

The Junction Health Centre

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?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Junction Health Centre on 16 March 2017. 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 across both the GP and walk in service and a system in place for reporting and recording significant events.
- The practice's systems and processes for monitoring patients prescribed high risk medicines did not always ensure patient safety.
- There were clearly defined and embedded systems to minimise other risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Most of the results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. Although scores

related to nursing care were lower than local and national averages, the practice had identified these lower scores and were taking action to improve in these areas. The service had scored highly against its performance targets for access to the walk centre.

- The practice had only identified five patients (0.07%) with caring responsibilities on its GP patient list though we saw evidence that they were actively trying to increase identification.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Improve systems for monitoring patients prescribed high risks medicines.

The areas where the provider should make improvement are:

- Improve the identification of patients with caring responsibilities to be able to provide appropriate support and signposting.
- Improve patient satisfaction with the practice nursing service and waiting times.
- Improve uptake of national screening programmes.
- Improve their approach to managing patients living with diabetes.

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 service is rated as requires improvement for providing safe services.

Requires improvement



- We found there was an effective system for reporting and recording significant events which occurred both at the GP practice and the walk in centre; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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. Additionally any incidents which fell under the duty of candour were escalated to senior management within the practice's parent organisation and involved the CCG.
- We found some potential risks in respects of the practice's prescribing of high risk medicines. Although there was evidence that there were now monitoring systems in place the evidence collected indicated that these were not always effective.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had good arrangements to respond to emergencies and major incidents.

Are services effective?

The service is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed the majority patient outcomes were at or above average compared to the national average.
- The walk in service had met targets set in respect of coding patient diagnosis and relaying information from consultations to patients' GPs.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

The service is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Survey information collected from both practice and walk in patients that we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment although scores relating to nursing care were slightly lower than local and national averages.
- Information for patients about the GP and walk in services was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified five patients as carers (0.07% of the practice list).

Requires improvement



Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice changed their access in response to a review of demand and offered more appointments when the surgery first opened in the morning, in the evenings and at weekends. The practice held clinics at times that were convenient for patients to access them, for example a weekend contraception clinic.
- The practice performed well against targets for access and quality of consultations at the walk in centre.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 10 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to it. An overarching governance framework supported the delivery of the strategy.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- Most of the arrangements used to identify and address risks ensured safety was maintained. Although the practice had systems in place and had recently introduced additional safeguarding mechanisms we identified instances where these systems did not always operate effectively.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the example we reviewed which fell under the duty we saw evidence the practice complied with these requirements and would involve patients in all incidents and complaints that fell outside of the scope of the duty.
- The leadership team both within the practice and the wider corporate body encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had created a virtual patient participation group and reception staff pro-actively obtained feedback from patients in the practice via surveys.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

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 service is rated as requires improvement for safe and caring leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice.

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

Requires improvement



People with long term conditions

The service is rated as requires improvement for safe and caring leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice

- Clinical staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice participated in the Planning all Care Together (PACT) scheme in Wandsworth which aimed to limit unplanned contact with secondary care services by managing patients effectively in the community through creation of a comprehensive care plan addressing both health and social needs.

Requires improvement



Summary of findings

- Practice performance for diabetes was comparable in most areas with the exception of the indicator related to good blood sugar control. Performance in this area was 62% compared with the CCG average of 72% and the national average of 78%. The practice said that this was in part as a result of the demographics of the practice as 40% of their diabetic patients were patients with type 1 diabetes which they told us was harder to manage and because a lot of their patients would spend significant periods of time outside of the country.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice encouraged self-management and provided patients with health promotion on how to manage better their conditions and participated in a patient self-management scheme through a local wellbeing hub. This offered lifestyle advice and training courses aimed at helping patients effectively manage their long term condition.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The service is rated as requires improvement for safe and caring leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice:

- From the documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were slightly below average in respect of some standard childhood immunisations.
- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Requires improvement



Summary of findings

- The practice was open 8am – 8pm seven days a week. Consequently there was availability of appointments outside of school hours. The premises were suitable for children and babies and the practice had created a children's area in the reception on the basis of patient feedback.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. The practice held monthly meetings with the health visitor team.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice offered chlamydia screening for all patients aged 16 – 24 in Wandsworth.
- The practice undertook weight screening at pre-school immunisations due to high prevalence of obesity in children in the area.

