

Langstone Way Surgery

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection July 2015 – Good). The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Langstone Way Surgery on 27 July 2015. The practice was rated good overall and requires improvement for safe. The full comprehensive report from this inspection can be found by selecting the 'all reports' link for Langstone Way Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 8 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 27 July 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- Data from the Quality and Outcomes Framework (QOF) demonstrated that the practice was performing in line with local and national averages for patient outcomes in most clinical areas although exception report rates were significantly higher than local and national averages for some clinical indicators.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. However, we noted that even though the practice told us that it had been subject to two attempted arson attacks in the recent past, a fire risk assessment had not been undertaken within the previous three years.
- The practice had not carried out appropriate Disclosure and Barring Service checks on locum clinical staff and had not ensured that these checks had been carried out by any other registration body, for instance, NHS England.
- Staff acting as chaperones had received Disclosure and Barring Service checks and had received appropriate training for the role.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided but processes used to record annual health reviews and those used to except patients with mental health conditions and some long term conditions were not effective.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was a positive and open culture and staff felt supported by the practice leaders.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

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

- Consider providing training to non-clinical staff to raise awareness of 'red flag' symptoms of acute, life threatening conditions that might be reported by patients.
- Review arrangements for receiving requests for repeat prescriptions to ensure that patient identifiable information is secure.
- Review processes used to exception report patients with long term conditions with a view to more accurately reflecting the actual level of care provided to patients.
- Consider putting a process in place to ensure that staff acting as chaperones follow practice policy by recording their attendance during consultations.
- Consider providing additional training to staff responsible for submitting performance data to ensure that data is accurate and is provided in a timely manner.
- Review how clinical staff record details of annual reviews in the patient management system.
- Consider putting arrangements in place to encourage patients to attend annual health reviews.
- Follow through with plans to ensure that all non-clinical staff receive annual appraisals.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

manager adviser. The team was accompanied by a Doctoral Research Fellow from the National Institute for Health Research who observed but did not participate in the inspection.

Background to Langstone Way Surgery

Langstone Way Surgery is situated within NHS Barnet Clinical Commissioning Group. The practice holds a Personal Medical Services contract (Primary Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a full range of enhanced services including adult and child immunisations, learning disabilities services, and remote care monitoring.

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

The practice had a patient list of 7,500 at the time of our inspection.

The staff team at the practice included two male GP partners and three salaried female GPs. The clinical team was completed by four female practice nurses, all of whom work full-time, two female healthcare assistants and a prescribing pharmacist all of whom work part-time. Two of the practice nurses were undertaking additional training to qualify as Nurse Prescribers. The non-clinical staff consisted of a practice manager who worked part-time, a reception manager and a team of nine

administrative staff (who worked a mix of full time and part time hours). Langstone Way Surgery was not an approved training practice for GP Registrars but did host medical students.

The practice was open between 08:00 and 18.30 Monday to Friday. Appointments were available all day with the exception of Thursday afternoons. Extended hours surgeries were available on a Tuesday from 18.30 to 20.00. Patients at the practice can access GP and Nurse appointments at a local hub between 8am and 8pm seven days per week.

To assist patients in accessing the service there is an online booking system, text message reminders for appointments and test results. Urgent appointments are available each day and GPs also provide telephone consultations for patients. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to access an Out of Hours service delivered by another provider.

Langstone Way Surgery serves a less deprived population and its deprivation score is significantly lower than the England average. Average life expectancy for males and female patients is 83 years and 86 years respectively. These are higher than the England averages which are 79 years and 83 years.

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?

At our previous inspection on 27 July 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection prevention and control were not effective. Infection prevention and control audits had not been completed in line with national guidance and the infection control lead had not received additional training in infection control.

Although these arrangements had improved when we undertook a follow up inspection on 8 May 2018, we had new concerns that the practice had not undertaken appropriate recruitment and identity checks on clinical staff and had not carried out a fire risk assessment within the previous three years. We also found that the practice was not following its own policy in regard of chaperoning and non-clinical staff had not received appropriate training in recognising the symptoms of sepsis. The practice is still rated as requires improvement for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse but there were areas that required improvement.

The practice had not carried out Disclosure and Barring Service (DBS) checks on doctors working at the practice. The practice explained that it was their understanding that all Doctors required a DBS check in order to be added to the performers list and that GP practices could rely on these checks having been done by NHS England. However, the practice had not sought assurance from NHS England that DBS checks had been completed. The practice took action to remedy this on the day of the inspection and were able to locate valid DBS certificates for three doctors immediately and initiated the DBS process for all other doctors before the inspection team left the surgery. 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 had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who

acted as chaperones were trained for their role and had received a DBS check. The practice chaperone policy included a step under which a member of staff acting as a chaperone should note their attendance in the consultation notes. However, when we asked the practice to provide an example of when this had happened, they were unable to do so.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment of permanent staff. However, we found that when the practice employed locum GPs through an agency, it had not independently sought appropriate proof of identity.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis, however, non-clinical staff had not been trained to recognise red-flag symptoms of sepsis which meant there was a risk that potentially life-saving treatment could be delayed.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Are services safe?

