Eastern Avenue Medical 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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eastern Avenue Medical Centre on 6 January 2017. Overall the practice is rated as requires improvement.

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

- Staff described an effective system to report and investigate significant events and there was an up to date policy in place. However, the practice had documented no significant events in the previous two years.
- Risks to patients were assessed and well managed, including through medicines management and safeguarding processes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of multidisciplinary working to meet the complex needs of patients, including vulnerable young people and those who received palliative care. This included participating in a locality design team to implement new care pathways to reduce hospital admissions.
- Patients provided positive feedback about the caring nature of staff and said they took the time to listen to their concerns. We saw staff treated people with compassion, dignity and respect and involved them in care planning and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- There was no central record of which members of staff had a DBS check and the practice had not completed risk assessments to identify if non-clinical staff needed a DBS check.

The areas where the provider must make improvements are:

- Ensure fire safety practices in the surgery adhere to the requirements of the Regulatory Reform (Fire Safety) Order 2005, including in staff training, evacuation policies and building safety.
- Ensure the environment is maintained to appropriate standard that ensures consistent protection from infection risk and the build-up of bacteria. This should be audited on a regular basis.
- Ensure staff who provide chaperone services are properly trained.
- Ensure all clinical staff are aware of systems in place to identify at-risk children and young people.

The areas where the provider should make improvements are:

- Ensure learning from significant events is embedded in practice processes and staff professional development.
- Implement a quality improvement programme which includes audit that staff can use to benchmark standards of practice and drive improvements. This should also be used to ensure the needs of patients with long terms conditions are met.
- Implement and maintain a carer's register to ensure carer's are identified and provided with structured support.
- Ensure risk assessments are in place for members of staff who are employed withoutDisclosure Barring Service clearance.

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?

Requires improvement

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

- Staff were aware of the system in place for reporting and recording significant events. However, there had been only two reported incidents in the 12 months prior to our inspection. It was not evident that lessons were identified and shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were gaps in staff training in with regards to chaperoning, fire safety and infection control.
- Risks to patients were assessed and well managed including in relation to medicines management and action taken as a result of national safety alerts.
- The practice had an up to date health and safety policy for staff advising them of the correct protocol for managing risks identified within the practice. However, this had not highlighted areas of poor practice in relation to infection control. This included dirty surfaces in clinical areas, damaged flooring and corroded and damaged equipment.
- Fire safety processes in the practice did not protect people from harm. Staff did not have fire training and were unaware of an evacuation procedure. There had been no fire risk assessment and one area of the practice had no immediate means of escape in an emergency. There was also risk of loss of patient records due to a lack of fire protection.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or better than the national average. Exception reporting rates were comparable to or better than, the national average in 19 clinical domains and worse than the national average in two clinical domains.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance and there was a structured system in place to ensure updates were tracked and applied to practice policies.
- Clinical audits were limited and could not demonstrate quality improvement or better patient outcomes, including the management of long term conditions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment because they had access to on-going clinical training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including those with mental health needs and substance addiction.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group and other local organisations to secure improvements to services where these were identified.
- Patients said they found it easy to make an urgent appointment and there was continuity of care, with urgent appointments available the same day. Extended hours appointments were available daily until 7.30pm.
- The practice had accessible facilities and resources had been improved to provide patients with better access to information.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Following a period of significant changes in staffing a new clinical and leadership structure was in place and staff said they felt supported by management. The practice had up to date policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, with the exception of fire safety.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient representative group was proactive and produced an annual action plan, which we saw was used to improve patient experience.
- The practice demonstrated a commitment to the health and wellbeing of its staff and had supported them professionally and personally.

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

Requires improvement

The practice is rated as requires improvement for safe and effective and good for caring, responsive and well-led. This means the overall rating is requires improvement, which includes services for this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with complex needs.
- Staff had established an unplanned admission avoidance scheme that involved proactively referring patients to a community treatment team aimed at reducing unplanned hospital readmissions. The practice also liaised with an integrated care management matron to help patients remain healthy at home and in the community rather than have to attend hospital.
- The practice invited all patients over 75 years to attend an annual health check and also offered patients an annual medication review and home flu vaccinations.
- The practice provided a same-day prescription service for elderly patients, which meant they did not need to give the usual two days' notice.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safe and effective and good for caring, responsive and well-led. This means the overall rating is requires improvement, which includes services for this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The principal GP ensured patients in this group had continuity of care as the nurse team was made up of regular locum staff.
- The practice maintained a disease register and ensured patients received regular reviews.
- Performance for diabetes related indicators was lower than the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 70% compared to the CCG average of

Summary of findings

79% and the national averages of 78%. In addition the percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 67% compared with the CCG average of 74% and national average of 80%.

