

Boundary House Surgery

Quality Report

Forest Primary Care Centre
308a Hertford Road
Edmonton
London
N9 7HD
Tel: 020 8344 3120
Website: www.boundaryhouse.co.uk

Date of inspection visit: 29 November 2017
Date of publication: 12/02/2018

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The six population groups and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Boundary House Surgery	6
Why we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Boundary House Surgery on 9 December 2015. The overall rating for the practice was requires improvement. Subsequent to this the provider submitted an action plan detailing how it would make improvements and when the practice would be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced follow-up inspection at Boundary House Surgery on 21 September 2016. The practice was rated as inadequate for providing safe, effective and well-led services and was rated inadequate overall and urgent enforcement action was taken to suspend the provider of Boundary House Surgery from providing primary medical services under Section 31 of the Health and Social Care Act 2008 ("the Act") for a period of six months to protect patients. The practice was also placed in special measures for a period of six months. Subsequent to this the provider submitted an action plan detailing how it would make improvements and when the practice would be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a further announced comprehensive inspection on 21 March 2017. The practice was rated as good for providing caring services, requires improvement for providing safe and responsive services but continued to be rated inadequate for providing effective and well-led services and was rated inadequate overall. The practice was issued with a requirement notice and remained in special measures as it had not made sufficient improvements to achieve compliance with the regulations.

This inspection was an announced comprehensive inspection on 29 November 2017 and was undertaken following the extended period of special measures to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 21 March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is now rated as requires improvement.

The reports from the December 2015, September 2016 and March 2017 inspections can be found by selecting the 'Reports' link for Boundary House Surgery on our website at <http://www.cqc.org.uk/location/1-583321983>.

Summary of findings

Our key findings at the November 2017 inspection were as follows:

- When we inspected in March 2017, we were told that the practice had initiated the process to add two new GP partners to the practice's registration. At this inspection, we saw that this process had been completed in that a GP who had been a partner at the time of the previous inspection had resigned from the partnership and had been employed as a salaried GP at the practice.
- Clinicians had a thorough knowledge and understanding of the patient management and document management systems.
- The practice had commenced a programme of quality improvement initiatives and had carried out one completed audit cycle as well as undertaking three further single cycle audits.
- There was a failsafe system in place to ensure that urgent referrals were received by secondary care providers and patients received and attended appointments. When patients did not attend appointments, the practice would contact them and encourage them to attend a re-arranged appointment.
- Data showed patient outcomes had improved since the previous inspection in March 2017 and were now similar to the national average for most indicators.
- Improvements which had been put in place with the support of a caretaker practice had been embedded in the practice and were understood and overseen by practice management.
- When we inspected in March 2017, systems to manage clinical correspondence in a safe and timely manner were still relatively new and we were not assured that these would be sustainable when the support of the caretaker practice was withdrawn. At this inspection, we saw that these systems had been successfully maintained.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had undertaken a recent fire drill and had reviewed the exercise to identify and carry out learning actions.
- The practice had engaged with commissioners to change the leadership structure to improve governance and bring about improvements to patient outcomes.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity although some patients said they had concerns about continuity of care by some clinicians.
- The practice had continued to take action to reduce waiting times for appointments.
- The practice business continuity plan had been reviewed to ensure it contained accurate information.

The areas where the provider should make improvement are:

- Continue to assess and monitor the performance of the practice with a view to improving clinical outcomes for patients such as those with diabetes.
- Continue to monitor patient satisfaction and consider taking further actions to bring about improvements so that practice performance is in line with national survey results.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

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

Summary of findings

Areas for improvement

- Continue to assess and monitor the performance of the practice with a view to improving clinical outcomes for patients such as those with diabetes.
- Continue to monitor patient satisfaction and consider taking further actions to bring about improvements so that practice performance is in line with national survey results.

Action the service SHOULD take to improve

Boundary House Surgery

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 practice manager specialist adviser and an Expert by Experience

Background to Boundary House Surgery

Boundary House Surgery is situated in Edmonton, North London within the NHS Enfield Clinical Commissioning Group (CCG). The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice provides a full range of enhanced services including adult and child immunisations, facilitating timely diagnosis and support for people with dementia, and minor surgery.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, Surgical procedures and Diagnostic and screening procedures.

The practice had a patient list of just under 4,900 at the time of our inspection.

The staff team at the practice consists of two GP partners (female), one salaried GP, one long term GP locum (male) and one practice manager partner. There are two practice nurses (female) and five administrative staff. There is a mixture of full-time and part-time staff.

The practice's reception is open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries are offered on a Tuesday evening from 6.30pm to 7.30pm and a Wednesday evening from 6.30pm to 8.30pm. The surgery is closed on Saturday and Sundays.

