

Sandringham Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sandringham Practice on 28 January 2016. During the inspection we identified a range of concerns including an absence of systems in place to manage risk or improve the quality of care provided to patients. (The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Sandringham Practice on our website at www.cqc.org.uk).

The practice was rated as requires improvement for providing safe, effective and well led services and was rated as good for providing caring and responsive services. Overall the practice was rated as requires improvement.

An announced comprehensive inspection was undertaken on 25 May 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- Action had been taken to improve previous governance failings and we noted that practice management and governance arrangements now facilitated the delivery of high-quality person-centred care.
- Action had been taken to improve how risks were assessed, monitored and actioned. For example, a central risk register had been introduced and we saw evidence that, with the exception of fridge temperature monitoring, risks to patients were routinely assessed and managed.
- Action had been taken to improve quality improvement. For example, clinical audit was now routinely being used to drive quality improvement.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Further investigate and take appropriate action to reduce exception reporting for the cancer clinical domain.
- Introduce a fridge temperature recording protocol to ensure that governance arrangements for recording fridge temperatures are robust.
- Consider introducing a fire evacuation plan to assist patients with mobility problems in vacating the premises.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- When we inspected in 2016, the practice lacked robust arrangements for identifying, recording and managing risks. For example, it had failed to act on concerns identified in two successive 2015 risk assessments and its latest infection prevention and control audit could not be located.
- At this inspection we noted that a central risk register had been introduced and that risks to patients were routinely assessed and well managed. When we highlighted that medical emergency drugs and equipment were not stored centrally (which increased the risk of their not being readily accessible in an emergency) the provider took immediate action to improve access.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- When we inspected in January 2016, we did not see evidence that two cycle completed audits were being used to improve patient outcomes. We asked the provider to take action and at this inspection we noted that completed two cycle audits were being used to improve patient outcomes in areas such as cervical screening uptake and antibiotic prescribing.
- Staff were aware of current evidence based guidance.
- End of life care was coordinated with other services involved.
- Unverified data provided on the day of the inspection showed that current overall QOF performance was 84%.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and we saw evidence that the practice responded quickly to issues raised and that learning from complaints was shared with staff.

Are services well-led?

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

Good



- When we inspected in January 2016, governance arrangements did not support the delivery of high-quality care. For example, the practice had failed to act on risks identified in periodic risk assessments and there was little evidence of quality improvement.
- At this inspection, we saw evidence that the provider had introduced a governance framework which focused on the delivery of good quality care and which included appropriate arrangements for identifying, recording and managing risks. We also noted that clinical audits were being routinely used to drive quality improvement.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with its patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Latest published data (for the period 01/04/2015 to 31/03/2016) showed that 72% of patients with diabetes had a blood sugar level which was within the required range compared to the rounded clinical commissioning group (CCG) and national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- Records showed that the practice worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified and trained a team of patients who acted as “social prescribers” to other patients who were isolated or lonely. GPs told us that these patients had a better knowledge of local third sector support networks and also spoke positively about the 30 minute appointment slots and the non-clinical options that this service offered.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- < >
The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- For example, the practice regularly worked with multi-disciplinary teams and GPs also routinely met with a local consultant psychiatrist in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and contained aggregated data collected from July-September 2015 and January-March 2016.

The results showed the practice was performing in line with local and national averages. We noted that 349 survey forms were distributed and that 100 were returned. This represented 3% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good compared with the CCG/national average of 73%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. These were also positive about the service provided; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We spoke with one patient participation group member during the inspection who fed back that they were happy with the care they received and that staff were approachable, committed and caring.

Friends and Family Test (FFT) survey data for April 2016 – February 2017 reported that 509 of the 619 patients surveyed (82%) were either “Extremely Likely” or “Likely” to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Further investigate and take appropriate action to reduce exception reporting for the cancer clinical domain.
- Introduce a fridge temperature recording protocol to ensure that governance arrangements for recording fridge temperatures are robust.
- Consider introducing a fire evacuation plan to assist patients with mobility problems in vacating the premises.