- Patients in this group had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, a named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Staff restricted prescriptions for high-risk medicines, such as psychotropic medicines, to monthly quantities. This meant a GP could review each patient regularly.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safe and effective and good for caring, responsive and well-led. This means the overall rating is requires improvement, which includes services for this population group.

- The practice scored 8.8 out of 10 for standard childhood immunisations up to the age of two and achieved the national target of 90% in one out of four NHS England sub-indicators.
- The practice's uptake for the cervical screening programme was 70% which was comparable to the CCG average of 78% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Baby clinics were offered at six weeks prior to birth and six weeks after birth.
- Staff conducted a two-weekly audit of babies who had missed a scheduled immunisation and contacted their parents to encourage them to attend.
- The practice participated in a health promotion programme for obese children and for children with mental health needs.
- We saw positive examples of joint working with midwives and health visitors.
- The practice provided sexual health advice and screening for young people and were due to implement chlamydia screening for the under 25s in February 2017.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement 

The practice is rated as requires improvement for safe and effective and good for caring, responsive and well-led. This means the overall rating is requires improvement, which includes services for this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflected the needs of this age group, including electronic prescribing and sexual health.
- The practice offered daily extended hours to 7.30pm.
- The patient representative group was actively promoting recruitment to this age group to improve their representation at practice development meetings.
- The practice provided temporary registration for students including access to urgent appointments and sexual health screening.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for safe and effective and good for caring, responsive and well-led. This means the overall rating is requires improvement, which includes services for this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, those over 75 years of age living alone and those with a learning disability.
- The practice offered longer appointments and an annual health check for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- Patients who were considered vulnerable were given same day appointments.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for safe and effective and good for caring, responsive and well-led. This means the overall rating is requires improvement, which includes services for this population group.

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%. The practice had exception reported 4% compared to the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered a dementia screening service that enabled patients to access specialist care and carried out advance care planning for these patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and related to feedback collected between July to September 2015 and January to March 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ten survey forms were distributed and 111 were returned. This represented 2% of the practice's patient list.

- 53% of patients found it easy to get through to the practice by phone compared to the Clinical Commissioning Group (CCG) average of 54% and the national average of 73%.
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 65% and the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 74% and the national average of 85%.
- 89% of patients said the last GP they saw was good at giving them enough time compared to the CCG average of 82% and the national average of 87%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. The general themes were that staff were friendly and caring and the practice provided consistent support for patients with long-term conditions. Five patients noted that waiting times for appointments were rarely excessive and said the extended hours were a particular benefit of being registered with the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure fire safety practices in the surgery adhere to the requirements of the Regulatory Reform (Fire Safety) Order 2005, including in staff training, evacuation policies and building safety.
- Ensure the environment is maintained to appropriate standard that ensures consistent protection from infection risk and the build-up of bacteria. This should be audited on a regular basis.
- Ensure staff who provide chaperone services are properly trained.
- Ensure all clinical staff are aware of systems in place to identify at-risk children and young people.

Action the service SHOULD take to improve

- Ensure learning from significant events is embedded in practice processes and staff professional development.
- Implement a quality improvement programme which includes audit that staff can use to benchmark standards of practice and drive improvements. This should also be used to ensure the needs of patients with long terms conditions are met.
- Implement and maintain a carer's register to ensure carer's are identified and provided with structured support.
- Ensure risk assessments are in place for members of staff who are employed without Disclosure Barring Service clearance.

Eastern Avenue Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Eastern Avenue Medical Centre

Eastern Avenue Medical Centre is based at 167 Eastern Avenue, Ilford, Redbridge IG4 5AW and provides GP services under a Personal Medical Services contract. This is a contract between the GP practice and NHS England to deliver local services. The surgery is in a converted semi-detached house and has limited parking available directly in front of the building. There is step-free access from the street to all waiting areas and clinical rooms.

Eastern Avenue Medical Centre is one of a number of GP practices commissioned by Redbridge Clinical Commissioning Group (CCG). It has a practice list of 6913 registered patients. The practice is in the third least deprived group out of 10 on the national deprivation scale. The practice has a similar percentage of unemployed patients (5.3%) compared to the local average of 6.6% and national average of 5.4%.

The practice staff includes one male principal GP, two salaried male GPs, one male sessional GP and one female sessional GP. The nursing team consists of three locum practice nurses, one of whom was due to take up a full time contract following our inspection. The clinical team provided 440 appointment slots per week and a healthcare assistant provides clinical support. The administration team include a full time practice manager and a team of eight reception and administrative staff.

Appointments are available during the following hours:

Monday – 9am to 8pm

Tuesday – 9am to 8pm

Wednesday – 9am to 8pm

Thursday – 9am to 1pm

Friday – 9am to 8pm

Out of these hours, cover was provided by the NHS 111 service.

We had not previously carried out an inspection at this practice.

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.

Detailed findings

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 6 January 2017.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager and administration team and patients.
- Observed how patients were cared for.
- Reviewed an anonymised sample of the personal care and treatment records of patients.
- Reviewed clinical audits and the investigations of significant events and complaints.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with patients and members of the patient participation group.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

Staff used an established system for reporting and recording significant events and demonstrated confidence in this.

- Staff submitted incident reports to the practice manager and principal GP who maintained oversight of the process. The incident recording form 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.
- There were two reported incidents in the 12 months prior to our inspection. Although the practice manager had documented the initial outcome taken, there was no evidence of an investigation. We could therefore not identify that when things went wrong incidents were thoroughly investigated and learning identified with changes implemented. However, a significant event reporting and handling policy was in place and had been reviewed in the previous 12 months. This policy provided guidance to staff on the reporting and investigation process for incidents and all of the staff we spoke with demonstrated knowledge of it.
- As a result of a previous incident, a new policy for nurses was introduced that meant there were more controls in place with the use of the electronic patient records system to avoid errors as a result of having more than one record open at once.

We reviewed safety records, incident reports, patient safety alerts and minutes of the monthly team meetings where these were discussed. We saw evidence that action was taken as a result of national patient safety alerts. For example, following a safety alert that linked a type of diabetes medicine to the risk of toe amputation, staff identified patients at risk and ensured they underwent a medicine and risk review.

Overview of safety systems and processes

The practice had clearly defined and embedded safeguarding systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and each individual could demonstrate how they accessed them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Reception staff used the electronic patient record to note children who were on the child safeguarding register and those who had been exposed to domestic violence. However, one of the GPs we spoke with did not know about this system and told us they did not know how they could tell if a child was vulnerable in advance.
- The principal GP was the lead for safeguarding children and adults. GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to adult and child safeguarding level three. Five non-clinical staff had completed level one child safeguarding training and all other staff had been booked onto a future training course. After our inspection the provider told us all staff had since completed their required safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. However, staff had not received training to perform this role and instead told us they had been briefed in a meeting. All members of staff who acted as chaperones 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 policy outlined the requirement to record in patients' notes if a chaperone had been offered and when a chaperone was used.
- A GP was the infection control lead and there was an infection control protocol in place. However, there was limited evidence staff maintained regular oversight of infection control standards in the practice. For example, a private company provided cleaning and decontamination services and the manager visited monthly to conduct an audit of cleaning standards. There had been a site visit from the cleaning company within the four weeks prior to our inspection but we found several areas that represented poor infection control standards. In the nurse's treatment room, a filing

cabinet was rusted and a lamp used for examinations was corroded and rusted. Skirting in the nurse's room and a GP's room was visibly dirty and coated in dust. Two treatment rooms had stained and dirty fabric chairs for patients, which represent an infection control risk because they cannot be wiped clean and disinfected. The laminated flooring in two treatment rooms was damaged and worn away. This presented an infection control risk as bacteria could build up in the damaged areas.

- Two of the treatment rooms had window blinds with cords that were potential ligature points, which presented a choking risk or unmitigated risk to patients with mental health needs. This was because the cords were next to examination beds or chairs and were readily accessible to patients if they were left unattended. The practice did not have a risk assessment for this and the practice manager planned to complete one after our inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included in obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. For example, prescriptions for high risk medicines such as psychotropic medicines were restricted to monthly cycles, which enabled a GP to review each patient before the next prescription. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines. The healthcare assistant completed a monthly stock check and expiry date of check of emergency medicines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Staff used a system to ensure patient's prescriptions and records were updated when information was received from other agencies. In such circumstances a GP would contact the patient and discuss the change with a pharmacist.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition. Their use allows a registered health care professional to administer medicines to a group of patients who fit the criteria without them necessarily seeing a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.
- The practice had not always documented appropriate checks through the DBS. For example, there was no central record of which members of staff had a DBS check and the practice had not completed risk assessments to identify if non-clinical staff needed a DBS check.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There were significant gaps in safety procedures, risk management and staff training in relation to fire safety and emergency training. The practice had not provided formal fire safety training to any member of staff and the building did not have a fire risk assessment. There was no formal evacuation rendezvous point and staff told us they would gather in a neighbour's car park if it was free. There was no evacuation route from the rear of the property. This was because an alley that led from the garden to the main street was blocked with discarded furniture and rubbish from an adjacent property. The first floor of the building was used for administration. There was only one exit from this floor and the only door did not have a rapid egress system. This door was kept locked even when the building was occupied and staff needed a key to exit. There was not a system in place to ensure every member of staff working on the first floor had a key. This represented a significant fire safety risk and none of the staff we spoke with had knowledge of how the building could be quickly and safely evacuated. In addition, the first floor was used to store large amounts of paper records in three separate rooms. None of the rooms had fire doors fitted. This meant a fire could spread quickly because there was no equipment in place to prevent this.
- There was a health and safety policy in place and all staff were aware of the different responsibilities between practice staff and the building owner. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- The practice provided health and safety guidance for all staff members that included first aid, waste handling and dealing with violent and aggressive behaviour.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in consultation and treatment rooms which alerted staff to any emergency. However, staff had not been trained in the use of this. For example, one non-clinical member of staff told us they had activated the panic alarm accidentally and was surprised when their colleagues attended their desk urgently.
- All staff received annual basic life support training and emergency medicines were available.
- A first aid kit and oxygen with adult and children's masks were available. The healthcare assistant was responsible for checking this equipment and restocking after use.
- 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 an up to date business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and external service contractors.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. National patient safety alerts were received by the practice manager who cascaded them to the relevant team members. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Although systems were in place, there was room for improvement. For example, there was no evidence that updates to NICE and other national guidance was always reflected in practice policies. The practice manager was prioritising this as part of their improvement plan following significant changes to practice staffing and leadership.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. All alerts were discussed at team meetings but there was no central log or tracker of this information.

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 showed that the practice achieved 90% of the total number of points available. Overall exception reporting was 2%, which was higher than the CCG and national averages of 6%. 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.

Exception reporting was significantly higher than the CCG and national averages in the cancer, contraception and primary prevention of cardiovascular disease clinical domains. For example, exception reporting for cancer was 46% compared to the CCG average of 26% and the national average of 25%. Exception reporting for the primary prevention of cardiovascular disease was 38% compared with the CCG average of 17% and the national average of 31%. Clinical staff demonstrated an understanding of the high exception reporting for cancer, which they linked with the high local prevalence of lifestyle-related morbidities. This included high rates of smoking and alcohol use combined with difficulty in engaging consistently with patients who did not attend for screening or health intervention. To try and reduce the exception reporting rate, clinical staff implemented more proactive and opportunistic screening of patients and practice nurses implemented an improved recall process for patients who did not attend.

This practice was not an outlier for any QOF or other national clinical targets. Data from 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was lower than the national average. For example, the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 70% compared to the CCG average of 79% and the national average of 78%. The percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 67% compared with the CCG average of 74% and national average of 80%. Exception reporting for diabetes indicators was higher than local and national averages. The practice had audited care for patients with diabetes to address the indicator performance. The audit found a 10% prevalence of diabetes in the local population and highlighted a need for additional education with regards to lifestyle, diet and exercise.
- Performance for mental health related indicators was variable compared with the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 82% compared to the CCG average of 91% and national average of 89%. The practice exception reported fewer patients (0%) than the CCG average (6%) and national average (13%).

Requires improvement

Are services effective?

(for example, treatment is effective)

GPs and the practice manager held regular QOF meetings to review the current practice performance, identify areas for improvement and develop an action plan for continued improvement.

There was limited evidence of quality improvement from clinical audit:

- There had been four clinical audits completed in the two years prior to our inspection, none of which were completed two-cycle audits where improvements were implemented and monitored. The audits also lacked clear objectives and action plans following results.
- The practice participated in locality clinical groups to benchmark practice and identify areas for improvement, such as in care pathways for older patients.

However, despite clear objective, there was some evidence findings were used by the practice to improve services. For example, the practice completed an audit on the follow up of patients with borderline high blood pressure. A total of 170 patients were followed up and provided with lifestyle counselling and diet and exercise advice. Another audit identified patients with impaired glucose tolerance and identified the need for clinicians to spend time with patients in education activities when they see them for clinical reviews.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a permanent nursing team. Nursing care was provided by three locum nurses whose substantive posts were in NHS hospitals. Appointments for nurses were established up to four weeks in advance so that there was no disruption to patients.
- The practice had an induction programme for all newly appointed staff. The programme had been tailored to the various roles within the practice such as administration staff and locum GPs. This covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- The practice team promoted professional and clinical development and demonstrated qualifications and experience as evidence of this. For example, the practice manager held an MBA and MBBS and the principal GP held post-registration qualifications in cardiology and dermatology.
- 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 including asthma and diabetes. We saw evidence the practice manager maintained a record of the training activities of locum nurses, which met the needs of the practice population.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that 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, discussion at practice meetings and engagement with peers at neighbouring practices.
- Staff had access to ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff had received an appraisal within the last 12 months and the staff we spoke with said they felt appraisals were an effective way to identify their progress and support development needs. There was evidence appraisals were used to track or improve professional development. For example, a member of the reception team had highlighted they would benefit from confidence-building in dealing with busy periods and communicating with assertive behaviour from patients. This had been provided and as a result the member of staff felt more confident and stable in their work.
- Staff received training that included safeguarding, 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

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. GPs responded to correspondence such as blood test results within seven day and had an effective system to ensure the information was cascaded to the correct staff and recorded appropriately. This had been improved

Requires improvement

Are services effective?

(for example, treatment is effective)

following a complaint regarding delayed action following a blood test result. For example, reception staff received additional training on identifying test results in the e-mail inboxes of GPs.

- The practice had a system in place to ensure two-week wait cancer referrals were received by the relevant service. There had been no instances of a late cancer diagnosis due to clinical error.
- The practice shared relevant information with other services in a timely way such as when referring patients to other services. For example, GPs attended a six-weekly integrated care meeting with the community nursing team and community matron to review care planning for patients with complex needs. This helped to reduce unnecessary patient attendances at hospital emergency departments because patients had the knowledge to manage their conditions and were able to contact the practice or community teams for help.
- Older patients represented 4% of all frequent unplanned hospital attendances. To address this and to provide structured support, the practice introduced an unplanned admission avoidance scheme. This was based on a new care pathway that enabled older patients to access a community treatment team. This team provided in-home support alongside GP home visits that meant patients did not need to attend hospital for non-emergency care.
- The principal GP and practice manager attended a monthly health and social care meeting to coordinate the multidisciplinary care of patients with complex needs.

Staff worked 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.

Staff worked with a community treatment team as part of a care pathway for older patients who had experienced a hospital admission. This team provided follow-up care to reduce the risk of a readmission.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance including the Gillick competencies and Fraser guidelines.
- 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support:

- Patients were signposted to relevant services to meet their needs, such as to a smoking cessation advisor. Staff also provided signposting and referral for those at risk of developing a long-term condition and those requiring advice on their diet, drugs and alcohol cessation, patients over 75 years of age, and patients who were homeless.
- The practice flagged the computer records of patients who required additional support when attending the practice. This alerted staff to the specific individual needs of these patients when they presented at the reception counter.
- Staff provided sex education advice to young people, including for family planning and contraception. Specialist sexual health services were provided locally and staff proactively signposted young people to them. The practice was due to implement on-site screening in line with the National Chlamydia Screening Programme in February 2017.
- The practice participated in health promotion programmes to support children who were obese and who had mental health needs.
- Staff maintained a register of patients with alcohol or drug addiction and worked with them to provide care in the practice as well as specialist reviews by local drug and alcohol liaison teams.
- A patient we spoke with said their health had been improved as a result of the practice's proactive approach to health promotion. For example, a GP had

Requires improvement

Are services effective?

(for example, treatment is effective)

proactively encouraged the patient to undertake a health check, which highlighted a previously undiagnosed critical health condition. The patient was able to get immediate treatment as a result.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 78% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel cancer screening in the last 30 months was 43% compared to the CCG average of 48% and national average of 58%. The practice uptake for breast screening for patients aged 50-70 in the last 36 months was 69% compared to the CCG average of 68% and national average of 72%.

Childhood immunisation rates for the vaccinations given were variable compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 94% in comparison to the national expected coverage of 90%. Average MMR immunisation rates for both doses was at 90% compared to the CCG average of 78% and the national average of 91%. The practice conducted a two-weekly audit of babies who had not attended for a scheduled immunisation appointment. A nurse or GP proactively contacted parents to encourage them to re-attend the practice to immunise their child.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. The general themes were that staff were friendly and caring and the practice provided consistent support for patients with long-term conditions. Five patients noted that waiting times for appointments were rarely excessive and said the extended hours were a particular benefit of being registered with the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 97%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 84% and the national average of 92%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

We spoke with six members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They highlighted proactive communication and engagement from the principal GP as notably positive elements of their relationship and said they always received feedback from suggestions they made. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, including at home and by phone.

A sign at reception advised patients they could ask to wait in a different area of the building for their appointment if they wanted quiet space.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated people felt involved in decision making about their care. We also saw that care plans were personalised. One patient we spoke with on the day of our inspection told us they had remained with the practice for over 15 years because of how involved staff helped them to be in the treatment of multiple long-term conditions.

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. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language. The practice had

access to a telephone translation service and interpreters were invited to the practice at the patients' request. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format on request.

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.

The practice's computer system alerted GPs if a patient was also a carer and staff proactively identified new carers during appointments and patient registration. However, the practice did not maintain a record of the number of carers on their patient list. A GP told us carers were offered longer appointments and the practice manager told us their carers were self-sufficient and if they needed extra support staff referred them to a community support organisation.

GPs liaised with Macmillan nurses and the palliative care team to support patients who needed end of life care. Where families suffered a bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the CCG to secure improvements to services.
- There were longer appointments available for patients with a learning disability and needs associated with drug and alcohol addiction.
- Same day appointments were available for children, vulnerable patients and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice ran dedicated clinics for a number of conditions, including diabetes, asthma, family planning and anticoagulation.
- The practice invited all over 75 year olds to attend an annual health check, which included a medication review and offer of a home flu vaccination.
- The practice was able to refer patients with dementia or other mental health needs to an improving access to psychological therapies (IAPT) service.
- Patients were able to request an appointment with a male or female doctor. As the female GP was a sessional GP, their appointments were scheduled into the same times each week to provide consistency and reliability to patients.

Access to the service

Pre-bookable appointments were available up to four weeks in advance and urgent appointment slots were released every two days.

The practice provided an additional 12 appointments between 6.30pm and 7.30pm four days per week. During these days the GP was booked to stay in the practice until 8.30pm to provide extra capacity for delays or emergencies. Although any patients could access these appointments, they were set up to provide extra capacity for patients with diabetes to meet needs such as blood glucose and lifestyle management. Outside of these hours, cover was provided by the local cooperative GP service or by referral to the NHS 111 service. Staff demonstrated a pragmatic approach to lateness and missed appointments. For example, patients were able to wait for a gap in appointments so they could still be seen if they arrived late. If a patient did not attend for a booked appointment the practice called them to reschedule.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% national average of 76%.
- 53% of patients said they could get through easily to the practice by phone compared to the CCG average of 54% and national average of 73%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention. For example, reception staff had been trained to provide access education to patients who called the practice, such as to avoid unnecessary attendance at hospital emergency departments.

The practice offered temporary registration for students, including for access to urgent appointments and sexual health screening.

In response to feedback from patients and the patient participation group, the practice had changed the structure of appointments to increase the number of urgent and same-day appointments and reduce the number of pre-bookable appointments. This was in line with demand and to mitigate the delays caused by a relatively high number of missed appointments.

Locum nurses provided an on-demand service for patients in addition to their pre-scheduled clinics. For example, nurses led wound care and patients were able to schedule dressing changes with nurses, who could attend the practice for short periods to do this.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system including in the new patient leaflet and in the waiting room. Information advised patients of alternative organisations to raise concerns if they were unhappy with the outcome of the complaint. These included the Parliamentary and Health Service Ombudsman and Health watch.

NHS England reported six written complaints about the practice in 2015/16. Four complaints related to clinical practice, one complaint related to the communication or attitude of staff and one complaint related to management. Three complaints were upheld. However, practice records noted only four complaints in this period. We were not able to resolve the discrepancy. We looked at the complaints received and saw when patients had made a complaint the practice acknowledged this within 24 hours and provided a formal written response within three working days. Learning and improvements were implemented as a result of complaints. For example following a complaint regarding an inaccuracy in a prescription, the GP met with the patient and pharmacy staff and implemented improved training in the use of the electronic patient records system.

Staff demonstrated they dealt with issues or problems as they arose. For example, when the practice had not booked urgent transport for a patient, they immediately arranged and paid for a taxi for the patient. This meant there was no disruption to the patient's next appointment and avoided a formal complaint.

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 and staff knew and understood the values and demonstrated these when providing care and services.
- The practice had a strategy and business development plan which outlined the changes the practice planned to make in 2017.
- The practice had experienced significant changes in staffing and leadership in the previous 12 months and immediate improvement plans related to this. For example, a locum nurse was due to take up post as a permanent member of the team and the practice manager was due to implement weekly infection control meetings to improve practice in this area. A new practice manager had joined the surgery within the previous six months and had begun a programme to update and streamline operational and clinical policies to make them more accessible and understandable to staff.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice was actively upskilling staff to ensure there was adequate cover in each role within the practice.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had achieved a high score for QOF points and the exception reporting level was lower than the CCG and national averages.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- GPs and the practice manager attended a series of meetings as part of the clinical governance structure. This included a monthly locality meeting, a quarterly medicines management meeting and regular practice manager forums.

Leadership and culture

On the day of inspection staff demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated how they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable, created an inclusive culture and always took the time to listen.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by the senior team.

- Practice meetings were held monthly and each individual had the opportunity contribute to the agenda in advance.
- 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.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good

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

- The practice had gathered feedback from patients through the patient participation group (PPG), which met bi-monthly. The PPG proposed and implemented improvements to the service as a result of feedback. For example, a dry-wipe board had been displayed in the waiting room so that receptionists could add messages about delays to booked appointments. In addition, a digital screen had been installed in the waiting room that staff used to display health promotion initiatives and information about the practice. The PPG was proactive in engaging with similar groups in the local area to share information and learning. For example, the chairperson of a neighbouring PPG had visited the practice to help plan the implemented of a digital information screen based on their own experience of how patients interacted with this. The PPG was also working to reduce the number of wasted appointments through patients not attending and not cancelling in advance, such as by introducing appointment cards.
- The practice gathered feedback from patients through a practice survey on an annual basis and reviewed comments from patients on public websites.
- The practice had gathered feedback from staff through regular team meetings. 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

The principal GP was the locality lead in clinical pathway development and innovation and led a local design group. This group was establishing new clinical pathways for conditions that had moved from secondary care to primary care and to help prevent unplanned hospital admission. For example, a community treatment team referral pathway had been implemented that enabled staff to target older patients who often attended hospital emergency departments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **How the regulation was not being met:** The registered provider did not have consistent, safe processes in place to manage the risks associated with infection prevention and control in the surgery. This was because the cleaning schedule was not effective and there were areas of signficiant dirt, dust and deterioration of the environment. The provider must ensure the cleanliness of the environment is maintained in such a way that clinical and non-clinical areas are free from dust, dirt and risks associated with cross-infection. The provider must ensure the environment is in tact and free from damage that could contribute to a build-up of bacteria.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered provider did not have adequate fire safety, emergency and evacuation procedures in place. Staff did not have sufficient knowledge of fire safety procedures. The administration offices on the first floor of the building did not have adequate fire protection strategies in place, including no designated rapid-egress fire exit and only one exernal door that was locked when the offices were in use.

This section is primarily information for the provider

Requirement notices

The provider must ensure fire safety practices in the surgery adhere to the requirements of the Regulatory Reform (Fire Safety) Order 2005, including in staff training, evacuation policies and building safety.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **How the regulation was not being met:** Not all GPs working for the registered provider knew how to identify young people with safeguarding needs or who were listed on the child protection register using the electronic patients record system. The provider must ensure all clinical staff are aware of, and adhere to, the systems in place to identify at-risk children and young people.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **How the regulation was not being met:** The registered provider had not ensured staff had adequate training to provide the role of chaperone. The provider must ensure all staff who perform a chaperone duty have completed training.

This section is primarily information for the provider

Enforcement actions

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.