The practice's consultation times are:

Monday 9.30am – 12.30pm 3.30pm – 6.30pm

Tuesday 9.30am – 11.30am 4pm – 7.30pm

Wednesday 9.30am – 12pm 3.30pm – 8.30pm

Thursday 9.am – 12pm 3.30pm – 6.30pm

Friday 9.30am – 12pm 3.30pm – 6.30pm

To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments and test results. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice. There are approximately 22 GP appointment sessions and seven practice nurse sessions available per week.

The practice had a slightly lower percentage than the national average of people with a long standing health conditions (51% compared to a national average of 53%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

Detailed findings

The practice was previously inspected on 9 December 2015 when it was rated requires improvement overall. A follow-up inspection was carried out on 21 September 2016 when it was rated inadequate overall. A further follow-up inspection was carried out on March 21 2017 when the practice continued to be rated as inadequate overall.

After the September 2016 inspection, the lead GP at the time of that inspection was subject to professional investigation and action by NHSE and GMC. This GP is currently practising with conditions to their GMC licence to practice. In June 2017, two GPs joined the partnership and the former lead GP resigned from the partnership and was employed as a salaried GP.

Why we carried out this inspection

We undertook a comprehensive inspection on 9 December 2015 when the practice was rated requires improvement

overall. We carried out a follow-up inspection on 21 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate overall and placed in special measures. We carried out a further follow-up inspection on March 21 2017 under Section 60 of the Health and Social Care Act 2008 when the practice was rated as inadequate for providing effective and well led services and inadequate overall and the period of special measures was extended for a further period of six months.

The full comprehensive report following the inspection on 21 March 2017 can be found by selecting the 'Reports' link for Boundary House Surgery on our website at <http://www.cqc.org.uk/location/1-583321983>.

Are services safe?

Our findings

At our previous inspection on 21 March 2017, we rated the practice as requires improvement for providing safe services as we continued to have concerns that the lead GP had not yet received training to address their lack of knowledge of the practice's clinical management system. We also found that the business continuity plan in place included contact details for clinical staff who were no longer employed or associated with the practice and that a fire safety drill was overdue.

These arrangements had improved when we undertook a follow up inspection on 29 November 2017. The practice is now rated as good for providing safe services.

Safety systems and processes

When we inspected in March 2017, we found the practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. However, we were not assured that the GP who was the lead GP at the time of the inspection and who had been absent from the practice since the September 2016 inspection had been involved in bringing about improvements and we did not see any evidence that they had undertaken training to address their lack of knowledge of the practice's clinical management system.

At this inspection, we found that the former lead GP had since resigned from the partnership and although they were now employed as a salaried GP at the practice, they had not yet returned to the workplace since the previous inspection. We found that two GPs who had joined the partnership since the March 2017 inspection and all other staff at the practice had a good understanding of 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 who was a clinician and a named member of non-clinical staff provided administrative support to the safeguarding lead.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and

vulnerable adults relevant to their role. GPs, nurses, the practice manager and two members of the administration team were trained to child protection or child safeguarding level 3. All other staff were trained to child safeguarding level 1.

- Notices outside of each consultation room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

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

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

When we inspected in March 2017, we noted that a business continuity plan in place for major incidents such as power failure or building damage included details for clinical staff that were no longer employed or associated with the practice. At this inspection we found that this plan had been reviewed and contained appropriate information.

Monitoring risks to patients

When we inspected in March 2017, we noted that although there were procedures for assessing, monitoring and managing risks to patient and staff safety, a fire drill was

Are services safe?

overdue. At this inspection we noted that the practice had carried out a fire evacuation drill and had identified learning points from the exercise. For instance, although fire marshals were in place and had been trained, not all staff were aware of who was a fire marshal. This had since been rectified.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Administrative staff were multiskilled and every member of this team could undertake any administrative or reception task. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. There was a failsafe system in place to

ensure that urgent referrals were received by secondary care providers and that patients received and attended appointments. When patients did not attend appointments, the practice would contact them and encourage them to attend a re-arranged appointment.

Safe and appropriate use of medicines

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process 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. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific directions from a prescriber were produced appropriately.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

When we inspected in March 2017, we noted that the practice had worked closely with the caretaker practice put in place by NHS England to implement an effective system for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

Are services safe?

At this inspection we found that since the caretaker arrangement had ended, the practice had continued to maintain this system.

- 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).
- The practice had recorded 16 significant events since the inspection in March 2017. We reviewed these records and found that the practice had developed a culture of identifying opportunities to learn in all areas of the practice and this was reflected in the number of incidents recorded. From the sample of four documented examples we reviewed in detail, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a record of an occasion when a patient had undertaken an electrocardiogram (ECG) test at the practice but staff had noted that the results had not been reviewed by a clinician. The practice had reviewed the incident and had changed the protocol for carrying out ECG tests to include a step in which all results had to be signed by the clinician carrying out the test and countersigned by the GP who reviewed the results. We saw that the patient was contacted and received a full explanation and apology. The test was repeated and the patient did not come to any harm as a result of the incident. Electrocardiography is the process of recording the electrical activity of the heart over a period of time using electrodes placed on the skin.
- The practice also monitored trends in significant events and evaluated any action taken.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected in September 2016, we rated the practice as inadequate for providing effective services. Systems and processes to support effective needs assessment and coordination of patient care were inadequate. We identified approximately 22,000 incomplete correspondence records dating back to 2012 in the lead GP's work flow. During our inspection in March 2017, we found that although arrangements had improved, there were still significant concerns. For instance, although the caretaker practice put in place by the NHS England had undertaken a systematic review of incomplete correspondence records, this process was ongoing and had not yet been completed. This meant we were unable to see evidence that risks to patients were fully understood or that all reasonable actions to mitigate associated risks to patients had been taken. We also found that the practice's quality improvement programme did not include effective audit arrangements to drive improvement across key clinical outcomes. We issued a requirement notice in respect of these issues.

At this inspection, we found that this review had been completed by the caretaker practice and details of findings had been passed to NHS England. We also saw that systems put in place to manage patient correspondence had been maintained at an effective level. We looked at practice performance data and found that although the practice had taken action to bring about improvements in outcomes for patients, the most recent validated data available showed that outcomes for patients with some long term conditions were still significantly lower than national averages.

The practice is now rated as requires improvement for providing effective services.

Effective needs assessment, care and treatment

At the inspection in March 2017, we found that the practice had put a system in place to manage incoming patient related correspondence and measures taken to mitigate the risk of future backlogs, but we were not assured that this system was fully embedded or was clearly understood by practice management.

At this inspection we noted that the practice had completed the process to add two new GP partners to the practice's registration and the system put in place to

manage patient correspondence had been maintained and improved. We also found that practice management had a good understanding of the process and had effective oversight to ensure that correspondence was managed in a timely manner.

- We noted that the practice had implemented a daily duty doctor system. The duty doctor had responsibility for reviewing all clinical correspondence, carrying out actions or assigning tasks to other clinicians where appropriate and ensuring that patient records were updated in a timely manner.
- Administrative staff had been provided with global access to the document management inbox for all clinicians, including locums, which meant that they were able to monitor activity and could reallocate tasks to other clinical staff when the duty doctor was unable to complete actions.
- We looked at all inboxes and noted that the only documents awaiting actions had been received within one day of the inspection. In addition to these measures, the practice had also developed a range of referral templates and these were available to all clinical staff.

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

- The practice monitored that NICE guidelines were followed up through risk assessments, audits and random sample checks of patient records.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of hypnotics prescribed was 0.24, which was lower than the CCG average of 0.71, and the national average of 0.9.
- 12% of antibiotics prescribed were Cephalosporins or Quinolones compared to a local average of 6% and a national average of 5%. The practice told us they were working with the CCG pharmacy advisers to bring about improvements to this.
- We saw no evidence of discrimination when making care and treatment decisions.

Are services effective?

(for example, treatment is effective)

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. One hundred and seventy five of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Performance for diabetes related indicators was below the national average. For instance data from 2016/2017 showed that 69% of patients with diabetes had well controlled blood pressure compared to the national average of 78% although this was a significant improvement compared 2015/2016 when this had been 45%. The exception reporting rate for this indicator was 1% which was lower than the CCG average of 8% and the national average of 12%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 73% compared to the CCG average of 76% and the national average of 80%. This was an improvement of 6% compared to the previous reporting period.

- 74% of patients with hypertension had a last blood pressure reading (measured in the preceding 12 months) within the acceptable range, which was below the local average of 81%, and national average of 83%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice provided antenatal and postnatal care and had a foetal monitor available in practice to monitor foetal heartbeat. Patients were sent postnatal packs which included congratulations cards, breast feeding leaflets, contraception leaflets as well as reminders about booking postnatal checks and child immunisations.

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

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- < > of 84%.< >
The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 98% compared to the CCG average of 90% and the national average of 91%.

Monitoring care and treatment

When we inspected in March 2017, we found limited evidence of quality improvement including clinical audit. For instance, we saw evidence of a single cycle audit of hypertensive patients, but this was a single data collection exercise and there was no evidence that findings had been used to drive positive change.

