

# The Pinner Road Surgery

## 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?

Requires improvement 

# 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 The Pinner Road Surgery on 7 June 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for The Pinner Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 6 June 2017. We found that improvements had been made since the previous inspection and the practice was meeting the regulations which it had previously breached. Overall the practice is now rated as good.

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

- There was a more positive, transparent approach to safety and an effective system in place for reporting, recording and learning from significant events and other incidents.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained and had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had implemented a programme of clinical audit to identify areas for improvement and acted on the findings.
- The practice had implemented mechanisms for multidisciplinary working for example to support care planning and palliative care.
- The feedback we received from patients was positive. The practice scored in line with the local and national averages on the national GP patient survey.
- Information about services and how to complain was now available and easy to understand. Improvements were made to the quality of care as a result of complaints.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP. Urgent appointments were available the same day.
- The practice had recently renovated the premises and had secured funding for further expansion.
- The practice was developing its leadership structure and staff said they were supported by management through this process. The practice proactively sought feedback from staff and patients, which it acted on.
- On being placed in special measures the practice had sought and engaged with external advice and support to improve its service.

The area where the provider must make improvement is:

- The practice must establish effective systems and processes to ensure good governance is embedded and sustained in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- The practice should focus on improving its cervical screening uptake rate which remains below the local average.
- The practice should implement an effective induction programme to support newly recruited staff members.
- The practice should include information about the NHS independent advocacy service in its complaints procedure and leaflet.
- The practice was in the process of recruiting a permanent practice manager. The partners should provide the post holder with appropriate and ongoing support and training so that current improvements are sustained.
- The practice should publicise changes and improvements to patients, for example changes in staffing, premises development, the range of services offered and changes in opening hours.

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 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



- The practice had an effective system for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice.
- When things went wrong patients were informed, given an explanation and a written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes tended to be in line with the CCG and national average for most indicators.
- Staff were aware of current evidence based guidance.
- Since our previous inspection, the practice had implemented a programme of clinical audit which demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was now being coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey was positive. Patients tended to rate the practice in line with the local and national averages.

# Summary of findings

- Patients who participated in the inspection were positive about all aspects of the service. Patients told us they were treated with compassion and respect and they were involved in decisions about their care and treatment.
- The practice provided information about the service for patients.
- 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example providing a shared care mental health service.
- The practice scored close to the local average for the accessibility of the service on the national GP patient survey.
- The practice had made changes to the appointment system and the number of clinical sessions offered to improve accessibility.
- The practice was equipped to treat patients and meet their needs and had made recent improvements to the premises.
- The practice had implemented an effective complaints procedure. Information about how to complain was available and evidence from a recent example showed the practice responded quickly to issues raised. Learning from complaints was shared with the practice team.

Good



## Are services well-led?

The practice is rated as requires improvement for being well led.

- Following our previous inspection, the practice had made significant improvements. However, the practice could not yet demonstrate that changes in leadership, management and culture were fully embedded and would be sustained when the practice had reduced access to external resources and support.
- 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.
- 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.

Requires improvement



# Summary of findings

- 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 partners 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 the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as good for the care of older people.

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- The practice maintained a register of patients who were housebound and offered home visits for those too unwell to attend the surgery.
- For those older patients identified with the most complex needs and at risk of sudden deterioration, the practice carried out care planning.
- The practice had recruited a pharmacist who provided support to GPs on reducing polypharmacy in older patients (that is where patients are taking multiple medicines with potential adverse interactions) and medicines reviews.
- The practice worked with a local enhanced nurse practitioner who was able to visit patients at home.
- Since our previous inspection, the practice had improved arrangements for multidisciplinary working and coordination between different agencies. The practice now held regular multidisciplinary meetings at the practice involving the district nurses and the enhanced nurse practitioner.
- The practice had introduced palliative care meetings since our previous inspection. These were attended by the palliative care nurse and district nurse.
- The practice offered eligible older patients the seasonal influenza, pneumococcal and shingles vaccinations.

### People with long term conditions

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

Good



- The practice maintained registers of patients with long term conditions. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The GPs and practice nurse had roles in long term disease management.
- The practice team included GPs with a special interest and training in diabetes and cardiology.