Sandringham Practice

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 and a practice manager specialist adviser.

Background to Sandringham Practice

Sandringham Practice is located in Hackney Downs, London Borough of Hackney, North east London in a purpose built medical centre.

Sandringham Practice is located in Hackney, East London. The practice has a patient list of approximately 3,650. Twenty two percent of patients are aged under 18 (compared to the 21% national practice average) and 10% are 65 or older (compared to the national practice average of 17%). Fifty three percent of patients have a long-standing health condition and records showed that 2% of the practice's patient list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises four salaried GPs (two male, two female covering 22 sessions a week), two female practice nurses (equating to 8 sessions per week), practice manager, business development manager and administrative/reception staff. One of the four salaried GPs was designated as lead GP at the practice.

The practice's opening hours are:

- Monday-Friday: 8:00am -6.30pm
- Saturday 9am-1pm

Appointments are available at the following times:

- Monday-Friday: 8:30am-12pm and 4pm-6pm
- Saturday 9am-1pm

The practice offers extended hours opening at the following times:

- Mondays and Tuesdays: 6:30pm-8pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures; maternity and midwifery services; and surgical procedures.

Since 1 December 2014, Sandringham Practice has been managed by Maclaren Perry Ltd under a temporary caretaking agreement with NHS England which terminates on 30 September 2017. Sandringham Practice is therefore currently registered as an additional location of Maclaren Perry Ltd's CQC registration.

Why we carried out this inspection

We undertook a comprehensive inspection of Sandringham Practice on 28 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

During the inspection we identified a range of concerns including an absence of systems in place to manage risk or

Detailed findings

improve the quality of care provided to patients. (The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Sandringham Practice on our website at www.cqc.org.uk).

The practice was rated as requires improvement for providing safe, effective and well led services and was rated as good for providing caring and responsive services. Overall the practice was rated as requires improvement.

We asked the provider to take action and we undertook a follow up inspection on 25 May 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share what they knew. We carried out an announced visit on 25 May 2017. During our visit we:

- Spoke with a range of staff including a GP, practice manager, business manager, practice nurse and receptionists.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Visited the practice's one location.

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, unless otherwise indicated, references to information and data throughout this report (for example any reference to the Quality and Outcomes Framework data) refers to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 28 January 2016, we rated the practice as requires improvement for providing safe services because it lacked robust arrangements for identifying, recording and managing risks. For example, it had failed to act on concerns identified in two successive 2015 risk assessments and its latest infection prevention and control audit could not be located.

We found that these arrangements had significantly improved when we undertook a follow up inspection on 25 May 2017. The practice is rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a 2016 medical emergency when an item of equipment could not be found on the practice's medical emergency trolley, a more rigorous system had been introduced for checking the availability, functionality and expiry dates of medical emergency equipment.
- The practice also monitored trends in significant events and evaluated any action taken.
- The records we reviewed indicated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably

practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We saw evidence that the practice acted promptly in referring patients at risk to safeguarding authorities and we were told that GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- When we spoke with staff they demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All GPs and one of the practice nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

When we inspected in 2016, we noted that dust and dirt had accumulated in the building's lift and surrounding communal area and that the practice had not agreed a cleaning schedule with another practice based in the building and with whom they shared access to the premise's lift. Sandringham Practice's baby changing unit did not contain a liner and cleaning equipment such as wipes were not available. We also noted that some staff

Are services safe?

had not received infection prevention and control training and the practice could not demonstrate that an infection prevention and control audit had recently taken place. We asked the provider to take action

At this inspection:

- Although cleaning schedules had not yet been introduced, we observed the communal lift area and all other parts of the premises to be clean and tidy.
- The baby changing unit had supplies of liners and cleaning equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an IPC protocol and all staff had received up to date training.
- Six monthly IPC audits took place and we saw evidence that some subsequent actions had been taken.

We looked at the arrangements for managing medicines, including storage, emergency medicines and vaccines.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were stored securely. We also noted the provider had acted on our 2016 report findings regarding the need to improve monitoring of prescription pads; and had introduced a system to monitor the number of prescription pad boxes on the premises at any given time.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- When we looked at the vaccines fridge temperatures records we noted that there were no entries for 25 October 2016, 1 February 2017 or 10 March 2017. When this was highlighted, staff told us that in two of these

instances this was due to the responsible staff member being on annual leave and in the remaining instance it was due to staff error. The practice did not have a written protocol in place to ensure that arrangements for recording fridge temperatures were robust and included protocols for when the responsible staff member was not on the premises.

Monitoring risks to patients

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

- There was a health and safety policy available.
- When we inspected in 2016, we noted that the practice had failed to act on risks identified in November 2015 and April 2016 risk assessments. At this inspection we noted that a central risk register had been introduced and that risks to patients were routinely assessed and well managed. We noted that the risks identified in the provider's November 2015 and April 2016 risk assessments had been addressed.
- The practice had an up to date fire risk assessment and had recently carried out a fire drill. The practice manager and an administrator were designated fire marshals within the practice. We noted that the practice did not have a fire evacuation plan to identify how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was also a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

We looked at arrangements in place to respond to emergencies and major incidents.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were in date and stored securely although we noted that medical emergency drugs and equipment were not stored centrally (which increased the risk of their not being readily accessible in an emergency). When this was highlighted to the provider, they took immediate action to improve access.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in January 2016, we rated the practice as requires improvement for providing effective services as we saw limited evidence of clinical audit being used to drive improvements in patient outcomes.

We found arrangements had improved when we undertook a follow up inspection on 25 May 2017 and the practice is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 89% which was below the 94% CCG average and 90% national averages.
- Performance for mental health related indicators was 86% which was below the 92% CCG average and 93% national averages.

Prior to our inspection we looked at 'exception reporting' for the range of QOF clinical domains such as asthma, cancer and coronary heart disease. 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.

We noted that the practice had exception reported 39% of its cancer patients compared with the respective CCG and national averages of 19% and 25%. When we raised this with the practice, they were unaware of this variance and advised us that they would further investigate.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, two of which were completed audits which had driven improvements in services and patient outcomes.

For example, in June 2016 the provider undertook an audit to determine the number of patients who had had inadequate smear tests (meaning that the smear sample could not be adequately read by the laboratory to whom it was sent for analysis). For the period April 2011 to June 2016 34 inadequate samples were recorded. Following the introduction of interventions, such as increased pre laboratory sample checks to cut down on the number of samples incorrectly labelled and therefore rated as inadequate, a May 2017 reaudit for the period June 2016 to April 2017 highlighted that the number of inadequate smear tests had reduced to seven patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing diabetic patients.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Records highlighted that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals such as a local consultant psychiatrist on a regular basis and where care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme (for the period 1 April 2015 – 31 March 2016) was 79%, which equalled the rounded CCG average and was comparable to the 81% national average.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages and met national targets. For example, the rate for the vaccines given to under two year olds was 97% and for five year olds was 91%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice had also audited and improved its performance on inadequate smear tests.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 14 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 a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Patient satisfaction scores regarding consultations with GPs and nurses were comparable with Clinical Commissioning Group (CCG) and national performance. For example:

- 88% of patients said the GP was good at listening to them compared with the national and clinical commissioning group (CCG) average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the nurse was good at listening to them compared with the CCG average of 88% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 89% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and equalled the 87% national average.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We looked at a selection of care plans and saw that they were personalised.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments which was equal to the CCG and national averages.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.

Are services caring?

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Support for socially isolated or house-bound patients included signposting to relevant support and volunteer services. For example, the practice had identified and trained a team of patients who acted as “social prescribers”

to patients who were isolated or lonely. GPs told us that these patients had a better knowledge of local third sector support networks and also spoke positively about the 30 minute appointment slots and the non-clinical options that this service offered.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% of its patient list as carers. Written information was available to direct carers to the various avenues of support available to them. We were told that older carers were offered timely and appropriate support such as influenza vaccinations.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family’s needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population.

