

Featherstone 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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Featherstone Road Surgery on 26 May 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The provider was aware of and complied with the requirements of the duty of candour.
- 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.
- Patients said they were treated with compassion and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints.
- The service was accessible to patients experiencing urgent problems the same day. However registered patients said they found it difficult to make an appointment and there was limited continuity of care. Several patients told us it was so difficult to get through to the surgery by telephone they had to queue outside the surgery before it opened to book an appointment. Staff confirmed that patient queues outside the surgery by 8am were common.
- The practice had good facilities, provided a wide range of primary care services and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients and had responded positively to concerns and suggestions for improvement.

The areas where the practice must make improvements are:

Summary of findings

- The practice must take action to improve access to the service. Early morning queues outside the practice were a common occurrence. The practice recognised the problem but had not taken effective action.

Additionally, the practice should:

- Introduce enhanced disclosure and barring service (DBS) checks for any staff members acting as chaperones.
- Continue to engage patients with diabetes to improve the management and control of the condition and outcomes for patients.
- Improve engagement and uptake rates among eligible women for cervical screening.
- Aim to increase the number of identified carers so that patients providing care are offered appropriate support.
- Establish a patient participation group to expand the range and depth of patient feedback and engagement.
- Review its internal signage and routeing. It was not always clear to patients which reception area they needed to use or where they should wait.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes tended to be at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with kindness and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible in a range of languages.

Good



Summary of findings

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with commissioning bodies to secure improvements to services where these were identified.
- The appointment system was not working well. Patients described difficulty in accessing the service and booking appointments. The national GP patient survey results were also significantly lower than average for these aspects of the service. Patients and staff told us that queues outside the surgery before 8am were common.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Some patients found the reception and waiting room layout confusing.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice team were multilingual and could book interpreters when required.

Requires improvement



Are services well-led?

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

- The practice had a 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 identified a number of challenges, for example in relation to contractual changes to the service.
- There was a clear leadership structure. The practice had policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- However, the practice had not resolved problems with the appointment system and access to the service. We were not fully assured it had the capacity to meet patient demand. The number of appointments it could offer was contractually limited.
- The practice proactively sought feedback from staff and patients but had been unable to establish a functioning patient participation group.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- 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 practice is rated as requires improvement for the care of older people. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits by the GPs and practice nurses and urgent appointments for those with enhanced needs. The practice arranged community transport for older people who had difficulties travelling.
- The practice used risk stratification to identify older patients at raised risk of unplanned hospital admission. The practice developed care plans for patients identified at high risk and referred to relevant services such as the 'Home Ward' or to the falls clinic.
- The practice had access to locally funded care coordinators who could help patients with problems such as social isolation and help them to access wider social and community services depending on their needs.
- Each winter, the practice selected two patients aged over 65 to receive a hamper from the practice.

Requires improvement



People with long term conditions

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

- The practice kept registers of patients with long term conditions and carried out regular reviews of patients. Nursing staff took a lead role in chronic disease management.
- There were high prevalence rates of diabetes and asthma in the practice population. The practice ran clinics for these conditions, ensuring that staff fluent in a range of languages were available.
- Practice performance for diabetes tended to be lower than average for key indicators. For example, only 56% of diabetic patients had adequately controlled blood sugar levels compared to the CCG average of 74% and the national average of 78%.