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. We saw evidence that the practice had a protocol in place to monitor referrals to ensure that these were received by secondary care providers and appointments offered where these were requested.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately and patients were involved in regular reviews of their medicines. The practice told us that they had recently employed a prescribing pharmacist as part of a job share scheme with another practice and this pharmacist carried out medicine reviews as part of their role.

Track record on safety

We look at how the practice managed safety and found that there were areas where improvements could be made.

- Although the practice told us it had been subject to two attempted arson attacks in the recent past, a fire risk assessment had not been undertaken since 2014. However, we saw evidence that fire alarms and fire extinguishers were checked regularly and the fire alarm system and emergency lights had been recently checked by an external expert.
- There were risk assessments in relation to safety issues but these were overdue for review. For instance, an assessment of risks associated with the premises had not been carried out within the previous twelve months which meant that newly emerging risks had not been identified. We were told that following the series of arson attacks at the premises, the letter box had been removed from the front door and a box to accept requests for repeat prescriptions had been fixed to an external wall of the surgery. We found that it was possible to remove items from this box without a key which meant that confidential patient information was not secure. The practice had not identified this as a risk.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 27 July 2015, we rated the practice as good for providing effective services. The practice is still rated as good for providing effective services and all of the population groups are rated good except for People experiencing poor mental health (including people with dementia) which we rated requires improvement.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

The practice had developed a wide range of protocols around prescribing guidelines and had embedded these into the patient record computer system to support safe and effective prescribing. These protocols raised alerts when pre-determined triggers were activated, prompting staff to take defined actions. For instance, when a request for a repeat prescription was entered into the computer system, an algorithm calculated when a blood test was due and automatically printed a blood test request form and an explanatory letter for the patient which staff attached to the repeat prescription. We saw other protocols which raised automatic alerts for clinician's attention around high-risk medicines or particular population groups. For example, we saw a non-clinical member of staff input a repeat request for aspirin and noted that a query about this request printed alongside the prescription itself and this was passed to the doctor for review. The practice told us they created new protocols on a regular basis, including protocols to support patient safety alerts and updated prescribing guidelines.

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. The practice had developed a protocol to ensure that medicine reviews were carried out in a timely manner and this was embedded in the patient record system.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice population included residents in two warden controlled residential blocks and a residential care home. The practice undertook a weekly GP session at the residential care home, carried out regular home visits at the two warden controlled residential blocks and held seasonal flu clinics in each.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice employed four nurses, each of whom who worked full-time and carried out annual and interim reviews for patients with diabetes. Two of the practice nurses were qualified to initiate insulin injectable therapies for type 2 diabetes without needing to refer patients to secondary care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Are services effective?

- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. We looked at childhood immunisation data for 2016/2017 and noted that uptake rates for the vaccines given were below the target percentage of 90% or above. We discussed this with the practice and saw evidence that this was the result of a late submission of data by the practice. This meant that published uptake rates for 2016/2017 only included data for three quarters of the year. The practice had reviewed patient records to ensure that eligible patients had received immunisations and had provided additional training to staff responsible for inputting performance data.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines and had embedded automated alerts in the patient record system to prompt staff to undertake reviews when appropriate. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice population was aware that many families in the local area employed child-minding staff and au pairs and had a protocol in place to check that people presenting at the surgery with children had parental responsibility or had been given written authority by those with parental responsibility, to do so. Staff told us that if they had any doubts about this, including occasions when written authority had been provided, they would contact parents or carers by telephone as a secondary check.

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

- The practice's uptake for cervical screening was 63%, which was lower than the 80% coverage target for the national screening programme. We discussed this with the practice and saw that the practice had taken measures to improve screening rates. For instance, the practice employed four nurses, all of whom worked full-time and provided nursing appointments from 8am each morning and offered extended hours access with nurses one evening per week. We saw that the practice had access to information in different languages and that staff had been trained to support eligible patients with learning disabilities.
- The practices' uptake for breast and bowel cancer screening was in line with the national average.
- GPs offered telephone consultations for patients who were unable to visit the surgery or who were unsure if their condition required a physical examination.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice had developed differentiated access protocols to provide additional support for patients whose circumstances made them vulnerable. For instance, patients approaching the end of their lives were provided with 'Gold Access'. This was indicated on the patient record and was explained to the patient and their carers. Gold Access ensured that patients were prioritised for appointments and on those occasions when 'on the day' appointments were not available, patients would be booked into the following day without the need to telephone again. We spoke with patients during the inspection who told us they were aware of the differentiated access and knew which level they had.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

