

Upton Lane Medical Centre

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

This practice is rated as Requires Improvement overall. (Previous rating March 2018 – Inadequate)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Good

We previously carried out an announced comprehensive inspection of Upton Lane Medical Centre on 1 March 2018. This was to follow up concerns identified during a prior inspection which was undertaken on 21 November 2016.

The overall rating for the practice at the March 2018 inspection was inadequate and the service was placed in special measures for a period of six months. The full comprehensive report from the inspection undertaken on 1 March 2018 can be found by selecting the 'all reports' link for Upton Lane Medical Centre on our website at .

As a result of our findings from the March 2018 inspection CQC issued requirement notices for the identified breaches of Regulations 12, 18 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, we found concerns related to: the completion of safeguarding updates and mental capacity act training, the storage of liquid nitrogen, systems to ensure safety alerts were acted upon, lack of appropriate checks of equipment, systems to address infection control risks, medicines management, governance. In addition, we found that older people were not receiving appropriate regular health checks. Systems were not operating effectively including those to ensure to appropriate utilisation of cancer referral pathways, management of significant events and complaints and support for carers. The service had also not taken adequate action in response to below average national GP patient survey results.

This inspection was undertaken within six months of the publication of the last inspection report as the practice was rated as inadequate and placed in special measures. This was an announced comprehensive inspection completed on 25 October 2018. Overall the practice is now rated requires improvement.

At this inspection we found:

The provider had taken action and had addressed most of the concerns from the previous inspection.

For example:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. We saw that there were systems now in place to act upon safety alerts and the infection control concerns had been addressed and prescriptions and refrigerated medicines were now being managed safely.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence - based guidelines. The service had worked to increase the number of cancers detected using the two week wait referral pathway and the number of older persons health checks had increased. There was action taken to reduce higher than average levels of antibiotic prescribing and a diabetic specialist consultant had been employed to improve the care and enable the service to achieve clinical targets in this area.
- The practice had put in place mechanisms to support carers and increase the numbers of carers on their register to 5%.
- We found that governance arrangements had improved.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

However:

- Although we obtained evidence that staff involved and treated patients with compassion, kindness, dignity and respect, both the latest national GP patient survey and the service's own internal survey indicated that patient satisfaction in this regard was below local and national averages. The practice had undertaken training and planned to undertake further training to improvement patient satisfaction.
- Most of the patients we spoke with on the day of the inspection found the appointment system easy to use and reported that they were able to access care when they needed it. This feedback was also reflected in the CQC comment cards. However, both national patient safety data and data from the practice's internal survey

Overall summary

showed that many patients had difficulty accessing appointments. The service had taken and was planning to take further action to improve action particularly around telephone access.

- The service was not achieving targets related to cervical screening and childhood immunisations.

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

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

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

- Continue work to ensure appropriate prescribing of antibiotics.
- Continue with work to improve early detection of cancers using the two week wait referral pathway.
- Review mechanism for identifying prevalence of patients hypertension who meet the criteria for treatment with statins.

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

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser, a member of the CQC medicines team and an expert by experience.

Background to Upton Lane Medical Centre

Upton Lane Medical Centre is situated within NHS Newham Clinical Commissioning Group (CCG) which we visited as part of our inspection. The practice provides services to approximately 8,193 patients under a Personal Medical Services (PMS) contract and has a website:

It provides a full range of services including, child and travel vaccines and extended hours. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The practice is housed within a modern, purpose built building situated on a high street and surrounded by local businesses, shops and residential houses. The building is owned and managed by NHS property services and is easily accessible by public transport, it does not have a designated car park and parking on surrounding streets is generally for permit holders only; however, there are public car parks within walking distance of the practice.

The staff team at the practice includes two GP partners (both male providing 11 sessions in total), one salaried GP (female, providing four sessions), four long term

locum GPs (two male and two female, providing 18 sessions in total), one female ad hoc locum GP (generally one session per week), a part time clinical pharmacist, a team of female nursing staff (part time advanced nurse practitioner, full time practice nurse and health care assistant), a full time practice manager, and a team of reception and administrative staff. The practice also teaches medical students and there is an FY2 (trainee GP) providing nine sessions per week.

The practice is open from 8am to 7.30pm weekdays except Thursday when it closes at 6.30pm. Telephone lines close and GP appointments finish at 1pm on Thursday. On Thursday afternoons after 1pm the local GP Co-operative covers GP appointments. Nursing appointments are until 5pm, healthcare assistants until 6.30pm, and the non-clinical team meets alternate Thursdays.

Extended hours are from 6.30pm to 7.30pm every weekday except Thursday. Outside these hours services are provided by the practice's out of hours provider who is contactable on a designated number.

Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them.

The information published by Public Health England rates the level of deprivation within the practice

population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. 82% of people in the practice area are from Black and Minority Ethnic (BME) groups.

Are services safe?

At our last inspection in March 2018 we rated the practice as inadequate for providing safe care. This was due to a lack of safe systems for managing refrigerated medicines, prescriptions and risks associated with infection control including significant events. We also found that the service did not have effective systems in place to respond to patient safety alerts and significant events and that not all staff had completed the required level safeguarding training within the last three years.

At this inspection we found that the provider had taken action to address all of the concerns raised. However, we did find that some non-clinical staff were not aware of the symptoms of sepsis. Training was completed shortly after our inspection. The practice is now rated good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis but some reception staff were not aware of the warning signs of sepsis infection. The provider told us that all non-clinical staff had received sepsis training following our inspection and we were shown a list of non-clinical staff signatures which confirmed that they had received this. The practice sent a copy of a poster regarding the management of sepsis and a protocol for reception staff to follow if they encountered anyone with suspected sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The practice's prescribing of certain antibiotics was slightly above the national average. The practice had audited the prescribing of antibiotics which had

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resulted in improved adherence to local prescribing guidelines. One of the GPs undertook reviews of advance nurse practitioner prescribing to ensure that they were adhering to guidance.

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks. The practice no longer stored liquid nitrogen and had begun using an alternative which did not require special arrangements for safe storage.
- Prescriptions were securely stored and monitored.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice employed a prescribing pharmacist who would deal with changes to patient medicines made in secondary care.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the evidence tables for further information.

Are services effective?

At our last inspection in March 2018 we rated the practice and all of the population groups as inadequate for providing effective services as rates of health checks for older people were low, there were gaps in staff training, and the percentage of new cancer cases identified using the urgent two week wait referral pathway was significantly lower than local and national averages .

At this inspection we found that there were some areas where performance against clinical targets was below average or targets had not been met including for childhood immunisations, cervical screening and blood sugar control for diabetic patients. However, we did find that all staff whose files we reviewed had completed the required mandatory training, the number of health checks for older people had increased significantly and the percentage of new cancer cases the practice identified using the two week wait referral pathway was now in line with the national average. The practice is now rated as requires improvement for providing effective care for people with long term conditions, people who experience poor mental health and working age people which make the practice requires improvement overall.

Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail

had a clinical review including a review of medication. The percentage of older patients who had received an annual health assessment increased from 7% at the time of the last inspection to 88% in October 2018.

- The practice arranged for medicines to be delivered to patients' homes in including a blister pack where necessary.
- The practice was in the process of taking responsibility for providing GP services to a local nursing home.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Staff had completed mental capacity act training since our last inspection.

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.
- The percentage of patients diagnosed with hypertension who were offered statins for secondary prevention was 100% in 2017/18 up from 50% in 2016/17. However, 75% of these patients had been exception reported up from 50% in 2016/17. We were told that only one patient met the criteria for this indicator in 2017/18. People with suspected hypertension were offered in house ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- One of the diabetic QOF targets related to the blood sugar control had reduced in 2017/18 to 68% from 71% in 2016/17. In response to this the practice had funded a specialist diabetic consultant to come to the practice every two weeks to hold a clinic for complex diabetic patients. The consultant also worked with the practice's

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advanced nurse practitioner to ensure that they were providing optimal diabetic care for patients. Data from an audit of patients in 2018/19 showed an improvement in management of patients at risk of Hypoglycaemia.

Families, children and young people:

- The most recently available public data showed that childhood immunisation uptake rates were slightly below target percentage of 90% for boosters and 82% for immunisations for one-year olds. The practice provided unverified data for the first three quarters of 2017 which showed that the practice was 90% for childhood immunisations for children under 2 years old. The practice told us that there were a significant number of children whose parents declined childhood immunisations for cultural reasons and that parents would be asked to sign a form declining immunisations which would be recorded in their child's clinical record.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme. QOF data for 2017/18 showed that uptake was 72%. The practice did not have a specific action plan in place to specifically meet the target.
- The practice provided chlamydia testing.
- All newly registered patients were offered a test for tuberculosis.
- The practice's uptake for breast and bowel cancer screening was in line with the local average.
- 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.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice hosted a local counselling service.
- The practice held a monthly clinic with a psychiatric nurse.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The overall QOF performance for 2017/18 was 97% compared with 88% in the CCG and 95% nationally. The overall exception reporting rate for 2016/17 was 6.5% compared to 6.6% locally and 9.6% nationally. In 2017/18 this was 4.8% compared with 6.8% locally and 10.1% nationally. The exception reporting rate for cancer in 2016/17 was 30% compared to 22% locally and 25% nationally. This had reduced to 27% in 2017/18 which was in line with the national average of 25%. The practice had employed a diabetic specialist consultant to optimise diabetic care and the practice was undertaking audits with a view to meeting the national average.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Are services effective?

The practice provided five audits, four of which were two cycle and showed improvement in the quality care of outcomes for patients including for those with asthma and diabetes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice was a training practice and hosted foundation year two doctors. There were no trainees or students at the time of the inspection.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

At our last inspection we rated the provider as inadequate for providing a service that was caring as the practice was not proactively helping patients in their population who were carers, national patient survey scores related to care and treatment were below local and national averages and the practice had not taken action in response to this.

At this inspection we found that the practice had mechanisms in place to identify and support carers and had taken some action in response to poor patient survey feedback. Both the practice's own patient survey and the latest data from the national GP survey indicated that a significant proportion of practice patients did not find practice staff caring. The practice had produced an action plan to address these concerns and feedback from patients we spoke with on the day of the inspection and from CQC comment cards were positive. Consequently, the practice is rated as requires improvement for caring.

Kindness, respect and compassion

We observed staff treating patients with kindness, respect and compassion and feedback received from patients on the day of the inspection indicated patient satisfaction in this regard. However, both the practice's internal and national patient survey indicated that a significant number of patients were not satisfied with the way they were treated.

- Feedback we received from patients on the day of the inspection was mostly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. The practice had completed their own internal patient survey in September 2018 which showed that scores related to clinicians listening had further declined, overall experience had slightly improved and scores related to

trust and confidence and the care and concern demonstrated by clinical staff had improved. The practice had initiated training for staff and were planning to further review and consider further action needed to improve these scores.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The electronic sign-in board would prompt patients to identify themselves as a carer. The practice had held a carers event day with the local carer support service and had appointed a carer's champion who could direct patients to local carer support services. The practice was utilising a health check template to provide annual health checks to carers. The practice told us that they were flexible with appointment times for patients with caring responsibilities.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs. There was a sign in reception which advertised this.
- Staff recognised the importance of people's dignity and respect and would challenge behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our last inspection we rated the practice as requires improvement for providing responsive services as patient survey scores were below local and national averages and action taken in response to the survey did not fully address the potential concerns highlighted by the survey. In addition, there was limited evidence of complaint discussions in practice meeting.

At this inspection we found that national GP patient survey scores from July 2018 and the practice's own patient survey from September 2018 showed that patient satisfaction regarding access had not improved. Consequently, the practice remains requires improvement for providing responsive services for all population groups and overall.

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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

- There was a medicines delivery service for housebound patients.

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 had a high prevalence of diabetes among the patient population. The practice had employed a specialist diabetic consultant both to support the practice in managing patients with diabetes whose needs were complex and to review the diabetic care provided by the advanced nurse practitioner.

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

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.

People whose circumstances make them vulnerable:

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

Are services responsive to people's needs?

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 clinic supported by a specialist mental health nurse. Patients who failed to attend were proactively followed up.

Timely access to care and treatment

Most patient feedback obtained during the inspection indicated that patients *were able* to access care and treatment from the practice within an acceptable timescale for their needs. However national patient survey data and results from the practice's own internal survey indicated that a significant number of patients were not happy with the arrangements for accessing care and treatment.

- Feedback from patients in the national GP survey and practice's own internal survey indicated that some patients found it difficult to access care and treatment. Scores related to access were below local and national averages. In response the practice had taken a number of actions and were in the process of introducing other measures. For example, we were told that the practice would shortly be introducing a software system that enabled patients calling the practice to book and cancel appointments without having to wait to speak with reception staff. The practice had already upgraded the telephone system to introduce queuing so that patients know their position in the queue how many calls are waiting to be answered. Staff reported that this had resulted in a slight improvement in patient feedback regarding access. Staff could offer telephone consultations with a patient's preferred GP to reduce the length of waiting time to speak to a particular clinician.

The practice also enabled patients to book routine GP appointments online four weeks in advance as opposed to the one-week advance appointments on the telephone. We reviewed the practice's appointment diary and saw that the next available GP appointment was for 1 November 2018.

- Patients told us that waiting times, delays and cancellations were minimal and managed appropriately.
- We were told that the practice held specific clinics for patients with long term conditions including asthma, hypertension, cancer and diabetes and specific clinics for cervical. Screening. Staff told us that there was limited flexibility for patients who wanted to be reviewed or seen outside of these times.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

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

Please refer to the evidence tables for further information.

Are services well-led?

At our last inspection we rated the practice as inadequate for providing well led care. We found that there was a lack of effective leadership, no clear strategy and risk management and governance systems were not clear or effective.

At this inspection we found that the provider had strengthened governance systems in most areas, leaders had a clear overview of challenges to the service and there was some evidence of future planning in place to ensure sustainability. Consequently, the practice is now rated as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice was aware that they had an above average prevalence of patients with hard to manage diabetes. In response they had employed a consultant diabetic specialist to undertake clinics for these patients and support staff in optimising diabetic care.
- Leaders at all levels were visible and most staff felt that the whole leadership were approachable.
- The practice told us that they were in conversations about the future leadership within the practice and were in the process of working on succession plans.

Vision and strategy

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

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

Culture

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

- Most 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. Some staff raised concerns about the way some of the GPs at the surgery would speak to them.
- There were processes for providing 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.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff generally reported that there were positive relationships between staff and teams, although some members of staff said that they would be reluctant to approach some members of the leadership team.

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 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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

There were clear and effective processes for managing risks however the practice had performed below local and national averages in respect of clinical performance or had not met clinical performance targets.

- 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 in some respects. Although the practice had taken proactive action to improve the quality of care offered to diabetic patient. Data showed that the practice had not met targets related to childhood immunisations and cervical screening and there was no action plan in place to improve these.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. Although non- clinical staff were not trained to identify patients who presented with suspected sepsis; we were provided with evidence that this training was completed shortly after our inspection.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information in some respects but had not taken action in response to other quality information..

- Quality and operational information was used to ensure and improve performance. The practice had acted in response to the areas of below average performance against clinical targets highlighted at our last inspection. However, there was no clear plan in place to increase the percentage of women who received cervical screening to meet the national target of 80%.
- 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; for example, in response to below average patient survey scores regarding staff attitude and behaviour and patient access.

- 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. There was an active patient participation group.
- 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.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice had held a coffee morning for a cancer charity, held a carers event and had a walking group for patients which ran twice a week.
- The practice also worked with a local group comprised of leaders of all faith which helped patients who required support to attend their place of worship.
- The practice was participating in a number of research studies including a Headache study, diabetes prevention project

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• The action taken by the practice to address lower than average survey scores related to kindness and respect and patient access had not resulted in sufficient improvement in the quality of the experience of patients receiving their services.• Clinical performance was below local and national averages for diabetes.• The practice had not met targets for childhood immunisations and cervical screening.• Exception reporting for patients with cardiovascular disease who should be treated with statins was significantly higher than national averages. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>