Requires improvement



Summary of findings

- Practice performance for asthma was in line with the national average. 73% of patients with asthma had an annual review compared to the national average of 75%.
- Longer appointments and home visits were available when needed. We were given individual examples of very compassionate and patient centred care for patients with long term conditions.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for responsive and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice observed strict confidentiality and age specific competency protocols to encourage teenagers and young people to engage with the practice and its services.
- Appointments were available outside of school hours. The practice routinely booked postnatal appointments for new mothers to coincide with their baby's 6-8 week check and first immunisations. The practice offered the mother a smear test for the same day.
- The practice had urgent slots in every GP session reserved for young children.
- The premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for responsive and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered early morning, late evening and weekend appointments at the time of the inspection.
- The practice screened newly registered patients for chronic infections.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for responsive and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients with a learning disability. The practice offered longer appointments for patients with a learning disability.
- The practice tried to identify patients who were carers, for example by asking patients about this when they registered at the practice. However, only 11 carers had been identified to date (that is less than 1% of the practice list). Carers were offered flu vaccination and signposted to the local carers resource centre.
- The practice added alerts to the records of patients known to be vulnerable for example, patients who were homeless; those experiencing drug or alcohol problems, domestic violence or sexual exploitation
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Cases were discussed in clinical meetings and in local network multidisciplinary meetings. Action plans were agreed and documented.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Locally funded care coordinators also provided support to these patients.
- 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for responsive and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice was performing in line with national average for indicators of mental health. For example 33 of 37 (89%) of patients diagnosed with a psychosis had a care plan compared to the national average of 88%.
- Very few practice patients had been diagnosed with dementia. The practice referred these patients to specialist services for diagnosis and further support. The practice had reviewed all of these patients in the last 12 months.
- The practice had informed patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. The practice placed an alert in the records of patients with mental health and associated problems who were assessed as being vulnerable.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. Questionnaires were sent to 411 patients and 91 were returned: a completion rate of 22% (that is around 1% of the patient list). The results were variable when compared against the clinical commissioning group (CCG) and national averages. The practice scored relatively poorly for patient feedback on access to the service.

- 24% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 51% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and the national average of 76%.
- 85% of patients said the last GP they saw was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 94% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93% and the national average of 95%.
- 90% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 94% and the national average of 97%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards. We also interviewed eight patients.

- Most of the cards (17) described good features of the service provided by the doctors and other staff. Patients we interviewed also commented positively. Patients told us they were listened to, treated respectfully and treated in a caring way and said they were well supported.
- Seven cards said there was a good standard of treatment but problems in getting access, including the need to queue outside the surgery to book an appointment and difficulties getting through on the telephone.
- Three cards included negative comments about the service. All these criticisms focused on negative patient experiences at reception.

Areas for improvement

Action the service **MUST** take to improve

The practice must take action to improve access to the service. Early morning queues outside the practice were a common occurrence. The practice recognised the problem but had not taken effective action.

Action the service **SHOULD** take to improve

The practice should introduce enhanced disclosure and barring service (DBS) checks for any staff members acting as chaperones.

The practice should continue to engage patients with diabetes to improve the management and control of the condition and outcomes for patients.

The practice should improve engagement and uptake rates among eligible women for cervical screening.

The practice should aim to increase the number of identified carers so that patients providing care are offered appropriate support.

The practice should establish a patient participation group to expand the range and depth of patient feedback and engagement.

The practice should review its internal signage and routeing. It was not always clear to patients which reception area they needed to use or where they should wait.

Featherstone 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 and a second CQC inspector.

Background to Featherstone Road Surgery

Featherstone Road Surgery opened in 2012 and provides services to approximately 8500 registered patients in the surrounding areas of Southall. The service is provided through an Alternative Provider Medical Services (APMS) contract. The practice also provides a 'walk-in' primary care service primarily aimed at members of the public not registered with the practice. The practice sees around 11 patients per day on this basis. The continued need for a 'walk-in' element of the contract was under review at the time of the inspection.

The practice currently employs a team of male and female salaried GPs (just over 3.1 whole time equivalent providing around 26 sessions per week), two nurse practitioners (1.1 wte) and two practice nurses (1.24 wte). The practice also employs a healthcare assistant, a practice manager and a team of receptionists and administrators. The practice is part of a larger company providing primary care and diagnostic services across England. Staff at this practice were supported by a regional manager and medical director.

The practice is located in a primary and community health centre housing a number of health services as well as the practice. The building is purpose-built with good access for patients with a disability.

The practice is contracted to provide the service from 8.00am to 8.00pm, seven days a week alongside an appointment system for registered patients. Bookable appointments with a health professional are available throughout the day from Monday to Saturday.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet and by answerphone about how to access urgent care when the practice is closed. Patients are advised to ring "111" to access the out of hours primary care service.

The registered practice population is characterised by high proportions of young adults aged under 40 and children under four years of age. Only three per cent of registered patients are aged over 65 compared to the English average of 27%. The registered practice population is around 90% black, Asian and minority ethnic and the practice has a multilingual staff team.