- The practice held a register of patients living in vulnerable circumstances including homeless people, people whose lives were chaotic and those with a learning disability. The practice told us they had identified patients whose conditions or circumstances meant they routinely struggled to attend pre-booked appointments. These patients were provided with Bronze access which meant they were permitted to attend the surgery without an appointment and would be seen towards the end of a clinical session, unless their needs were acute in which case they would be triaged by a nurse and provided with an urgent appointment if necessary.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 54% of patients diagnosed with dementia (71 patients) had their care reviewed in a face to face meeting in the previous 12 months. This was significantly lower than the CCG and national average which was 84%. We saw unvalidated data for 2017/2018 which showed that this had increased to 79%. However, we also noted that the exception reporting rate had increased from 13% in 2016/2017 to 36% for 2017/2018.
- 57% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses (71 patients) had a comprehensive, agreed care plan documented in the previous 12 months. This was significantly lower than the national average of 90%. Although unvalidated data for 2017/2018 indicated this had increased to 86%, this data also showed that the exception reporting rate for this indicator had increased from 51% to 80%.
- The practice considered the physical health needs of patients with poor mental health and those living with

dementia. For example 77% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was lower than the national average of 91%. We saw unvalidated data for 2017/2018 which showed that this had increased to 92%. However, we also noted that the exception reporting rate had increased from 51% in 2016/2017 to 80% for 2017/2018.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had undertaken an audit of patients diagnosed with hypertension to review whether an Ambulatory or Home Blood Pressure Monitoring screening process had been followed before a diagnosis was made. Where appropriate, clinicians took part in local and national improvement initiatives.

We noted that clinical indicator exception reporting rates for some long term conditions and mental health conditions including dementia were above local and national averages. For instance, the practice exception reporting rate for patients diagnosed with mental health conditions with a comprehensive, agreed care plan documented was 68% which was significantly higher than the national average of 13% and the exception reporting rate for patients with COPD who had a review of breathlessness undertaken in the preceding 12 months was 34% compared to the national average of 11%. We looked at unvalidated data for 2017/2018 and noted that exception reporting rates were higher again for this period. For example, the exception reporting rate for patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the previous 12 months had increased from 13% in 2016/2017 to 36% in 2017/2018.

- The practice told us that patients were exception reported if they failed to respond to three written invitations to attend an annual health review, which was in line with published guidance.

Are services effective?

- The practice also told us that many patients who were exception reported throughout the year subsequently had a formal health review, however the practice did not retrospectively amend exception reporting codes on patient records.
- The practice also explained that health reviews were frequently carried out during routine appointments but the practice did not record reviews which were carried out opportunistically. We looked at examples of care records for patients and saw that effective reviews had taken place during routine appointments.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation. However, we found that annual appraisals for non-clinical staff were overdue. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for

people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Are services effective?

Please refer to the Evidence Tables for further information.

Are services caring?

At our previous inspection on 27 July 2015, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services and all of the population groups are rated good.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 33 patient Care Quality Commission comment cards, of which 24 were entirely positive about the service experienced. Nine comment cards included a mixture of positive and negative comments. Difficulties accessing appointments and long delays for appointments were common themes amongst the negative comments.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and ninety two surveys were sent out and 103 were returned. This represented a 35% response rate. The practice was comparable to other practice for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 96%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.
- 86% of patients who responded said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 92%.

- 82% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 88% and the national average of 91%.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Staff we spoke with were able to describe where they find resources in different languages, for instance we saw that information about the cervical screening programme could be accessed in a range of locally prevalent community languages.
- The practice proactively identified carers and supported them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed a mixed response from patients to questions about their involvement in planning and making decisions about their care and treatment. Results for satisfaction around GPs were in line with local and averages, however satisfaction scores around the nursing service was lower than local and national averages. For example:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.

Are services caring?

- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 75% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 67% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 85%.

We discussed the lower than average satisfaction with the nursing service and were told that the practice population had increased quickly following the completion of a large scale housing development in the local area and this had led to increased pressure on the nursing provision. The

practice told us they had recruited an additional, full-time practice nurse and that two of the practice nurses were currently training to become advanced nursing practitioners. The impact of these changes had not yet been measured.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our previous inspection on 27 July 2015, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services and all of the population groups are rated good.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For instance, the practice provided GP services to residents of a local residential home and carried out a weekly GP session at the home so that patients who found it difficult to mobilise were able to access a GP.
- The practice had arrangements in place through which patients with some mental health conditions who found it difficult to sit in the waiting area, would be prioritised for appointments at either at the beginning or end of the clinic, or arranged for the patient to wait in an empty room.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