Working age people (including those recently retired and students)

The service is rated as requires improvement for safe and caring leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, the practice was open from 8 am to 8pm seven days per week and operated both as a walk in centre as well as a GP practice.
- The practice was proactive in offering online services, including video, email and telephone consultations, as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had participated in a 24/7 telephone consultation pilot.
- Patients received text reminders for appointments.

Requires improvement



People whose circumstances may make them vulnerable

The service is rated as requires improvement for safe and caring leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a

Requires improvement



Summary of findings

learning disability. Two of the reception staff had expressed an interest in setting up a pathway to improve the wellbeing of homeless patients. The practice was currently in the process of setting this up. The practice provided appointments to vulnerable patients when required.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- All unplanned attendances at secondary care were reviewed to ensure that vulnerable people were identified and offered appropriate support.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The service is rated as requires improvement for safe and caring leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice:

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average. The practice had a higher rate of exception reporting for patients with dementia. However, this was because the practice only had three patients with dementia due to the young demographics of the practice.
- Patients suffering from a mental health crisis were given priority appointments.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for other mental health indicators was higher when compared with local and national averages.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment and refer to a memory assessment service where appropriate.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered text message appointment reminders which benefitted this population group.
- Staff from the practice undertook a visit to a local facility which supported patients with poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty nine survey forms were distributed and 54 were returned. This represented 0.75% of the practice's patient list.

- 80% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 88%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards 21 of which were exclusively positive about the standard of care received. Four of the cards contained mixed feedback which related to waiting times.

We spoke with three patients registered at the practice during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Junction Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to The Junction Health Centre

The Junction Health Centre is part of Wandsworth CCG and serves approximately 7200 patients. The practice is registered with the CQC for the following regulated activities: diagnostic and screening procedures, maternity and midwifery services, family planning services, treatment of disease disorder and injury and surgical procedures. In addition to a list of registered patients the location also operates as a walk in centre for patients who are not registered at the practice.

The practice population is predominantly working age with 50% of the population under 30 and only 1.5% over the age of 60. The practice has greater number of working age patients compared to local and national averages and lower numbers of children and older people compared to local and national averages. The practice population has higher levels of deprivation among its child and older person population and higher levels of employment compared with local and national averages. The practice is located in an area ranked fifth most deprived decile on the index of multiple deprivation. The patient list is ethnically diverse with 5.6% of mixed ethnicity, 7.4% Asian, 16.4% black and 2.2% non-white ethnic background.

Six GPs (two male and four female) are employed at the practice working the whole time equivalent of 3.1 GPs. The practice has six Nurse Practitioners working the full time equivalent of 3.5 nurse practitioners. The practice also has a female practice nurse and a healthcare assistant.

The practice is a location operated by Care UK limited who provide operational and governance support.

The practice is open between 8 am and 8 pm seven days per week. The practice offers booked and emergency appointments for registered patients in addition to walk in appointments for those who are not registered at the practice.

The Junction Health Centre operates from Arch 5-8, Clapham Junction Station; Grant Road, London, SW11 2NU which are purposed built premises owned by Network Rail. The practice leases the premises and maintenance is undertaken by a property management company. All consulting rooms are located on the ground floor and the premises are accessible to those with mobility issues.

Practice patients are directed to contact local out of hours provider when the surgery is closed.

The practice operates under an Alternative Provider Medical Services (APMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: smoking cessation, NHS health checks, chlamydia screening, HIV screening, long acting contraceptive implants and in uterine contraceptive device implants, ECG, spirometry, phlebotomy, flu, child immunisations, minor surgery, avoiding unplanned admissions, learning disability.

The practice is part of Wandsworth GP Federation.

Detailed findings

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 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 16 March 2017. During our visit we:

- Spoke with a range of staff (GPs, nurse practitioners, practice management and administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events both within the GP practice and for staff working in the walk in centre.