The practice is registered to provide the following regulatory activities: diagnostic and screening procedures; treatment of disease, disorder or injury; and family planning services.

The practice has not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff (including the regional managers, salaried doctors, the practice nurses, the practice manager and members of the reception team).
- We spoke with eight patients who used the service.
- Observed how patients were greeted and treated at reception.
- Reviewed 27 comment cards where patients shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed policies, procedures and written checks and risk assessments recorded by the practice.
- We inspected the premises and equipment to check these were well maintained and suitable for use.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were clinical and non-clinical recording forms available on the practice computer system.
- The practice carried out a thorough analysis of significant events. There had been six incidents in the first quarter of 2016 including both clinical and administrative incidents.
- The examples we reviewed were recorded in detail and had been discussed at clinical meetings. The practice understood its obligations under the duty of candour.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice also shared relevant learning at the locality multidisciplinary meetings and with senior managers who could share lessons with other practices in the provider group.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff including locums. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead clinician for safeguarding vulnerable adults and children.

- The GPs attended safeguarding meetings when possible and had a system in place to provide written reports the same day when appropriately requested by other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nursing staff were trained to child safeguarding level 3.
- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check although only clinical staff had received an enhanced check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and the practice liaised with the local infection prevention teams and regional managers to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The nurse practitioner had qualified as an independent prescriber and prescribed medicines for specific clinical conditions.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. PGDs are written

Are services safe?

instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed the personnel files of clinical and non-clinical staff members who had joined the practice within the past two years. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had identified health and safety leads among the staff team. The practice had up to date fire risk assessments and carried out regular monitoring checks and an annual fire drill. The practice did not own the building and communicated effectively with the property management agency.
- Electrical equipment and clinical equipment was checked to ensure it was working properly. There were a range of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The staffing and skill mix was largely set by the commissioning body, for example there was a contractual expectation that 25% of appointments would be suitable for consultation with a nurse practitioner. The practice had a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place 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 treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were 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 in place for major incidents such as power failure or building damage. The plan was accessible off-site and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to electronic guidelines from NICE and the clinical commissioning group and used this information to deliver care and treatment that met patients' needs. The practice used electronic templates to ensure that it managed long term conditions in line with guidelines.
- The practice monitored that guidelines were being followed through audit, reflection and learning at clinical meetings, peer review and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2014/15, the practice had achieved 85.4% of the total number of points available which was below the national average of 94.8%. The practice exception reporting rate was 13% (clinical domain), which was close to the clinical commissioning group (CCG) average 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). The practice had improved its performance in 2015/16, achieving over 90%.

Data from 2014/15 showed:

- Practice performance was lower than the the CCG and national averages for key diabetes indicators. For example, only 56% of registered diabetic patients had adequately controlled blood sugar levels (that is, their last HbA1c level was 64 mmol/mol or less) compared to

the CCG average of 74% and the national average of 78%. Sixty-eight per cent of diabetic patients had a normal blood pressure reading compared to the CCG average of 75% and the national average of 78%.

- Performance for mental health related indicators tended to be close to the national average. For example, in 2014/15 the practice had recorded alcohol consumption for all patients with a diagnosed psychosis compared to the national average of 90%. Thirty-three patients of 37 (89%) patients diagnosed with dementia had received a face-to-face review within the previous year compared to the national average of 84%.

Staff were actively engaged in activities to monitor and improve quality and outcomes. Areas for improvement were identified by comparative performance data, significant events, patient feedback and updates to guidelines and safety alerts.

- We saw ten examples of clinical audits completed in the last two years. Two of these were completed audit cycles where the initial improvements made were monitored to ensure they were sustained, for example audits of cost effective prescribing and the management of hypertension.
- The practice participated in local prescribing audits, national benchmarking and locality reviews.
- Findings were used by the practice to improve services. The practice recognised that management of diabetes was an area for improvement. The practice had set up diabetic clinics offering reviews and educational advice and ensured that staff fluent in a range of languages were available. The practice planned to expand these clinics further. The practice had also audited the accuracy of its coding of diabetes and retinal screening rates.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged to develop their skills, competencies and knowledge.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received mandatory 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, in-house training and external learning opportunities.

