

Loxford Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice Loxford on 6 November 2015. The overall rating for the practice was Inadequate. The specific key questions were rated as follows: Safe-Requires Improvement, Effective-Good, Caring-Requires Improvement, Responsive-Inadequate and Well-Led-Inadequate. We identified a number of areas where the provider needed to make improvements. As a result of the overall rating, the practice was placed in special measures for a period of six months. The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link for The Practice Loxford on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 29 March 2017. A new provider for the provision of services at this location was commissioned by NHS England to provide services from August 2016. The new provider AT Medics Limited currently provides services at a number of practices within London. As a result of this inspection, the practice is now rated as requires improvement overall.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Patient concerns regarding access to the practice via telephone had been addressed through the installation of a new telephone system appropriate to the needs of the practice. The new telephone system was installed by the new providers following feedback from patients and staff regarding the telephone system installed earlier in June 2016. However, responses from the most recently published National GP Patient Survey revealed patients still have difficulty accessing the practice by telephone.
- 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.
- Improvements had been made to the patient waiting area. New furniture and patient information boards had been installed. In addition, new patient check-in systems and a Jayex information board have been installed at the practice.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Telephone consultations were available to patients who were unable to attend the surgery during normal opening hours and for those who could not attend the practice.
- The practice had started to engage with the local community through the hosting of a practice open day and engaging in consultations with certain sections of their patient list to promote healthier lifestyles through talks hosted at the practice.
- The practice was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas of practice where the provider should make improvements are:-

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Conduct regular reviews of practice patient register to ensure information contained in records is accurate.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. This was done through ad-hoc and regular team meetings for practice staff.
- 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. Practice staff were aware of their duty to safeguard children and vulnerable adults from risk of abuse, and were appropriately trained and knew the procedure for dealing with concerns.

Are services effective?

The service is rated as good for providing effective services

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated improvement. We saw evidence of two audits conducted by the new provider which showed improvement with regards to patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. All new and existing staff employed by the new provider had a comprehensive personal development and training record.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

Requires improvement



- The practice had identified less than 1% of its patients list as carers.

Summary of findings

- Patients we spoke with said 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. Several members of staff spoke a different language, which meant they were able to communicate with some patients whose first language was not English. In addition, the practice had access to translation services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. If a patient wished to discuss something in private with a receptionist, the practice had the facility to offer the patient a private room to do so.
- The practice had a member of staff who greeted visitors to the practice and guided them in the correct direction of the services they required. They provided assistance to patients with the self check-in machine (if required) and could assist with access to online services through the use of the practice portable electronic devices.

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with patients to improve patient outcomes. For example, we saw that the practice was planning to hold a talk within the practice for patients with diabetes on how to manage their condition during the month of Ramadan.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice waiting room had recently been refurbished and there was adequate seating for patients.
- 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.
- The practice offered extended hours surgery once a week to allow patients access to a GP and nurse outside of normal working hours at the weekend.

Requires improvement



Summary of findings

Are services well-led?

The service is rated as good for providing well-led services.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had invested in additional clinical and administrative resources. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of 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 some risks.
- The practice was well staffed to cope with the number of patients registered with the practice.
- The provider was aware of and complied with the requirements of the duty of candour. The GP director encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a Patient Participation Group.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated requires improvement for key questions caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Annual health checks were available for this population group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged over 75 had a named GP.
- The practice had a specific doctor who attended patients registered at the practice who lived in three local nursing homes. These visits were conducted weekly.

Requires improvement



People with long term conditions

The provider was rated requires improvement for key questions caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice Pharmacists had joint lead roles with GPs in medicine management.
- These patients 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, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.
- Patients newly diagnosed with diabetes were invited to the practice to discuss the management of their condition with a clinician.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated requires improvement for key questions caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- We saw positive examples of joint working with midwives and health visitors.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated requires improvement for key questions caring and responsive. The issues identified as requiring improvement overall affected all patients including 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.
- Telephone consultations with clinicians were available to meet the needs of this population group.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours surgery once a week. This allowed patients who required a face-to-face consultation with a clinician outside of normal working hours access to clinical staff.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated requires improvement for key questions caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and documenting of safeguarding concerns, as well as how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated requires improvement for key questions caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards, three of which were positive about the standard of care received. Comments received stated the reception staff and clinical staff were good, helpful and pleasant. The two comment cards which were not positive had comments relating to care not received at the practice and the accumulation of rubbish on the forecourt outside the practice.