- Staff told us they would inform the practice manager of any incidents and events could be recorded using a computer software programme which all staff had access to. The system used supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). When events met the threshold of a serious significant event, including such that would fall under the duty of candour, the provider's corporate team would be engaged and learning would be shared in a newsletters with other practice's the provider operated in addition to the CCG and any other relevant third party organisation.
- From the sample of 18 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The practice had an effective system to receive distribute and act upon patient safety alerts from external organisations. These were also reviewed by the provider's corporate team which acted as a failsafe to ensure that all relevant alerts were picked up and acted upon.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was an incident at the practice where a patient required emergency treatment with a medicine from the practice's emergency medicine store. Practice staff were slightly delayed in retrieving the medicine as

the medicine was stored in a branded medicine packet. As a result of the incident the practice ensured that the medicine's name was written on the packet of any branded medicines in the emergency drug supply.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

In most respects the service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. However, a review of some patient records indicated that the systems and processes related to high risk prescribing did not always ensure patients remained safe.

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

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

Are services safe?

- The practice nurse was the infection prevention and control (IPC) clinical lead who had completed a diploma in infection control. The lead liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Most of the practice's arrangements for managing medicines in the practice, including emergency medicines and vaccines, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). However we noted that the systems the practice had in place for monitoring high risk medicines were not sufficiently effective to ensure patients prescribed these medicines remained safe.

- The processes in place for reviewing high risk medicines were not always effective. For example we saw evidence of one patient prescribed a high risk medicine who had not been monitored every three months in line with NICE guidelines. The practice told us after the inspection that upon further investigation they had actively attempted to contact the patient to ask that they attend for blood tests and when they had failed to do so, made a clinical decision to keep issuing the medicine in spite of the patient's failure to attend. We also reviewed four patients who were prescribed azathioprine and five who were prescribed methotrexate. In all instances we found reference to blood tests being undertaken however blood results were either not always recorded or difficult to find. The practice informed us that they had developed a database search for patients on high risk drugs to be run quarterly. We were told that this had been actively used over the past four months. The practice also informed us after inspection that they had ensured high risk prescribing was safe by ensuring that all repeat prescriptions were issued by a GP who would review the patient's records to ensure that appropriate monitoring had been done and that the practice's clinical system had built in reminders to ensure that reviews were undertaken.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams (who attended

the practice on a quarterly basis); to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately (a PSD is a written instruction signed by a medical prescriber authorising the supply or administration of specific medication to a named individual).

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

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice also had prepared a business continuity box which contained items that the practice might need in the event of potential disaster. The plan contained action cards for different scenarios so that staff could quickly respond to any unforeseen adverse event.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits of records from both the practice and walk in centre which were undertaken by both the GPs and nursing staff.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The practice's exception reporting rate was 11.6% compared with the CCG average of 7% and 9.8% nationally (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 attributed its higher than average exception reporting to its young population which resulted in a low prevalence for most long terms conditions assessed under QOF. Consequently exception reporting a small number of patients created a high overall exception reporting percentage when patients were excluded.

This practice was not an outlier for any QOF (or other national) clinical targets although there were some areas where exception reporting was higher than local and national averages. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower for some indicators than the CCG and national averages.

For example the percentage of patients with this condition who had well controlled blood sugar levels was 62% compared with the CCG average of 72% and the national average of 78%. The practice's exception reporting rate was 15% compared with 7% in the CCG and 12.5% nationally. However, the percentage of patients with well controlled blood pressure was comparable to local and national averages at 75% compared with 72% in the CCG and 78% nationally. The practice informed us that the lower than average performance in respect of the indicator for well controlled blood sugar was the result of 40% of their diabetic patients being type 1 insulin dependent which is the practice told us was clinically more challenging to control. In addition these patients were younger and working age and therefore practice staff told us it was harder to get them to attend the practice. Furthermore the practice had a high proportion of patients who spent significant periods of time outside of the UK which they said meant that patients would not attend for diabetic health checks.

- Performance for mental health related indicators was higher than CCG and national averages. For example The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 97% compared with 88% in the CCG and 89% nationally. The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 100% compared with the CCG average of 87% in the CCG and 84% nationally. However the percentage of patients exception reported was 33% compared with 4% in the CCG and 7% nationally. The practice only had three patients on their dementia register which accounted for the significant statistical variation.