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 electronic patient record system and shared electronic computer drives.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 services professionals to understand the range and complexity of patients' needs and to plan on-going care and treatment. This included when patients moved between services or after they were discharged from hospital. The practice used alert forms (through the 'Coordinate my care' scheme) to share information about patients with the out of hours primary care provider, for example, patients nearing the end of life.

The practice held practice multidisciplinary meetings and participated in the wider locality multidisciplinary meetings with other health and social services professionals. Care plans were reviewed and updated for patients with complex needs with input from community health and specialist teams as appropriate.

The care plans we reviewed were well completed with evidence of involvement of patients and carers.

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.
- Staff were confident in carrying out assessments of younger patients' capacity to consent in line with relevant guidance, for example should younger patients state they did not want their parents to be involved or informed.
- The GPs were confident in carrying out and recording mental capacity assessments in relation to any decisions that more vulnerable patients were asked to make about their health care.

Supporting patients to live healthier lives

The practice identified patients in need of extra support, for example, patients with long-term physical and mental health conditions and those at risk of developing a long-term condition such as diabetes. The practice had access to a 'care coordinator' whose role included signposting patients to other relevant services and support in the community.

- The practice served a community with high proportion of patients who had recently arrived to the UK who were unfamiliar with the NHS. The practice provided written information for patients in a range of languages for example, the practice leaflet was translated into Somali.
- Childhood immunisation rates were high. For example, the practice had achieved over 90% coverage for the 'five-in-one' immunisation for babies and the MMR pre-school booster.
- The practice coverage for the cervical screening programme in 2014/15 was 73%. In comparison the CCG average was 78% and the national average 82%. The practice followed up patients with reminders if they did

Are services effective?

(for example, treatment is effective)

not respond to their invitation. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening but again uptake rates were relatively low.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were polite and helpful to patients arriving at the practice, spoke discreetly and treated patients with respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they would talk to patients in a quieter area of the waiting room when patients needed to discuss a sensitive matter or appeared distressed. The practice manager's office was located adjacent to the reception area and they were also available to patients in this situation.

All but three of the 27 patient comment cards we received included positive comments about the service. The eight patients we spoke with on the day of the inspection were also pleased with the service.

- Patients reported they received good or very good standards of care for all the doctors and nurses. Patients said they were listened to, treated respectfully and in a caring way. Some patients commented on being well supported. Others said the staff had spotted symptoms and warning signs early and had been treated promptly.
- Patients and staff members were able to give us individual examples of personalised, compassionate care. One patient described the doctors and nurses as having an open and non-judgemental approach.

The results from the most recent national GP patient survey showed the practice tended to score in line with the clinical commissioning group average for patient satisfaction with clinical consultations with a GP. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

The practice generally received positive feedback on the 'friends and family test' with the most recent scores (June 2016) showing that 34 of 46 patients (74%) would recommend the practice.

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. We also saw that care plans were personalised and included the views of patients and where appropriate, their carers or family members. Results from the national GP patient survey showed the practice scores were variable for these aspects of the service. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% 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 to the CCG average of 74% and the national average of 82%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

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

- Staff told us that translation services were readily available for patients who did not have English as a first language. The receptionists added an alert to the records system when patients were known to use an interpreter.
- The practice had a hearing induction loop.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice described itself as 'carer friendly'. Written information was available to direct carers to social services, the local carers centre and other relevant sources of support and was displayed in the waiting area. The practice also asked patients whether they were carers when they registered at the practice and kept a separate register of

carers. The practice had identified 11 carers at the time of the inspection (less than 1% of the practice population). This seems likely to be an underestimate although the practice population was characterised by a very young age profile.

The practice had a bereavement and condolence policy. Staff were informed when the practice was notified of a patient death. Bereaved patients were offered a consultation at a flexible time and location and advised on bereavement counselling and other support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with other practices in the locality, and commissioners to secure improvements to services where these were identified.