The most recent published Quality Outcome Framework (QOF) results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 6% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. At this inspection we saw that the practice had begun to put a programme of quality improvement activity in place and had completed two single cycle audits and one completed audit cycle around the care of patients with diabetes, where the improvements made were implemented and monitored. This audit was undertaken to assess the prevalence of inappropriate prescribing of metformin and sulfonylureas in people with type 2 diabetes and renal impairment compared to standards set by NICE

guidelines. During the first cycle undertaken in 2016, the practice had identified that 67% of patients whose conditions indicated that metformin dosages should have been changed or where treatment should have been stopped entirely had not received this advice. As a result of the audit the practice had carried out an education exercise with all GPs to ensure that clinicians had a clear understanding of the latest NICE guidelines. The practice undertook a second audit cycle in 2017 and found that as a result of the education sessions, the percentage of patients whose conditions indicated that metformin dosages should have been changed or stopped entirely had reduced to 47%. We were told that a further audit cycle would be carried out to identify whether further improvements had been made

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 patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, 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.

Are services effective?

(for example, treatment is effective)

- 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 care and treatment

When we inspected in March 2017, we found that the practice had made significant improvements to the patient document management system which meant that the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. At this inspection we saw that this system had been embedded and was understood and used successfully by practice staff. Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

At our previous inspection 21 March 2017, we rated the practice as good for providing caring services.

During this inspection, we found that the practice had maintained standards at this level and the practice is still rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 45 patient Care Quality Commission comment cards, 90% of which were positive about the service experienced. Patients referred to staff as being kind and helpful and commented on the caring nature of clinicians. There were no consistent themes amongst comments which were not positive.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and forty surveys were sent out and 106 were returned. This represented about 2% of the practice population. The practice was above or similar to other GP practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 76% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.

- 83% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 87% of patients who responded said the nurse gave them enough time; CCG - 86%; national average - 92%.
- 91% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (1% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, the practice would send a sympathy card

Are services caring?

and their usual GP contacted them. 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.

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

- 77% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 79%; national average - 82%.

- 74% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

Privacy and dignity

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected in March 2017, we found that patients reported problems with continuity of care and noted that this situation had existed since the previous inspection in September 2016.

At this inspection, we found that the practice had added two new GP partners to the practice's registration. This had improved the continuity of care for patients. We looked at the results of the national GP survey published in July 2017 and found that patients continued to rate the practice lower than others around access to appointments and waiting times.

The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- 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.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice held a weekly nurse-led dedicated hypertension clinic and a weekly GP-led clinic to support patients with other long term conditions.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- 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.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Tuesday and Wednesday evenings.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

(for example, to feedback?)

- 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.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had information available for vulnerable patients, including carers, 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.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations and was working with the patient participation group to promote awareness of these amongst the practice population.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and forty surveys were sent out and 106 were returned. This represented about 29% of the practice population.

- 91% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 72% of patients who responded said they could get through easily to the practice by phone; CCG - 64%; national average - 71%.
- 64% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 68%; national average - 75%.
- 84% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.
- 65% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 39% of patients who responded said they don't normally have to wait too long to be seen; CCG - 45%; national average - 58%.

The practice told us they were aware that some of the results were lower than national averages and had discussed this with the patient participation group. We were told that the consensus of the group was that these lower scores related to patient's experiences during the previous practice management. The practice had carried out an internal patient survey and had identified that patients had some concerns around the availability of GP appointments. As a result of this survey, the practice had added an additional GP session to the rota. However the impact of this change had not yet been assessed.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received since the previous inspection. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.).

Are services well-led?

Good 

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

Our findings

When we inspected on 21 March 2017, we found that in the absence of the lead GP, other members of the practice management team including the practice manager, who was a partner in the practice, had worked closely with the caretaker practice to bring about improvements to the governance structure and had developed their own knowledge and management capabilities to the benefit of the practice. However as the lead GP at the time had been absent from the practice for the previous six months, we were unable to assess whether their understanding of performance and governance had improved.

At this inspection we found that the management structure at the practice had changed and two new GP partners had been added to the practice registration whilst the GP who had been a partner at the time of the previous inspection had resigned as a partner and had been employed as a salaried GP at the practice. We noted the GP partners and the practice manager who was also a partner had a good understanding of practice performance and had taken steps to ensure governance systems were effective.

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

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Since the previous inspection, practice leaders had visited other GP practices to observe and learn from the experiences of others. This included visiting a practice which had been rated as outstanding by CQC. The practice told us that as a result of this visit, they had looked for ways of adding to the skillsets of non-clinical

staff, for instance, one member of staff had expressed an interest in developing their knowledge of the quality outcomes framework and had been given a lead role in monitoring performance.

Vision and strategy

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

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

Good 

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

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints and had processes in place to ensure these were shared with staff.
- Clinical audit had begun to have a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For instance, the practice had held a coffee morning for patients and had used this opportunity to tell them about recent developments as well as plans for the future.
- There was an active patient participation group. Members of the group that we spoke with told us that since the March 2017 inspection, the practice had been open about the issues the practice had faced and had sought feedback about actions taken to bring about improvements.

Are services well-led?

Good 

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

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For instance, the practice was supporting one member of staff to undertake a Medical Assistants course whilst another member of non-clinical had been selected for training as a healthcare assistant.

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