The next set of results from the National GP Patient Survey is due to be published in July 2017. The Loxford

Practice has been using other means of obtaining patient feedback, to improve services such as the PPG, the Friends and Family Test, a 'you said we did initiative' NHS Choices and a 'queue survey' of patients shortly after the start of the service to improve specific areas of concern.

We spoke with four patients during the inspection. The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Families test for the five months prior to our visit revealed that 194 out of 244 patients would recommend the practice.

Loxford Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and a CQC inspection manager. The inspection team were joined by an observer from NHS England.

Background to Loxford Road Surgery

Loxford Road Surgery (known as The Loxford Practice) is located in a residential and commercial area of the London Borough of Redbridge. The practice is located on the ground floor of a purpose built local NHS building, which is home to several other healthcare providers. The immediate roads around the practice are subject to permit-only parking, however parking is available on roads approximately 5-6 minutes walk from the practice. The practice has bays for parking for patients (including disabled patients) at the side of the practice. The nearest bus stop is approximately one minute from the practice.

There are approximately 14300 patients registered at the practice. Statistics show high to moderate income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national

average for those aged 25-39. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean.

Care and treatment is delivered by six GPs (four female and two male) who provide forty clinical sessions weekly. There are three practice nurses and one nurse practitioner (female) who provide eighteen sessions weekly. In addition, there are three practice pharmacists (two male, one female including a prescribing pharmacist) who provide twenty six sessions a week and two healthcare assistants (female) who provide twelve sessions weekly. Sixteen administrative and reception staff work at the practice and are led by an operations manager, with support from a practice manager.

The practice reception opening times are:-

- 8am - 6:30pm (Monday, Tuesday, Wednesday, Thursday, Friday)
- 9am - 1pm (Saturday)

Clinical sessions are as follows:-

- 8am - 6:20pm (Monday, Tuesday, Wednesday, Thursday, Friday)
- 9am - 12:50pm (Saturday)

The practice offers extended hours surgery on Saturday morning. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has an Alternative Provider Medical Services (APMS) contract. APMS contracts are nationally agreed between the local clinical commissioning group and NHS England. The practice is registered to provide the following regulated activities:-

Detailed findings

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family Planning
- Surgical procedures

NHS Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body.

Why we carried out this inspection

We undertook a comprehensive inspection of The Practice Loxford under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing responsive and well led services and was placed into special measures for a period of six months from the publication of our report in May 2016.

Since the publication of our report on The Practice Loxford, the providers of services at this location have changed. The new providers, AT Medics Limited, started provision of services in August 2016. The practice is now known as Loxford Road Surgery (The Loxford Practice).

We undertook a further announced comprehensive inspection of Loxford Road Surgery (The Loxford Practice) on 29 March 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 29 March 2017.

During our visit we:

- Spoke with a range of staff (one GP clinical director, one GP, one practice nurse, two practice pharmacists, two reception staff, one reception supervisor, one practice manager, one healthcare assistant, one operational manager and one regional manager) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 6 November 2015 of The Practice Loxford, we rated the practice as requires improvement for providing safe services. Amongst our concerns was the lack of timeliness in issuing repeat prescriptions, the lack of fire safety and legionella assessments, lack of adequately trained fire marshalls, the lack of clinical staff on site and lack of regular appraisals for non-clinical staff. In addition, despite concerns raised with the practice during a prior inspection in April 2014, the practice failed to address longstanding safety issues relating to having damaged furniture in the waiting room of the practice. The full comprehensive report on the November 2015 inspection, can be found by selecting the 'all reports' link for 'The Practice Loxford' on our website.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 29 March 2017 at The Loxford Practice. The practice is now rated good for providing safe services.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were discussed weekly at team meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event regarding