- The practice offered a wide range of services at the practice including phlebotomy (for adults and children); diabetic clinics, asthma clinics, consultations with a specialist, ECG testing and joint injections.
- The practice offered extended hours opening from 8am until 8pm seven days a week.
- At the time of the inspection the practice provided a walk-in primary care service for patients who were not registered at the practice, for example for wound dressings.
- Longer appointments were available for patients with more complex health or communication needs.
- Patients with complex needs or who were vulnerable were given priority.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with urgent medical problems. We spoke with some parents who told us that in their experience the staff would always fit them in the same day if their child had an urgent problem.
- Patients were able to receive NHS and private travel vaccinations at the practice. The practice provided written information explaining which vaccines were available on the NHS and the fees charged for private vaccinations.
- There were disabled facilities, a hearing loop and translation services available. Treatment rooms were all located on the ground floor. However, it was not always clear to patients which reception area they needed to use or where they should wait.

Access to the service

The practice was contracted to provide the service from 8.00am to 8.00pm, seven days a week with a daily walk-in

service alongside an appointment system for registered patients. Bookable appointments with a health professional were available throughout the day from Monday to Saturday.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be significantly lower than average.

- 87% of patients said they were very or fairly satisfied with their GP practice opening hours compared to the clinical commissioning group average of 73% and the national average of 78%.
- 21% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 40% described their experience of making an appointment as good compared to the CCG average of 66% and the national average of 73%.
- 51% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and the national average of 76%.

Some patients commented (both on cards and in person) that they sometimes struggled to book an appointment as the phone lines were busy first thing in the morning and appointments were booked quickly. This meant they had to try again the next day. The system was particularly difficult for patients who were working, travelling or taking children to school when the practice opened. It was not uncommon for patients to queue outside the practice from 7:30am to book appointments for later the same day. Staff told us if the weather was bad they would open the doors early.

The appointment system was not working well. There seemed to be two separate issues.

- The telephone system was perceived by patients to be ineffective and a barrier to access.
- The practice placed heavy reliance on releasing most appointments the same day. Pre-bookable appointments were offered but, on the day of the inspection, the next available appointments were in four weeks' time.

In response, the practice had promoted their online appointment booking system and telephone consultations and could demonstrate increased uptake of these services. We also saw evidence that the practice staff and managers

Are services responsive to people's needs?

(for example, to feedback?)

had discussed upgrading the telephone system. These initiatives had yet to take the pressure off the service. The receptionists in particular bore the brunt of patient frustrations.

We noted that the practice had recently been required to reduce the number of available appointments in response to a contractual change. We were told there was scope to reduce some patient demand and manage expectations through education about appropriate use of services but this was proving to be a challenge and was not a quick solution.

The practice had a system in place to assess:

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

In cases of serious urgency, alternative arrangements were made, for example, admission to hospital. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at complaints received in the last 12 months. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. There was a pattern of complaints about the difficulty obtaining an appointment and accessing the service.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality, safe, professional primary care.

- The practice had a statement of purpose which outlined the service aims and objectives. Staff broadly understood these and were committed to providing a good service to their patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, including locum clinicians.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.

However, we were concerned that the practice had not effectively responded to negative patient feedback about access to the service. This impacted on both patients and staff.

The practice managers told us they were necessarily constrained by contractual requirements on the number of appointments they could offer. The contract was based on a standardised commissioning model which took account of patient need. Even so, we were not fully assured that the practice had the capacity to meet patient demand. The practice had taken some steps to improve access, but we did not see a clear strategy to resolve the issues, (that is, including an assessment of options, risks and costs). We did not have confidence that the problems would be resolved.

Leadership and culture

On the day of inspection the managers and staff demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the medical director, regional manager and practice managers were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of all correspondence.

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

- The practice held regular meetings.
- Staff said they felt respected. Staff were involved in discussions about how to run and develop the practice, and the company encouraged staff to identify opportunities to improve the service delivered by the practice.
- The practice had low staff turnover and we were consistently told that the clinical team communicated with and supported each other.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the Friends and Family questionnaire and also regularly reviewed the national GP patient survey results. The practice was trying to establish a patient participation group (PPG) but to date had little interest from patients.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on learning and improvement within the practice. The practice team met regularly and audited the service against current guidelines and standards. The practice shared ideas and good practice with other practices in the locality. There was less direct communication with other practices in the provider group however which might be an additional source of learning.

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 Family planning services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the provider was not meeting the regulation The appointment system was not working well. The practice had not responded effectively to negative patient feedback about access to the service. Regulation 17(1) HSCA (RA) Regulations 2014 Good governance