# Summary of findings

- The practice ran monthly specialist diabetes clinics and offered monthly dietician clinics for patients with type 2 diabetes or serious weight problems.
- The practice provided an extended range of diagnostic services including spirometry and an in-house phlebotomy service so patients did not need to be referred elsewhere.
- The practice provided information for patients on managing long term conditions. The practice could provide patients with a range of patient information leaflets (in multiple languages) covering conditions including diabetes and cardiovascular conditions.
- The practice referred patients who could benefit to the local whole system integrated care programme. One of the GPs attended the integrated care programme meetings to review and plan patients' care with specialist and multidisciplinary input.
- The practice followed up patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

## Families, children and young people

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

- The practice provided postnatal and six week baby checks.
- At our previous inspection we noted that the practice was performing poorly in relation to carrying out asthma reviews. Since then, the practice had carried out an audit of all patients who were prescribed medicines for asthma related symptoms. The practice had carried out reviews with patients to confirm the diagnosis and review their medicines. The electronic records system had been updated with the appropriate diagnostic coding so patients would be routinely recalled for further review.
- Immunisation rates were high for standard childhood immunisations. The practice encouraged pregnant women to have the flu and pertussis vaccinations (whooping cough).
- Appointments were available outside of school hours and the premises were suitable for children and babies, for example with baby changing facilities.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- 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.

Good





# Summary of findings

- Alerts were added to the electronic records of vulnerable children and parents and those with complex needs to ensure that staff members were aware of any issues.
- The practice liaised health visitors and school nurses to support families and children, for example in following up potential safeguarding concerns.
- One of the GPs had a special interest and training in paediatrics.
- The practice provided family planning and sexual health services (for example chlamydia screening) including to young people with capacity to consent.

## 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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were available outside of working hours.
- The practice offered online services, telephone consultations and text messaging. The practice was equipped to offer online consultations and was waiting for approval from the clinical commissioning group to start providing this facility.
- The practice provided a full range of health promotion and screening reflecting the needs for this age group.
- The practice was open every Saturday morning. GP, nurse and health care assistant appointments were available before 9am and after 5.30pm during the week.
- Patient uptake for the cervical screening programme in 2015/16 was below average at 67% compared to the local average of 77%. Exception rate reporting was 4% compared to the CCG average of 11%. Unverified data for 2016/17 did not show any significant improvement.

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.

Good



# Summary of findings

- The practice held registers of patients living in vulnerable circumstances including a register of patients with a learning disability. The practice completed annual health action plans for patients with a learning disability which included a face to face health review.
- Vulnerable patients were supported to register at the practice.
- The practice offered longer appointments for patients with a learning disability, patients with an interpreter or other complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers associations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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 held monthly clinics with a primary care mental health nurse for patients with mental health problems.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia including consideration of 'do not resuscitate' decisions. The practice involved patients and carers in care planning and considered carers' needs, for example for respite care.
- The practice was able to signpost patients experiencing poor mental health to various support groups and voluntary organisations.
- The practice referred or signposted patients experiencing stress and mental distress to local counselling services.
- The practice had a system in place to follow up patients who had attended accident and emergency for example for self-harm or who were known to have mental health problems.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice tended to perform in line with local and national averages. For this survey 332 questionnaires were distributed and 112 were returned. This represented 3% of the practice patient list and a response rate of 34%.

- 78% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 79% and the national average of 85%.
- 58% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 87% of patients described the receptionists at this surgery helpful compared with the CCG average of 84% and the national average of 87%.
- 96% of patients had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 96% and the national average of 95%.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 31 comment cards, all but two of which were wholly positive about the service. We also spoke with four patients on the day.

Patients participating in the inspection commented that the practice provided a good quality service in a safe, hygienic environment. The receptionists were described as friendly and helpful for example when patients needed an urgent appointment. Patients consistently said that the GPs were good at listening to patients and gave us examples of compassionate, patient-centred care. We also received several comments from patients noting that the service and premises had recently improved. One patient commented that they preferred the previous appointment system but this view did not seem to be widely shared.

## Areas for improvement

### Action the service **MUST** take to improve

The practice must establish effective systems and processes to ensure good governance is embedded and sustained in accordance with the fundamental standards of care.

### Action the service **SHOULD** take to improve

The practice should focus on improving its cervical screening uptake rate which remains below the local average.

The practice should implement an effective induction programme to support newly recruited staff members.

The practice should include information about the NHS independent advocacy service in its complaints procedure and leaflet.

The practice was in the process of recruiting a permanent practice manager. The partners should provide the post holder with appropriate and ongoing support and training so that current improvements are sustained.

The practice should publicise changes and improvements to patients, for example changes in staffing, premises development, the range of services offered and changes in opening hours.

# The Pinner Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

## Background to The Pinner Road Surgery

The Pinner Road Surgery provides primary medical services to approximately 4250 patients in the West Harrow area. The practice operates under a personal medical services contract and provides a number of local and national enhanced services. (Enhanced services typically offer additional provision above that required under the core GP contract).

The practice is located in a relatively affluent area with higher than average levels of life expectancy, high employment rates and low levels of income deprivation. The practice population profile is similar to the national age/sex profile and is ethnically diverse.

The practice operates from one site and is located in purpose built premises which have recently been renovated. The practice is accessible to people with disabilities. The reception area and consultation rooms are located on the ground floor.

The clinical team has changed since our previous inspection. The partnership currently comprises three GP partners, two of whom no longer provide regular clinical sessions at the practice. The practice has three regular 'locum' GPs one of whom is in the process of becoming a partner. The practice typically offers 18-20 GP sessions per week and patients have the choice of a male or female GP.

The practice also employs a practice nurse, a healthcare assistant and administrative and reception staff. Since our previous inspection it has also recruited a part-time pharmacist to the clinical team. At the time of the inspection, the practice had engaged a management consultancy to provide interim practice management services. The practice also offers practice nurse training placements. One trainee nurse was attached to the practice at the time of inspection.

The practice has increased its opening times since our previous inspection. The practice opens from 8am to 6.30pm, Monday to Friday. Face to face appointments are available from 8am to 11:30am and from 4pm to 6:30pm on weekdays. Extended hours appointments are available on Saturday morning from 9am to 11:30am.

When the practice is closed, patients are advised to use the local out of hours primary care service or call NHS 111. The practice provides information about its opening times and how to access

urgent and out-of-hours services in the practice leaflet, on its website and by recorded telephone message.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; and, maternity and midwifery services.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Pinner Road Surgery on 7 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. As a result of that inspection, we rated the practice as inadequate overall. In particular we rated the practice as:

# Detailed findings

- inadequate for providing safe and well led services
- requires improvement for providing effective and responsive services
- good for providing caring services

Following the publication of the inspection report, the practice was placed into special measures for a period of six months. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for The Pinner Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of The Pinner Road Surgery on 6 June 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and the clinical commissioning group to share what they knew.

We carried out an announced visit on 6 June 2017. During our visit we:

- Spoke with a range of staff (including the lead GP partner, two of the salaried GPs, the interim management consultants, the practice nurse, the trainee practice nurse, the pharmacist and reception staff. We also spoke with the extended nurse practitioner who worked with a number of local practices including The Pinner Road Surgery and their patients.
- Reviewed 31 comment cards where patients shared their views and experiences of the service and spoke with four patients.
- Reviewed a sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions and those requiring palliative care.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies; written protocols and guidelines; audit reports; patient complaint files; meeting notes; and monitoring checks.

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 living with dementia).

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

# Are services safe?

## Our findings

At our previous inspection on 7 June 2016, we rated the practice as inadequate for providing safe services. The practice was not ensuring that care and treatment was provided in a safe way to patients. In particular, the practice did not have formal arrangements in place for reporting and learning from incidents and there were gaps in its safeguarding policy and procedures. We also found that it did not carry out all appropriate safety checks, for example it had not arranged for regular calibration of its equipment and it had not considered obtaining Disclosure and Barring Service checks for newly recruited clinical staff members.

