCG and national average for access and seeing the preferred GP. These findings were echoed by the patients we spoke to on the day of inspection.

People told us on the day of the inspection that they were able to get appointments when they needed them specifically with a preferred GP within one week and emergency appointments on the same day with a priority for children.

### 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 was available to help patients understand the complaints system in the form of a patient leaflet and posters in the waiting area.
- The practice had only received one complaint in the last 12 months which was dealt with in a timely way. However, this was not recorded as part of practice meeting minutes.

# Are services well-led?

Inadequate 

(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 vision to deliver high quality care and promote good outcomes for patients, however we did not observe this. There was no written strategy or supporting business plans to achieve it.

### Governance arrangements

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.

However, the practice did not have adequate systems or processes in place to effectively demonstrate good governance on the day of inspection with regards to:

- the dissemination and acting upon safety alerts,
- an effective programme of continuous clinical audit to monitor quality and drive improvements
- evidence of clinicians being up to date with current clinical guidance and that people received effective care and treatment which reflected current evidence-based practice
- awareness of emergency procedures
- medicine management
- equipment safety
- recruitment checks and confidentiality of medical records.

### Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Although the practice gave affected people support and information, if there were unexpected or unintended safety incidents, not all incidents were recorded, nor was there a clear action plan in place with evidence of improvements made as a result.

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

- Staff told us the practice held regular team meetings but there was no evidence from minutes that serious incidents were discussed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service through in-house surveys and a suggestion box at reception. We did not see evidence of any changes made as a result of this feedback.

The practice had a Patient Participation Group which consisted of three members although it had not been very active recently and we could not see any minutes of meetings. However, a practice newsletter was produced by the group. We saw posters in the waiting room that the practice were trying to recruit more members.

## 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 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>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. They had failed to:</p> <p>Ensure there are formal arrangements in place for reviewing patients with long-term conditions which includes an effective recall system.</p> <p>Ensure staff understand their role and responsibility when chaperoning.</p> <p>Ensure arrangements are in place for the effective management of medicines including vaccines and that there is an effective system for recording prescription pad serial numbers.</p> <p>Review arrangements for handling emergencies, for example, availability and use of panic alarms.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></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. They had failed to:</p> <p>Implement a system to ensure all clinicians are kept up to date guidance with NICE and national guidance.</p>

This section is primarily information for the provider

## Requirement notices

Ensure there is an effective system in place for the receipt and distribution of safety alerts to all staff.

Undertake a programme of continuous quality improvement, for example, clinical audits and re-audits to drive improvement.

Ensure an effective system for the recording prescription pad serial numbers and to record who they are issued to.

Ensure confidential medical records are not on view and securely locked away.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.