The practice also achieved its target in respect of the overall percentage of Walk-in Centre records where the Service User consultation is appropriately coded to establish presenting condition. The practice achieved 99% in all of the months of 2016/17 where data was available against a target of 95%

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been four clinical audits commenced in the last two years, two of these were completed audits and one showed improvement which was implemented and monitored.
- Findings were used by the practice to improve services. One of the audits related to compliance with guidance related to liver function tests. As a result of increased awareness among staff adherence to guidance had improved from eight of the 30 patients reviewed in the first audit to 20 of the 30 patients reviewed in the second cycle.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, women's health and autism awareness. GPs and Nurse practitioners working in the walk in centre received annual training from the corporate provider in partnership with a national training provider on delivering unscheduled primary care. The practice's nurse practitioners had also obtained relevant skills from working other emergency care environments.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. However, we found that blood test results required for high risk drug monitoring were not always easily accessible on the patient record system.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice achieved its targets in respect of relaying information from consultations undertaken at the walk in centre to the patient's own GP. The practice had a target of over 98% and achieved 100% in each of the months in 2016/17 where data was available.

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

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

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice could provide patients with advice on smoking cessation and dietary advice as well as referring patient to a local wellbeing hub which would provide patients with additional support.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 78% and the national average of 81%.

Childhood immunisation rates for the vaccinations given were slightly lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved this target in one area. In the other areas the practice scored between 81% and 89%. The practice provided suitable explanation after the inspection of why performance was below the national target. The practice nurse sent parents invite letters, text reminders

and made telephone calls to encourage attendance. Patients who failed to attend were subsequently contacted and encouraged to rebook. The practice provided details of immunisations for the current year. Performance for children under two years old was 93% and 87% for five year olds. The practice provided an explanation for each of the children who had been excluded. Patients attending the walk in centre could only receive vaccinations against tetanus.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The uptake of both breast and bowel screening was lower than both the local and national average. The percentage of women aged between 50- 70 screened for breast cancer in last 36 months was 35% compared with CCG 62% and 73% nationally. The percentage of people aged between 60 and 69 screened for bowel cancer in the last 30 months was 25% compared with 46% in the CCG and 56% nationally. Again the practice attributed this to the demographics with only 1.5% of the practice population eligible for breast screening and 1.2% for bowel screening. We saw evidence of a meeting held between the practice and the breast screening team where discussions were had about plans to increase the number of patients screened. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Twenty one of the 25 patient Care Quality Commission comment cards we received were exclusively positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four of the cards contained mixed feedback including negative comments about waiting times.

We spoke with three patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to national averages for its satisfaction scores on consultations with GPs though ratings for nurse consultations were lower. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 82% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 80% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 89% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The practice had reviewed all patient survey scores that they felt required improvement including those related to the nursing staff. The practice noted that they were surprised that feedback for the nurses was lower due to consistently high feedback in previous surveys. Staff told us that they felt that this might have been connected to waiting times to see the nurse. Though registered patients were discouraged from doing so they would sometimes use the walk in service which is predominantly staffed by nurses and has higher waiting times. However the practice had scheduled a practice away day in May 2017 where customer service training would be given to all staff.

After our inspection the practice provided the results of a patient survey that they had undertaken to review satisfaction with the nursing service. The survey covered a six month period from October 2016 to March 2017. The data showed that 1196 patients had participated in the survey. The results indicated increased satisfaction with the nursing staff in some of the low scoring areas in the patient survey though the data had not been independently verified:

Are services caring?

- 98% of patients felt the nurse listened carefully to what they had to say during their consultation
- 99% of patients felt the nurse treated them with dignity and respect
- 95% of patients had confidence and trust in the nurse they saw

Care planning and involvement in decisions about care and treatment

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

Staff told us that they would treat children and young people in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment though again feedback for the nursing team was lower than the local and national average. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 90%.

Again the practice's own patient survey results indicated increased satisfaction with 97% of patients felt they were given a full and understandable explanation of their treatment and involved in the decision about their care.

- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

- Staff told us that both telephone and in person interpretation services were available for patients who did not have English as a first language. This information was displayed in the waiting area and the practice had an electronic touch screen enabling patients to sign in which was available in 16 languages. Patients were also told about multi-lingual staff who might be able to support them. Staff at the practice spoke a variety of languages used by the local population including Spanish and Portuguese.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified five patients as carers (0.07% of the practice list). The practice had engaged with a carer support organisation to try to better identify and provide support for carers in the area. The practice had developed a carer's information board within the reception area with which promoted patients to notify staff if they were a carer and it also provided information to direct carers to the various avenues of support available to them. Older carers would be offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population: The patient demographic was largely young and working age. Consequently the practice had tailored both its access and service provision to meet the needs of this population group. For example the practice changed their access in response to a review of demand and offered more appointments first thing in the morning, in the evenings and at weekends. The practice held clinics at times that were convenient for patients to access them, for example a weekend contraception clinic.

- The practice was open from 8 am to 8 pm and operated a walk in service during these times which ensured that patients could get access to clinical care outside of normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a mobile hearing loop and interpretation services were available.
- The practice had a high proportion of working age patients and offered email and video consultations for those who could not attend the practice in addition to telephone consultations.
- The practice was the highest screener in the borough for Chlamydia having screened 352 patients in 2016. This service was available to both registered and walk in patients.

Access to the service

The practice and walk in centre were open between 8 am and 8 pm seven days per week. Appointments were available from 8 am to 7.30 pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 85%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

However, feedback in respect of wait times was lower than local and national averages.

- 34% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

The practice reviewed this and found that 91% of their registered patients were seen within 15 minutes. The practice attributed this to registered patients who had attended the walk in service where the wait time was on average one hour.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and waiting times were not raised as a concern by the majority of comment cards received or any of the patients we spoke with.

Are services responsive to people's needs?

(for example, to feedback?)

The practice provided us with data related to their performance against indicators related to the operation of the walk in centre which was attended by approximately 700 patients on average per week. The practice had achieved all of their targets. For example in respect of

- Patients seen within 90 minutes of arrival was over 90% in most months compared to a target of 70%.
- Overall satisfaction with the service was over 90% in most months compared to a target of 80%.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention. We saw that the practice had devised a training programme for staff to enable them to better identify possible underlying serious medical conditions. This was in response to a significant event involving a patient who presented with a life threatening condition that would have been quite difficult to identify. This training ensured staff were more proactive in flagging patients with serious illnesses to clinical staff.

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

Listening and learning from concerns and complaints

The practice had a system 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 in a leaflet available in reception to help patients understand the complaints system.
- The service manager told us that they would discuss each complaint directly with the patient once received in order to clarify the issues raised in the complaint which would assist with the investigation process and ensure that responses fully addressed concerns raised.

We looked at 10 complaints received in the last 12 months and found that these were dealt with in a timely fashion and that responses were comprehensive and apologies were offered where appropriate. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, we reviewed one complaint which related to an accident which occurred during a patient's treatment. This was also raised as a significant event and we saw minutes of a meeting where the incident was discussed and additional training was given on the procedure involved to prevent reoccurrence.

Are services well-led?

Good 

(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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy which reflected the vision and values and was regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- We saw some evidence of clinical and internal audit being used to monitor quality and to make improvements.
- Although we identified some potential risks with the practice's prescribing of high risk medicines, we found that there were appropriate arrangements for identifying, recording and managing other risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings that mechanisms were in place for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff told us the leadership team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

(The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The leadership team encouraged a culture of openness and honesty. From the incidents reviewed where patients were involved we found that the practice had systems 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 verbal interactions as well as written correspondence.

There was a clear leadership structure at the local and corporate level and staff felt supported by management.

- The local team had clear roles in respect of day to day management of the practice and walk in centre. There was an overarching corporate governance structure which supported the practice and walk in centre to deliver care; for example by assisting with recruitment and training and overseeing the management of serious complaints and significant events.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the leadership team in the practice. All staff were involved in discussions about how to run and develop the practice, and the leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The practice participated in a reward scheme where staff would be provided with vouchers for good performance.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through its virtual patient participation group (PPG), through monthly surveys that staff were targeted to get patients of both services to complete and from complaints received. The practice told us that they had found it difficult to get patients to participate in face to face PPG meetings as the majority of patients were working age and employed. The practice circulated information to patients via their virtual PPG but told us that they had received limited responses. However, the practice had taken action on the basis of patient feedback. For example, the practice had created a children's area, placed a television in the waiting area and worked to improve access; for example by introducing a monthly contraceptive clinic on a Saturday.

- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, surveys, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For instance the practice had participated in a pilot which aimed to assess the demand for 24/7 GP telephone consultations. The pilot lasted six months. The practice identified that there was no demand for this service after 10 pm and therefore the hours the service was offered were curtailed to between 7 am and 10 pm for the final three months of the trial.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always being provided in a safe way for services users as:</p> <ul style="list-style-type: none">• There was not always evidence of regular blood tests and monitoring being completed for patients on high risk medicines. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>