These arrangements had significantly improved when we undertook a follow up inspection on 6 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- The practice had implemented a system for reporting and recording significant events. This was an area of improvement since our previous inspection.
- Staff told us they would inform the lead GP or managers of any incidents. All incidents were recorded electronically for further review and investigation. The practice reporting systems 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).
- Practice policy and the senior staff members we spoke with were clear that when things went wrong, patients should be informed as soon as reasonably practicable, receive reasonable support, truthful information, a written apology and be informed about any actions to prevent the same thing happening again.
- The practice provided evidence that significant events and incidents had led to a change in practice. For example, the practice experienced a significant event when one of the GP's test results were not actioned while they were on leave. Practice policy in handling results was changed as a result. Now all results were cleared before the end of the working day and this was checked.

- The practice carried out a thorough analysis of significant events including root cause analysis when warranted. It also undertook an annual review to identify trends.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence of communication with patients over incidents for example the practice had held a face to face meeting with a patient who had become aggressive. The discussion covered the underlying causes for the patient's distress and identified areas of learning for the practice and the patient.
- The GPs individually received national safety alerts electronically, for example alerts about medicines and medical devices. The practice kept a record of relevant safety alerts on file. The interim managers were developing a process to check that these had been seen and acted on.

### Overview of safety systems and process

The practice had clearly defined systems, processes and practices in place to minimise risks to

patient safety. This was an area of improvement since our previous inspection.

- 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. The practice's records showed that the GPs provided reports promptly where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse were trained to child protection or child safeguarding level three.
- 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 now 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).

## Are services safe?

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. Since our previous inspection, the practice had removed all carpets and had engaged a contract cleaning company.
- The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection prevention and control policy and related procedures, for example including hand washing, safe handling of sharps, waste disposal and practice cleaning schedules. The practice carried out an annual infection prevention and control audit and action had been taken to address issues identified as a result. The practice had also had an external infection control audit carried out in the days before the inspection. The practice had scored highly on this.

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).

- The practice had recently reviewed its 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 was now carrying out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams and its own pharmacist, to ensure prescribing was in line with best practice guidelines.
- 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 the practice nurse to administer medicines in line with legislation.

We reviewed the personnel files for staff members recruited since our previous inspection 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 (for health professionals) and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. This was an area of improvement since our previous inspection.

- The practice had an up to date health and safety policy.
- The practice had an up to date fire risk assessment and carried out periodic fire drills in line with the fire evacuation plan.
- 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 type of 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 a rota system to ensure enough staff were on duty to meet the needs of patients.
- Since our previous inspection the practice had removed a large quantity of paper records, obsolete equipment and other materials unnecessary for the operation of the practice. Information governance at the practice had improved with the practice now archiving paper records offsite at an approved storage facility. The premises were noticeably less cluttered.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- 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 nurse's room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.



## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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, NHS and commissioning agencies, suppliers and utility companies.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing effective services. The practice's clinical performance was variable, for example its management of asthma and cervical screening uptake rates were below average. The practice could not demonstrate it carried out completed clinical audit cycles or other investigations to improve patient outcomes. We also found that the practice had not carried out annual appraisals for all staff members.

These arrangements had significantly improved when we undertook a follow up inspection on 6 June 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant 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.
- The practice monitored that these guidelines were followed through risk assessments, case reviews, a programme of clinical audit and team discussion.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), performance against national screening programmes and clinical audit to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good

practice). In 2015/16 (the most recent published results), the practice achieved 85.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 94.5% and national average of 95.3%.

Practice exception rate reporting on the QOF for clinical indicators was below average at 5% overall compared to the CCG and national averages of 10%. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, 73% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and the national averages of 78%. The practice exception reporting rate was 3% for this indicator which was below the national rate of 13%.
- Performance for mental health related indicators was variable. In 2015/16, 13 of 16 (81%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the local average of 84%. The practice had reported no exceptions.
- 38 of 49 (78%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was below the national average of 89%. The practice had reported one exception for this indicator (2%) which was below the national rate of 13%. However, the practice had only recorded patients' alcohol consumption in 60% of cases which was below the local and national averages. The practice told us they were actively updating patients' care plans on review and we saw evidence of this.

There was evidence of a focus on quality improvement. The practice had implemented a programme of clinical audit since our previous inspection:

- Clinical audits had been prompted by changes to guidelines, the previous inspection report, incidents, contractual requirements, variations in performance and local prescribing priorities. The practice participated in locality based audits, national benchmarking and regularly liaised with the local NHS prescribing team.
- The practice had carried out six clinical audits since our previous inspection visit. One of these was a completed audit where the audit had been repeated to ensure that observed improvements had been sustained over time.
- For example, following our previous inspection, the practice had audited all patients prescribed medicines

# Are services effective?

## (for example, treatment is effective)

for symptoms that could be related to asthma. All identified patients had been reviewed. If the GPs confirmed a diagnosis of asthma the electronic record had been updated with the appropriate read codes. The audit identified fourteen patients who had not been coded appropriately and who had been missed to follow up prior to the audit.

- The practice has also audited warfarin prescribing. This had been prompted because the practice did not have a defined protocol and had identified missing INR checks in patient records. The audit identified 30 patients on warfarin, none of whom had a complete record of INR checks and the practice followed up each of these patients individually. After the first phase of the audit, 80% of the patients had a recent INR result recorded in their notes and the practice amended their prescription directions to 'take as prescribed in anticoagulant treatment book'. The practice implemented a written protocol for warfarin prescribing and removed warfarin from its repeat prescribing list. The audit results were discussed in the practice clinical meeting and the audit was scheduled to be repeated in six months.
- The practice could demonstrate improved management of long term conditions such as asthma as a result of its audit work. It was open with us about previous practice which could have affected the reliability of its QOF results, for example, inconsistent diagnostic read coding and actions it had taken to address those issues.

### Effective staffing

Staff had the skills and knowledge to deliver effective care and treatment. The practice was developing 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.

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 or external training opportunities as appropriate.

The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example in carrying out condition-specific reviews. Staff with specific roles, for example chaperoning were given appropriate training and guidance.

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 with the immunisation programmes, for example by access to on line resources and discussion at local nurse forum 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, mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

### 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.
- We found 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.

- Practice clinicians attended multidisciplinary meetings as part of the local whole systems integrated care programme at which care plans were routinely reviewed and updated for patients with complex needs.
- The practice also liaised with health visitors, community nurses and the local palliative care team to coordinate care and share information. This was an area of improvements since our previous inspection with the practice setting up regular meetings at the practice.
- The practice shared information about patients with complex needs or who were vulnerable due to their

# Are services effective?

## (for example, treatment is effective)

circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

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

### Supporting patients to live healthier lives

The practice provided advice, support and services to promote and support patients to live healthier lives.

- A dietitian attended the practice monthly to advise and support obese patients and patients with type 2 diabetes.
- The practice offered advice on diet, smoking and alcohol cessation and was sensitive to local cultural and religious customs.

Patient uptake for the cervical screening programme in 2015/16 was below average at 67% compared to the local average of 77%. Exception rate reporting was 4% compared

to the CCG average of 11%. Unverified data for 2016/17 did not show significant improvement. The practice ensured a female sample taker was available. Two written reminders were sent to patients who did not attend for their cervical screening test followed by a telephone call. The practice had resources to help explain the screening test and what was involved for patients with learning disabilities.

There was a system in place to check cervical screening results had been received and to follow up any delayed or missing results. The practice also checked that women who were referred for further investigation attended their appointment.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. In 2015/16, 63% of eligible female patients had attended breast screening compared with the CCG average of 71% and 46% of eligible patients had been screened for bowel cancer compared with the CCG average of 51%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance was in line with expectations. For example the practice was meeting the national 90% target for all standard childhood vaccines offered to children by the age of two.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow up by a GP.

# Are services caring?

## Our findings

At our previous inspection on 7 June 2016, we rated the practice as good for providing caring services. The practice's results from the national GP patient survey were in line with the local and national averages. We received positive feedback from patients during the inspection.

Patient feedback was again consistently positive when we undertook a follow up inspection on 6 June 2017 and a number of patients commented that the service had improved. The practice is still rated as good for providing caring services.

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients.

- 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.

Patients participating in the inspection commented that the practice provided a good quality service in a safe, hygienic environment. The receptionists were described as friendly and helpful for example when patients needed an urgent appointment. Patients consistently said that the GPs were good at listening to patients and gave us examples of compassionate, patient-centred care. Results from the national GP patient survey showed the practice tended to score in line with the local and national average for patient satisfaction scores with consultations and the helpfulness of receptionists. For example:

- 87% of patients said they found the receptionists at the practice helpful compared with the clinical commissioning group (CCG) average of 84% and the national average of 87%.
- 90% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 85%, national average 87%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and included patients' goals and objective. The practice had recently started holding meetings at the practice with the lead GP, the extended nurse practitioner and community nurses to ensure the plans were being reviewed and implemented in a coordinated way.

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. The practice was comparable to the local and national average, for example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 90%.

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

## Are services caring?

- Interpreting services were available for patients who did not speak English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a hearing induction loop installed in the reception area.

Some patients commented that they had been unaware that a longstanding doctor was going to retire and of recent changes to the opening hours. They said it would be helpful to be informed about significant developments.

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

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

The practice added alerts to the electronic record system if a patient was also a carer. The practice had identified 51 patients as carers (1% of the practice list). The number of identified carers had increased since our previous inspection (from 30 or 0.8% of the practice list). The practice used their register to improve care for carers, for example carers were offered flexible appointment times, the seasonal influenza vaccination and an annual health check. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This communication 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

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing responsive services. This was because the practice was not ensuring there was an effective system for identifying, receiving, recording, handling and responding to complaints by patients or other persons.

These arrangements had significantly improved when we undertook a follow up inspection on 6 June 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice opened for extended hours on Saturday morning to cater for its working age population.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with complex or serious health conditions. The practice had reviewed its palliative care provision and had started holding regular multidisciplinary palliative care meetings. We saw evidence of early and ongoing conversations as appropriate with patients about end of life care as part of their wider treatment and care planning. The practice was sensitive to these patients' wishes, for example about their preferred place of death.
- Same day appointments were available for children and patients with urgent medical problems.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines. The practice website and the nurse provided information on which vaccinations were available on the NHS and the fees charged for privately available vaccinations.
- The practice was equipped to treat patients and meet their needs. The layout of the practice and decoration had been improved since our previous inspection.

- There were accessible facilities, a hearing loop and translation services available including sign language interpreters. The practice electronic records system alerted the receptionists to patients who usually needed an interpreter.

### Access to the service

The practice had increased its opening times and the number of clinical sessions offered since our previous inspection to improve patient access. The practice opened from 8am to 6.30pm, Monday to Friday. Face to face appointments were available from 8am to 11:30am and from 4pm to 6:30pm on weekdays. Extended hours appointments were available on Saturday morning from 9am to 11:30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be close to the local average but below the national average.

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 64% and the national average of 73%.
- 78% 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 CCG average of 81% and the national average of 85%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 37% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%.

Since our previous inspection, the practice had made changes to its appointment system, increasing the number of pre-bookable appointments, online appointments and more consistently offering telephone consultations to



# Are services responsive to people's needs?

(for example, to feedback?)

patients unable to book a face to face appointment on their day of choice. The practice was also equipped to provide online consultations and was waiting for approval from the CCG to introduce this facility.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Some patients commented positively on the earlier opening times. One patient told us they preferred the previous appointment system (on the day booking) but this view did not seem to be widely shared.

The practice had a system to assess:

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

Patients were asked to request home visits as early in the day as possible. The reception team passed the request to the GP to make an informed decision on prioritisation according to clinical need and the outcome was communicated to the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had reviewed its system for handling complaints and concerns since our previous inspection.

- The practice 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, for example, a summary leaflet. This did not include information about the NHS independent complaints advocacy service.

The practice had received one written complaint in the last 12 months. This had been appropriately handled and dealt with in a timely way. The practice offered patients a written apology. Lessons were learnt from individual concerns and complaints and action was taken to review and improve the quality of care.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 7 June 2016, we rated the practice as inadequate for providing well led services. This was because the practice had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

These arrangements had significantly improved when we undertook a follow up inspection on 6 June 2017. However, the practice was still in the process of developing a comprehensive range of policies governing its activity and did not yet have a permanent practice manager in post. The practice is now rated as requires improvement for providing well led services.

### Vision and strategy

The practice had developed a clear vision to deliver high quality care and promote good outcomes for patients since our last inspection. It had ambitions to expand the range of services available to the local population and to become a teaching and training practice.

The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example the practice had expanded the practice team to include a pharmacist having identified a skills gap. The practice had started implementing significant changes for example it had secured funding for an extension to the premises and had started detailed planning.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were in the process of being reviewed and where gaps had been identified new policies and procedures were being introduced. These were discussed with and made available to all staff.

- A comprehensive understanding of the performance of the practice was maintained.
- A newly developed programme of continuous clinical and internal audit had been implemented to monitor quality and to make improvements. The practice could demonstrate improvements as a result, for example to its management of patients with asthma and its repeat prescribing protocols.
- There were now more effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had redesigned its recruitment and induction procedures.
- However, the practice had struggled over the previous year to recruit and retain a practice manager which had affected the pace of change, led to a disjointed, stop-start approach for example when it came to redesigning workflows and had affected staff morale. The partners had recently engaged a firm of practice management consultants to work with the practice for a six month period to help embed new policies and processes. The practice was also in the process of recruiting a permanent practice manager.

### Leadership and culture

On the day of inspection the practice team demonstrated they had the experience, capacity

and capability to run the practice and ensure high quality care and were ambitious for the service to improve. Staff told us the new partners were approachable and took the time to listen to all members of staff.

The practice could not yet demonstrate that changes in leadership, management and culture were fully embedded and resilient for example to reduced access to external resources and support. For example, the planned partnership changes were still in process. The size of the challenge facing the senior team was made more significant by the fact that the lead GP partner would be splitting their time between two practices and the lack of a permanent practice manager.

- There was a developing leadership structure and staff felt supported by management.
- Staff told us the practice now held regular team meetings and tasks were effectively delegated and shared.
- Staff told us there was a positive culture within the practice and they had the opportunity to raise any



# Are services well-led?

Requires improvement 

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

issues at team meetings and felt comfortable in doing so. The practice team had developed an online chat group enabling instant messaging with each other and told us this had been a really useful innovation. The practice had produced an acceptable user policy to support effective use of the group. The online chat group was not used to discuss clinical matters.

- Staff said they felt respected by their colleagues and the senior team members. Staff were increasingly involved in discussions about how to run and develop the practice and to identify opportunities to improve the service.
- Staff expressed full confidence in the changes that had been made since our previous inspection and said they were encouraged by the progress they had made as a practice.

The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a clear explanation and a written apology.
- The practice kept written records of verbal and internet based interactions as well as written correspondence and learnt from these forms of feedback.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints. The PPG met quarterly and had around six attending members at the last meeting in May. The main issues raised by the group

over the previous 12 months had been access to the service outside normal working hours. The meetings were also used to review the latest patient feedback, for example from the standardised NHS Friends and family feedback survey. Several patients participating in the inspection commented that the service had improved since the previous inspection.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they could give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice had implemented a programme of clinical audit prioritised by areas of identified risk or below average performance and could demonstrate positive impacts on the management of long term conditions such as asthma.
- On being placed in special measures the practice had sought advice from its local clinical commissioning group and GP network. The practice had also invested in support from the Royal College of General Practitioners (RCGP) and had developed a comprehensive action plan for improvement.
- The practice was keen to identify opportunities to expand the range of services offered and improve the efficient delivery of services through new technologies. For example the practice was equipped to provide online clinical consultations and was waiting for the approval of the clinical commissioning group to proceed.
- The practice was keen to become a positive teaching and training environment and since our previous inspection was now providing nurse training placements. We spoke with the trainee nurse who was very positive about their learning experience and the practice team.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice had not yet fully established systems and processes to ensure good governance including having systems in place to fully assess, monitor and mitigate risks.</p> <p>In particular progress had been affected by a lack of continuity in practice management arrangements. The practice had also not yet completed work to review all policies were up to date and reflected current practice.</p> <p>Regulation 17(1)</p>