difficulties in the registration at the practice of a young child as a patient. This event was brought to the attention of the practice manager by the child's parent and the child was seen on the day. The event was discussed at both clinical and admin team meetings where practice policy of seeing unwell small children as soon as possible was re-emphasized to all staff. Discussions were held with the reception supervisor and all reception staff to ensure all staff were clear on the registration process, therefore limiting the likelihood of this event happening in future.

Overview of safety systems and process

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead member of staff for safeguarding was the GP clinical director. The GPs attended safeguarding meetings when possible 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 were trained to child protection or child safeguarding level 3. The practice nurses were trained to safeguarding level 2 and all other members of staff to safeguarding levels 1 and 2.
- A notice in the waiting room advised patients that chaperones were available if required and staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last

Are services safe?

National Health Service (England) (NHSE) audit at the practice took place in February 2017, and we saw that the one immediate action that had been identified had been resolved by the practice.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The provider had a corporate repeat prescribing policy and this has been embedded into the clinical systems to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice allowing certain clinical staff to administer medicines in line with legislation (PGDs and PSDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice). AT Medics Limited implemented a corporate-wide policy not to take medical bags for home visits, which reflects BMA guidance. We did not see a copy of this policy on the day of inspection.
- We reviewed five personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. On the day of inspection, we were informed that the landlords of the property had forwarded details relating to the dates of fire drills undertaken. Similarly, on the day of inspection, the fire alarm was triggered and a full evacuation of the building was required. The inspection team saw first-hand that the practice had fire marshals

and that staff were aware of what to do in the event of a suspected fire. Not all electrical equipment on site had been checked to ensure the equipment was safe to use. The practice told us that when they started providing services at the location, the majority of electrical equipment was purchased new. This did not account for existing equipment in use at the practice. The practice told us on the day of inspection that they would seek to rectify this issue at their earliest opportunity. We subsequently received a call (two days after the day of inspection) from the company who had conducted the testing of medical devices used at the practice in January 2017, confirming that an engineer was on site to conduct testing of the existing electrical equipment. We were sent written evidence by the company verifying that portable appliance testing (PAT) testing for equipment at the practice had now taken place. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available and all staff knew of their location. All the medicines we checked were in date and stored. Emergency medicines were easily accessible to staff in a secure area of the practice and securely kept.

Are services safe?

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 November 2015 of The Practice Loxford, we rated the practice as Good for providing effective services.

As a result of the follow up inspection of the service The Loxford Practice on 29 March 2017, the practice remains good for providing effective services.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical members of staff participated in regular learning days organised centrally by AT Medics Limited to share knowledge and best practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The information collected and submitted for QOF is done so on an annual basis. As AT Medics Limited is a new provider of services at this location, we have limited data relating to The Loxford Practice in this report. The practice provided us with evidence of their QOF points for the year 2016/2017 (subsequent to the inspection) which showed that the practice had achieved 96% of the total number of points available, with an exception reporting rate of 7%. (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).

There was evidence of quality improvement including clinical audits.

- There had been two clinical audits completed during the seven months the since AT Medics Limited started providing services at The Loxford Practice. Both of these audits were completed audits where the improvements made were implemented and continued to be monitored. For example, one of the audits undertaken by the practice looked at whether patients on Methotrexate had taken a recent blood test to ensure their condition was being monitored whilst on this medicine (Methotrexate is a medicine prescribed for a number of conditions including arthritis). During the first cycle of the audit, the practice identified 21 patients that had been prescribed Methotrexate during the previous six months. Of these 21 patients, eight patient records indicated that no recent blood test had been undertaken. As a result, the practice wrote to the identified patients to emphasise the importance of regular blood testing and monitoring and interaction with the practice whilst on this medicine. A second cycle for this audit was undertaken three months after the initial audit, and showed that of 21 patients identified, seven patient records indicated that no recent blood test had been undertaken. Of the seven patients, one patient had left the practice, two remained under hospital care and four patients were due blood test (two of which were patients whose blood test were overdue by approximately a week. Following on from this second audit, the practice continued engagement with the identified patients through the practice pharmacists contacting them and arranging for blood tests to be taken. The results of the audits were discussed in clinical meetings and agreed that this would be an ongoing practice audit to be run every three months, to ensure that the practice can monitor their quality and safety in prescribing Methotrexate.

The new providers had engaged in active management of patients with long term-conditions. For example, the pharmacists and practice nurses, supported by healthcare assistants now led on the management of these patients. The practice GP's would support clinical staff as needed when dealing with complex patients. In addition, the inspection team saw un-verified data which suggested that as a result of the active management of long

Are services effective?

(for example, treatment is effective)

term-conditions and a programme of patient education and engagement, practice clinicians were able to identify new patients with previously undiagnosed long-term conditions.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice clinical meetings and nurse forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The provider had a corporate development and training programme for all members of staff and we viewed comprehensive training records for all levels of staff during the inspection. This included 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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.
- We found that some information included within specific patient lists on the clinical system was not up-to-date. For example, we found an adult name

contained within the child protection list. When we showed this information to the practice (as soon as a member of the inspection team had identified it), they started work immediately to remedy the problem whilst the inspection team continued the inspection. The inspection team were content that the identified issue had been resolved by the end of the inspection.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice is based in a building with other healthcare providers, and we were told that relationships between the practice and other healthcare providers based in the building were good and that occasional ad-hoc meetings regarding patients occurred.

Consent to care and treatment

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

- Clinical 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, clinical staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice conducted annual checks for patients with learning disabilities.
- The practice had a programme of managing the registers of patients with long-term conditions. We saw un-verified data which suggested that as a result of this management, patient consultations and a strategy of patient education and engagement, clinical staff were able identify new patients with previously undiagnosed long-term conditions.
- The introduction of pharmacists (including one prescribing pharmacist whose duties include repeat prescribing) and work (including patient education) conducted by the clinical management team, has seen an uptake by patients of the electronic prescribing service.

The new providers commenced provision of services at this location from August 2016, and currently we do not have published data relating to the practice's uptake for the cervical screening programme and national screening programme. Subsequent to the inspection, the practice provided us with data that 76% of women eligible for testing had come to the practice to be tested during the period of commencement of service until the end of March 2017. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

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.

Similarly, we do not have published data relating to the practice's childhood immunisation rates that could be included within this report. However, subsequent to the inspection, we received evidence in the form of a copy of the practice performance complied by NHSE regarding childhood immunisations which showed that the practice had attained 93% of immunisations during the period from 01/10/2016 to 31/07/2017.

On the day of inspection, the practice showed us unverified data with reference to patient uptake of the flu vaccine since they became providers of the service at The Loxford Practice. Since the new providers took over, the practice had seen an improvement in numbers of patients receiving the vaccine. For example, from the data we viewed, we saw that there had been a 15% increase from 2015/2016 figures for patients over 65 receiving their annual flu vaccination. In addition, the inspection team received evidence (subsequent to the inspection) in the form of a copy of the practice performance, data showing that the practice had achieved 65% uptake for the flu vaccine for the over 65's and that take up for flu vaccines across all age ranges had shown improvement. The data showed vaccine take had increased from approximately 50% to 65% for the over 65's and from approximately 38% to 44% for the under 65's.

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

Are services caring?

Our findings

At our previous inspection on 6 November 2015 of The Practice Loxford, we rated the practice as requires improvement for providing caring services. Amongst our concerns were some of the low scores the previous provider of services had attained in relation to patient engagement with clinical staff as reported in the National GP Patient Survey.

The most recent National GP Patient Survey results were issued in July 2016 and the results relate to the previous provider of services at The Practice Loxford. At present, there are no results from the National GP Patient Survey available as the provider has not been running the service long enough for the survey to be completed. Patients we spoke to on the day of inspection were positive about their recent experiences at the practice. The Friends and Families test for the five months prior to our visit revealed that 194 out of 244 patients would recommend the practice.

As a result of the follow up inspection of the service The Loxford Practice on 29 March 2017, the practice remains as requires improvement for providing effective services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.
- There was a member of staff who greeted visitors in the reception area and guided them in the correct direction of the services they required. This person helped patients with the self check-in machine (if required) and could assist patients access online services through the use of the practice portable electronic devices.

All but two of the five patient Care Quality Commission comment cards we received were positive about the

service experienced. Patients said they felt the new provider of services at the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. In addition, the PPG members commented that the helpful attitude by reception staff as reported in the last inspection report had been maintained. The practice manager was named in several conversations as working well with patients to resolve patient issues. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

The new providers of this service commenced providing services at this location from August 2016, and we do not have data relating to the practice's results for its satisfaction scores on consultations with GPs and nurses from the National GP Patient Survey. The latest National GP Patient Survey was issued in July 2016 and the scores within that survey relates to services provided by the previous providers at this location.

Patient and carer support to cope emotionally with care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback we received was also positive and aligned with these views. We also saw that care plans were personalised. There is no data from the National GP Patient Survey for The Loxford Practice to show whether patients gave a positive response to questions about their involvement in planning and making decisions about their care and treatment.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Some members of staff spoke a second language such as Hindi, Gujarati and Bengali.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The previous provider did not maintain a register of carers. Since becoming the provider for this practice, the practice had identified 63 patients as carers which equates to less than 1% of the practice list. Following the inspection the practice informed us that the current number of carers identified is 113 (less than 1%). The practice told us that it is continuing its program of identifying and supporting carers.

Staff told us that if families had suffered 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 6 November 2015 of The Practice Loxford, we rated the practice as inadequate for providing services responsive to people's needs as patient access to services was not inclusive for all. Amongst our concerns was the ineffective telephony system that The Practice Loxford was operating. Patients we spoke with at this time told us they were being advised by staff to attend the practice to make appointments, which meant patients were queuing outside the practice building before the practice opened at 8am. Patients also said that their experiences trying to book services using the online booking system was poor as it was not easy to access.

We found arrangements had improved when we undertook a follow up inspection of the service on 29 March 2017 at The Loxford Practice. The practice is rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had recently introduced a diabetes support group for women from Asian communities, as it recognised that there is a higher prevalence of this disease amongst this community.

- The practice offered extended hours surgery on a Saturday morning between 9am and 1pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had a member of staff who stood near the reception area and was able to answer quick patient enquiries and offer advice regarding the practice online services.
- The practice offered longer 15 minute appointments to patients when requested.

- The practice provided a diabetic Asian women's group to help support women from these backgrounds to manage their condition.
- Telephone consultations were available to patients who were unable to attend the surgery during normal opening hours.
- The practice employed three pharmacists, one of which was a prescribing pharmacist, who were able to see patients and review their medication.
- Improvements had been made to the patient waiting area. New furniture and patient information boards had been installed.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- In the patient waiting area, the practice had an information board with clinical staff member's names, picture and their area of expertise. This allowed patients to see and decide who the right clinician for their need was.
- There were accessible facilities and translation services available.
- The practice website had the facility to be translated into over 100 languages, and offered a range of ways to make contact with the practice. For example, the website provided a list of self-referral services for patients located within the CCG locality.
- A redesigned on line appointment booking system along with the ability to request repeat prescriptions was available on the practice website and the practice told us that there had been a significant uptake from patients registering for online services.
- The practice increased the number of patient appointments from 52 per 1000 patients to 90 per 1000 to improve access to the service.
- The practice used a text reminder service to alert patients to upcoming appointments.
- The practice had staff trained in giving young people advice on sexual health matters including practising safer sex. The practice participated in the C-Card scheme which allows young people access to free sexual health services and contraception.
- In response to the needs of the local Muslim community, the practice has provided a talk at the practice regarding the importance of diabetes management during Ramadan.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had established a 'you said – we did' board in the waiting area, which allowed patients to put comments and suggestions to the practice. The board had a section in which responses by the practice to suggestions made were posted.

Access to the service

The practice telephone lines were open from 8am and 6:30 pm Monday to Friday. The practice reception opening times were:-

- 8am - 6:30pm (Monday, Tuesday, Wednesday, Thursday, Friday)
- 9am – 1pm (Saturday)

Appointment times are as follows:-

- 8am – 6:20pm (Monday - Friday)
- 9am – 12:50pm (Saturday)

Extended hours appointments were offered on a Saturday morning between 9am and 1pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the latest National GP Patient Survey were issued in July 2016. The survey results were issued under the name of The Practice Loxford, and related to services provided by the previous provider at this location. At this time, results from the survey showed that patient's satisfaction with how they could access care and treatment were mixed in comparison to local and national averages.

The new providers of this service commenced providing services at this location from August 2016, and currently we do not have sufficient verified data relating to patient satisfaction which we can include within this report.

As a result of the scores of the previous provider attained in relation to accessing care and treatment at the practice, the current providers of services had installed a new telephone system to deal with the volume of calls received by the practice. In addition, more staff had been recruited to ensure that patients using the telephone to gain access to services no longer had to wait for an extended time before speaking to a member of staff. Patients we spoke to on the day of inspection commented that there had been a recent improvement in accessing the practice by

telephone. However, responses from the most recent published National GP Patient Survey revealed patients still have difficulty accessing the practice by telephone in comparison to CCG and National averages.

On the day of inspection (as part of the presentation the providers gave to the inspection team), we were shown pictures of a long queue of patients outside the practice before the doors opened at 8am, when services were being provided by the previous provider. We were told (and this was witnessed by a member of the inspection team) that on the day of this inspection, these queues no longer occurred since the introduction of the new telephone system and a campaign by the practice of highlighting the different ways to patients of how they could contact the practice without having to attend the premises.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

If a patient called the surgery (when the phone lines were open) requesting an urgent appointment or home visit, the receptionists would triage the call to the clinical staff member on duty that day. Following discussion with the patient, the clinician would either ask reception to allocate the next available emergency appointment or advise the duty doctor that a home visit was requested, in order for the duty doctor to make contact with the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. This was done through the practice website and practice patient information booklet.

We looked at two complaints out of 15 received in the last eight months and found both complaints dealt with in a timely way and there was transparency in communications with the complainant. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care. Complaints received by the practice were discussed at the weekly management meeting.

We viewed a complaint to the practice from a patient who was unhappy with the length of time it took for their telephone call to be answered. This complaint was received shortly after the new providers had taken over. On receipt of the complaint, the practice sent an acknowledgement letter to the complainant, stating that the practice would look at the complaint in depth and

make contact once the practice had completed its investigation. As a result of the investigation conducted, the practice issued an apology to the complainant explaining the practice telephone lines were very busy immediately after the practice opened each morning. The complaint was discussed with the reception team, who were reminded of the importance of answering calls within the agreed timescales to help manage patient expectations.

Since the receipt of this complaint, the practice has purchased a new telephone system, designed to cope with high volumes of calls. The inspection team were shown how the system worked, which included the ability for reception staff to know how many calls were waiting and for how long they had been waiting. This is achieved through the system displaying a visual representation of call waiting numbers on a screen, which is centrally located in the area where the reception team work.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 6 November 2015 at The Practice Loxford, we rated the practice as inadequate for providing well-led services as governance arrangements at the practice were not consistent. Amongst our concerns, we noted that there were lack of opportunities for clinical staff to engage in learning and reviews. In addition, we noted that the practice had experienced a high turnover of clinical staff and staff gave a mixed response to questions on whether there was an open culture at the practice. At this time, the practice had not acted on patient feedback which related to appropriate access to services at the practice, despite the potential risk to patient health, the practice reputation within the local community and to staff morale.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 29 March 2017 at The Loxford Practice. The practice is now rated good for well-led services.

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, however the statement was not visible in the waiting or reception areas.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. We viewed a practice development and action plan with 47 actions points based on some of the outcomes of the previous inspection. All action points had been given a weekly update so that management were able to chart progression of achievement and completion of the identified actions.

The new provider of the service was involved in ensuring that all staff understood their role and responsibilities, as well as the impact of their role within the service. This was achieved through providing regular local and external training.

The provider told us they were committed to improving the practice and outcomes for patients. This was evidenced by the resources committed by AT Medics Limited through the recruitment of new staff, the investment in existing staff through training, and the introduction of the clinically

defined role of the pharmacists. An Operations Manager was recruited as part of the changes implemented by the new providers to monitor performance in terms of quality, safety and patient experience. During the transition between providers, an AT Medics Limited Transition Manager kept staff at both the corporate level and staff at The Loxford Practice up-to-date with changes. Under the corporate leadership of AT Medics Limited, staff we spoke to at the practice were able to articulate how the change of provider had refocused the practice as a whole to provide the best service they could for patients.

Governance arrangements

There was a senior management team (including a clinical director) in place with leadership responsibilities at The Loxford Practice. This was a model of management which was uniform across the group of practices that comprised AT Medics Limited. The senior management team had oversight of policies and procedures required and implemented these across the various practices. The overarching governance framework supported the delivery of the strategy and good quality care at The Loxford Practice. It outlined the structures and procedures in place and ensured that:-

- There was a clear staffing structure.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The new providers had engaged in active management of those patients diagnosed with a long-term condition. We saw un-verified data which suggested that as a result of this and a programme of patient education and engagement, clinical staff were able identify new patients with previously undiagnosed long-term conditions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We were informed that there were systems in place to use bench-marking information to monitor practice performance. The practice worked with an AT Medics Limited corporate dashboard, which helped them to review and manage clinical performance at the practice. The practice told us that the software also helped streamline the GP's workload

Are services well-led?

Good 

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

through the centralization of workflow processes. The practice management team held regular progress meetings to monitor the practice progression in all areas since the change of providers.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a 'buddy' practice with whom there is a reciprocal arrangement to allow the practice to continue providing services in the event of the practice not being able to provide normal services.

Leadership and culture

The director of the practice had the experience, capacity and capability to run the practice and ensure high quality care. The clinical team prioritised safe, high quality and compassionate care. The director was regularly visible in the practice and staff told us he was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to comply 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 senior management team 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.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that regular clinical and admin team meetings were held and we saw evidence of this through three sets of meeting minutes that we viewed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so, and that they felt supported if they did. Staff were involved in

discussions about how to run and develop the practice, and the management team encouraged all members of 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 of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys (friends and families test) and complaints received. The PPG met regularly, gathered the views of patient through questionnaires and submitted proposals for improvements to the practice management team, who attended PPG meetings.
- The practice recently held an open day which was an opportunity for the practice to engage with patients, local community services and the wider community. The open day exhibited the work and services of a number of local healthcare providers, as well as giving members of staff from the practice the chance to talk to visitors who attended the event.
- The practice had gathered feedback from staff through appraisals, ad-hoc discussions and staff 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

We saw that the providers had engaged with the local CCG on a regular basis following their commencement of provision of services at this location. This was to establish a good working relationship in order to provide effective and good quality clinical services to patients registered at the practice.

In addition, the providers had engaged with the local Healthwatch team and asked them to conduct an 'enter and view' visit. Healthwatch is an independent organisation created to gather the views of the public with a view to influence the delivery and design of local services. 'Enter and view' visits are undertaken at locations where health or social care is being provided, so that the

Are services well-led?

Good 

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

Healthwatch team can see in person how services are being delivered. The Loxford Practice is currently awaiting feedback from Healthwatch following its recent 'enter and view' visit.