- The practice offered a Saturday morning clinic, late evening 'Commuter's Clinics' and telephone consultations for working patients, carers and others who could not attend during normal opening hours.
- 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.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests.
- On line appointment booking and repeat prescription facilities were available.
- A Monday morning 'walk in' clinic had also been introduced.

Access to the service

The practice's opening hours are:

- Monday-Friday: 8:00am -6.30pm
- Saturday 9am-1pm

Appointments are available at the following times:

- Monday-Friday: 8:30am-12pm and 4pm-6pm
- Saturday 9am-1pm

The practice offers extended hours opening at the following times:

- Mondays and Tuesdays: 6:30pm-8pm

The practice also offered a Monday morning GP walk-in clinic.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the 76% CCG and national averages.
- 89% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 73% of patients described their experience of making an appointment as good compared with the 73% CCG and national averages.

When we looked at the practice's appointments system we noted that emergency appointments were available that day and that routine appointments were available within one week.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation, according to clinical need.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

We looked at the practice's systems 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 including posters, reception TV information, patient information leaflet and information on the practice website.

Records showed that the practice had received eight complaints since our January 2016 inspection. We looked at one of these complaints and found that it was satisfactorily handled and dealt with in a timely way.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 28 January 2017, we rated the practice as requires improvement for providing well-led services because governance arrangements did not always support the delivery of high-quality care.

When we undertook a follow up inspection on 25 May 2017 we noted that governance arrangements had significantly improved. The provider is therefore rated as good for providing well led services.

Vision and strategy

We were told that the vision for the practice was to improve the quality of care to the entire patient population. Staff had a clear understanding of how their roles contributed towards this vision.

Governance arrangements

When we inspected in January 2016, governance arrangements did not support the delivery of high-quality care. For example, the practice had failed to act on risks identified in periodic risk assessments and there was little evidence of quality improvement.

At this inspection, we saw evidence that the provider had introduced a governance framework which focused on the delivery of good quality care. For example:

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Regular IPC audits and a Legionella risk assessment had taken place. We also noted that a central risk register had been introduced and that risks to patients were routinely assessed and well managed.
- Practice specific policies had been put in place for example regarding were implemented and were available to all staff.
- Regular team meetings took place where governance areas such as training, complaints and significant events reporting were routinely discussed and used to improve performance.
- Clinical audits were being routinely used to drive improvements in patient outcomes.

However, governance arrangements for recording fridge temperatures were not robust in that we noted instances where the designated staff member was not on the premises and fridge temperatures had subsequently not been recorded.

Leadership and culture

On the day of inspection the provider told us that key priorities had been to provide organisational stability and improve staff morale so as to enable the delivery of safe, high quality and compassionate care. Staff spoke positively about an open culture where managers were approachable and always took the time to listen.

They were aware of and had systems to ensure compliance with the requirements of the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They also encouraged a culture of openness and honesty; and there was a clear leadership structure. Staff told us that they felt supported by management.

- Staff said they felt respected, valued and supported. The supporting GPs told us that they encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and (for example from the NHS Friends and Family test). Records showed that staff meetings routinely sought and acted on staff feedback (for example regarding the planned introduction of a monthly patient newsletter).

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

A PPG member spoke positively about how the practice had listened and acted on the group's suggestions regarding reception staff training, the installation of a blood pressure machine in reception and telephone consultations.

We noted that the practice had also recently worked with Healthwatch Hackney (the locality based consumer champion for health and social care) to look at how areas such as the physical environment and staff recruitment could be made more patient centred.

Are services well-led?

Good 

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

Continuous improvement

Staff used information to review performance and make improvements. For example, we noted that two cycle completed clinical audits were being used to drive quality improvement in areas such as cervical screening.