- The practice used a risk stratification tool to assess patients who had been identified as having mild, moderate or severe frailty and used this to develop suitable care plans. For the most frail, the practice sought the patient's consent to share their enhanced Summary Care Record (SCR) to allow a greater amount of information to be made available about their care, that could then be used by emergency and out of hours services. The SCR is an electronic record of important patient information, created from GP medical records which can be shared with and used by, authorised staff in other areas of the health and care system involved in the patient's direct care.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had developed its own protocols to automatically check and notify staff about due reviews or tests for patients with long term conditions or chronic diseases. These protocols had been embedded into the patient management system and created an alert when a trigger point was reached, for instance a required blood test or routine medicine review.
- The practice had designed and implemented a wide range of automated algorithms to improve the efficiency, safety and effectiveness of the care provided and this depended on regular and consistent updating of patient related data. To support these algorithms, the practice had designed a suite of templates to ensure that all appropriate information required by the practice's coding methodology was collected in a consistent manner.
- The practice had recently expanded the nursing team to 4 full-time nurses, each of whom undertook annual and interim reviews for patients with long term conditions. The practice could initiate insulin injectable therapies for type 2 diabetes without needing to refer the patient to secondary care.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Are services responsive to people's needs?

Families, children and young people:

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

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

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients whose lives were so chaotic that they serially defaulted from appointments were provided with "Bronze" access which allowed them to be seen at the end of any surgery they are able to attend. This arrangement was noted on the patient record so staff were able to follow through with the correct level of support when the patient attended.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and ninety two surveys were sent out and 103 were returned. This represented a response rate of 35%.

- 67% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 80%.
- 55% of patients who responded said they could get through easily to the practice by phone; CCG – 67%; national average – 71%.

The practice was aware of these findings and explained that as a result, they had changed from being open for a half day on Thursdays to opening all day. The practice had also reviewed its arrangements for extended hours access and had identified that its early morning extended hours session was underutilised. This had led to a decision to change extended access from Tuesday mornings to Monday evenings. The practice had also commissioned a new telephone management system which allowed callers to select the specific service they required and had a service which informed patients about their position in the queue; this meant that callers could decide whether to continue with the call or discontinue and try again later.

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints respectfully although we noted that some of the practice responses to reviews left on NHS Choices were less compassionate.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. However, we found that the although the practice learned lessons from individual concerns and complaints, there was no evidence that it had analysed trends or had sought to address the underlying causes of some complaints. For instance, we

found that there was a pattern of complaints that alleged rudeness by practice staff but we did not see evidence that the practice had considered whether there was a training need in this regard.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection on 27 July 2015, we rated the practice as good for providing well led services. The practice is still rated as good for well-led.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included career development conversations. However, appraisals for non-clinical staff were overdue which meant that training needs had not been identified.
- Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management although there were areas where improvements were required.

- Structures, processes and systems to support good governance and management were clearly set out but were not always effective. For instance, the non-clinical staff had not received annual appraisals within the previous twelve months and DBS checks had not been carried out for clinical staff working at the practice in line with the recruitment policy.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety but had not always assured themselves that they were operating as intended, for examples, the policy used to govern chaperoning services stated that staff acting as chaperones should record their attendance at a consultation on the patient record, but the practice was unable to identify any occasion when this had happened.

Managing risks, issues and performance

Are services well-led?

There were processes for managing risks, issues and performance. However, there were gaps in how risks were assessed as the practice had not carried out a fire risk assessment within the previous three years and non-clinical staff had not received appropriate training in recognising the symptoms of sepsis, even though a significant event recorded by the practice had identified that staff had directed a paediatric patient with acute symptoms to a walk-in centre instead of the nearest accident and emergency unit. .

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. However, it was not clear that performance information was recorded accurately, for instance, exception reporting rates recorded by the practice did not accurately reflect the level of care provided.

- The practice submitted data or notifications to external organisations as required although we were told that childhood immunisation submitted for 2016/2017 was incomplete as it did not include data for the final quarter of that year. .
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, the practice had installed a letter box on an external wall in order to allow patients to leave repeat prescription requests when the practice was closed and we found that it was possible to remove items from this box without a key which meant that confidential patient information was not secure.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The practice used information technology systems to monitor and improve the quality of care and had developed a suite of algorithms to support safe prescribing and car planning. These included automated prompts for clinicians prescribing high risk medicines, to ensure that appropriate monitoring protocols were followed as well as a system to automatically print blood test request forms when reviews were approaching their due date.

Please refer to the Evidence Tables for further information...

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had not ensured that: The risks associated with fire had been assessed in a timely manner. Clinical staff had received checks to 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. All required pre-employment checks were undertaken prior to staff being employed, in particular, identity checks for locum GPs employed through agencies This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |