Little Venice 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	Good
Are services safe?	Requires improvement
Are services effective?	Good
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 Little Venice Medical Centre on 1 December 2015 when the service was provided by Dr Thomas Barnwell. The overall rating for the practice was requires improvement. We undertook a follow-up announced comprehensive inspection on 19 September 2016 to consider if sufficient improvements had been made. At that inspection we found the practice to be inadequate and it was placed in special measures for a period of six months. The full comprehensive report on the 1 December 2015 and 19 September 2016 inspections can be found by selecting the 'all reports' link for Dr Thomas Barnwell on our website at www.cqc.org.uk.

The location was taken over by the Wellington Medical Centre partnership in December 2016. This inspection was an announced comprehensive inspection carried out on 11 January 2018 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is now rated as Good.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

Our key findings were as follows:

- Since our previous inspection, the location had been taken over by another provider. They had worked with stakeholders to address the issues identified at

Summary of findings

our previous inspection and made considerable improvements in respect of safeguarding, staff recruitment, medicine management and recording of significant events However, on the day of the inspection we found some additional issues relating to cleanliness and infection prevention and control.

- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had a comprehensive programme of quality improvement activity, including clinical audit.
- Data showed patient outcomes for those with long-term conditions had improved since our previous inspection.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Results of the national GP patient survey, comments cards we received and patients we spoke with showed patients felt they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The partnership had redefined its organisation structure, recruited essential personnel and assigned leads for key areas. It demonstrated that it had engaged with its commissioners and stakeholders to improve governance and bring about improvements to patient outcomes.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients.

In addition the provider should:

- Display medical gas warning signage on the door where oxygen is situated.
- Continue to monitor and improve uptake of the cervical screening programme and childhood immunisation programme.

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 six population groups and what we found

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

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

Little Venice Medical Centre

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.

Background to Little Venice Medical Centre

Little Venice Medical Centre is located at 2 Crompton Street, London W2 1ND and is situated on the first and second floor of a purpose-built health centre. The practice is co-located with another GP practice which occupies the ground floor. The practice has access to four consultation rooms on the first floor and two consultation rooms on the second floor which are accessible by a lift and stairs.

The practice was previously run by Dr Thomas Barnwell and was placed into special measures following an announced comprehensive inspection in September 2016. The practice, in its special measures status, was taken over by the Wellington Medical Centre partnership in December 2016. The provider told us it had written to all the patients on the practice list advising them of the takeover.

The practice provides NHS primary care services to 4,786 patients and operates under a General Medical Services (GMS) contract (GMS is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS Central Clinical Commissioning Group (CCG).

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice staff comprises of one male and two female GP partners undertaking nine combined sessions per week and a female salaried GP undertaking eight sessions per week. The clinical team is supported by a practice nurse and healthcare assistant, a non-clinical managing partner, a full-time practice manager and 10 administration/ reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers on-line services, which include appointment booking and repeat prescriptions which can be accessed from the practice website www.littlevenicemedicalcentre.co.uk. The practice does not currently provide any extended hours appointments. However, patients have access to three GP hub practices within Westminster offering appointments from 6.30pm to 8pm Monday to Friday and from 8am to 8pm on Saturday and Sunday. These appointments are bookable through the practice and we saw this was advertised within the waiting room, in the practice leaflet and on the practice website.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Data shows that almost 44% of patients at the practice area were from Black and Minority Ethnic (BME) groups. The highest proportion of the practice population was in the 15 to 44 year old age category.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of this location when the service was provided by Dr Thomas Barnwell on 1 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement. We undertook a follow-up announced comprehensive inspection on 19 September 2016 to consider if sufficient improvements had been made. At that inspection we found the practice to be inadequate and it was placed in special measures for a period of six months. The full comprehensive report on the 1 December 2015 and 19 September 2016 inspections can be found by selecting the 'all reports' link for Dr Thomas Barnwell on our website at www.cqc.org.uk.

The location was taken over by the Wellington Medical Centre partnership in December 2016. This inspection was an announced comprehensive inspection carried out on 11 January 2018 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services as we found concerns in relation to practice cleanliness and infection prevention and control.

Safety systems and processes

At our previous inspection on 19 September 2016 we found the practice had inadequate systems and processes in place to keep patients safe and safeguarded from abuse. In particular, the practice could not demonstrate that all staff had received safeguarding children and safeguarding adult training appropriate to their role. At this inspection we found:

- All staff had received up-to-date safeguarding training appropriate to their role. We saw that GPs and the practice nurse had undertaken safeguarding children training level three, the healthcare assistant level two and all other staff level one. All staff had received safeguarding vulnerable adults training.
- We saw that clinical and non-clinical staff had undertaken preventing radicalisation and extremism training and the practice had facilitated an educational meeting on domestic violence. We saw patient guidance about domestic violence around the surgery, including in patient toilets, in several languages aligned to the practice demographic.
- The practice had clear systems in place to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed, were accessible to all staff and clearly outlined who to go to for further guidance. All staff we spoke with knew how to identify and report concerns.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. We saw that monthly multi-disciplinary team (MDT) meetings were held to discuss children and vulnerable adults and that the practice safeguarding lead held an annual review meeting with the CCG safeguarding lead.
- Since taking over the practice, the safeguarding lead had undertaken several safeguarding-related audits, in particular a review of its safeguarding children register to ensure it was up-to-date and that all children identified with safeguarding concerns had been seen within the last three months.
- Staff who acted as a chaperone had been 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.

At our previous inspection on 19 September 2016 we found that arrangements in place for infection prevention and control (IPC) required improvement. In particular, there had been no IPC audit since June 2015 and the practice had not identified an IPC lead. At this inspection we found:

- Although the practice appeared clean, there was evidence of heavy high and moderate low level dust in all the consulting rooms. The practice engaged a contract cleaner and we saw that a cleaning schedule was in place that had been ticked to indicate which cleaning tasks had been undertaken on a daily and weekly basis, for example, doorframes, window ledges and skirting board to be dusted on a weekly basis. However, despite the cleaning schedule and cleaning frequency we found areas of the practice were not clean.
- There was a dedicated cleaning cupboard. However, this was cluttered and mops and buckets were stored in a manner which posed a risk of cross-contamination. In addition, we found mops buckets used for day-to-day cleaning were kept outside in an uncovered stairwell. The cleaning company supervisor attended on the day of the inspection and made some remedial actions, for example, tidied the cleaning cupboard.
- The IPC lead and practice manager had undertaken an IPC audit in September 2017. We saw evidence that action was taken to address any improvements identified as a result, for example, to have bodily fluid spill kits available. On the day of the inspection we saw that these were available.
- All staff had received on-line IPC training. The practice had nominated the practice nurse as the IPC clinical lead, however, had not provided any enhanced training to support the responsibilities of the role.
- We observed that each consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and

waste disposal facilities. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- The practice had systems in place for the cleaning of specific equipment used in the management of patients, for example, an ear irrigator and spirometer (an instrument for measuring the air capacity of the lungs).
- There were systems for safely managing healthcare waste. However, we noted that clinical staff did not have access to all the appropriate colour-coded sharps containers required for the disposal of the range of medicines administered at the practice. Furthermore, a sharps bin in use had been opened in February 2017 which exceeded the guidance that sharps bins should be closed and disposed of three months after first use even if not full.

At our previous inspection on 19 September 2016 we found recruitment checks for clinical staff were inconsistent. At this inspection we found the practice had carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We reviewed five recruitment files, including for a GP locum, and saw that all appropriate staff checks had been carried out.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The practice had engaged external contractors to undertake several risk assessments in February 2017, which included Health and Safety (H&S) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that action had been taken to address the majority of improvements identified as a result. Some actions were ongoing, for example, to undertake a Control of Substances Hazardous to Health (COSHH) risk assessment. The practice told us this was scheduled as part of their follow-up IPC audit in February 2018.
- A fire risk assessment had been undertaken in 2015 and the practice had reviewed this in March 2017 when it took over the premises. We noted that a fire drill had not undertaken to enable employees to become familiar with the practicalities of using escape routes. It was noted that one escape route was through an adjacent GP practice and this had not been practised. The practice sent documentary evidence after the inspection that a full evacuation had been undertaken. We saw evidence at the inspection that the fire warning system was checked on a weekly basis, all staff had undertaken fire awareness training and the practice had nominated two fire marshals.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw that portable appliance testing (PAT) had been undertaken in May 2017 and calibration of medical equipment in January 2018.
- Staff received safety information for the practice as part of their induction and refresher training. We saw that staff had undertaken on-line health and safety and display screen equipment (DSE) training.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Requires improvement

Are services safe?

At our previous inspection on 19 September 2016 we found that the practice had not carried out any prescribing audits to ensure prescribing was in line with best practice guidelines for safe prescribing, and the arrangements for prescription stationery, the monitoring of the temperature of the medicines fridge and the availability of signed Patient Group Directions (PGDs) to allow practice nurses to administer medicines in line with legislation required improvement. At this inspection we found the practice had reliable systems in place for managing medicines, including vaccines, medical gases, and emergency medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and worked closely with the CCG's Medicines Optimisation Team. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice had a policy in place to ensure repeat prescriptions not collected by patients were reviewed after one month. We noted two prescriptions waiting for collection had exceeded this timeframe.
- Prescription stationery was securely stored and there was a system in place to monitor its use.
- There was a dedicated vaccine fridge, with an inbuilt and secondary thermometer. We found there was a daily fridge temperature log of maximum, minimum and current temperature maintained and these were within the recommended ranges. All vaccines we reviewed were in-date.
- The practice nurses had access to Patient Group Directions (PGDs) which had been signed. We saw that the healthcare assistant was trained to administer vaccines and medicines against a Patient Specific Direction (PSD). PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- The practice had oxygen available with adult and children's masks. However, we noted that there was no medical gas warning signage on the door where this was located.

Track record on safety

The provider had taken over the practice from the previous provider in December 2016 after it had been placed into special measures following an announced comprehensive inspection in September 2016. Over the past year the practice had worked with its commissioners and engaged with the Royal College of General Practitioners (RCGP) support scheme for practices in special measures to address the findings and breaches of regulations identified at the last CQC inspection.

Lessons learned and improvements made

At our previous inspection of 19 September 2016 we found that the system in place for reporting and recording significant events was inadequate. In particular, although the practice told us there had been three significant events in a 12-month period, none had been recorded, there was no evidence that they had been discussed in practice meetings and the practice could not demonstrate it was acting in accordance with the Duty of Candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). At this inspection we found that the practice had an effective system for recording and acting on significant events and incidents.

- There was a lead for significant events and staff had access to an operational policy.
- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. They told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- There had been 10 significant events recorded in the last 12 months. We saw that there were adequate systems in place for reviewing and investigating when things went wrong and the practice had carried out a thorough analysis. We saw that incidents were discussed in practice meetings and clinical and non-clinical staff we spoke with confirmed this. Minutes of meetings were available for all staff on the practice computer system.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For

example, the practice had restructured and redefined the role of the receptionist on the front desk following a patient confidentiality breach. All appointment bookings and confidential telephone calls were now taken in the back office so calls could not be overheard by patients waiting at reception and sitting in the waiting room.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

At our previous inspection on 19 September 2016 we found there was no system in place to ensure all clinical staff were kept up-to-date to deliver care and treatment that met peoples' needs. At this inspection the practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Prescribing data for 1 July 2016 to 30 June 2017 showed that the practice was lower than the clinical commissioning group (CCG) and England average for the number of antibacterial prescription items prescribed per Specific Therapeutic group (practice average 0.35; CCG average 0.63; England average 0.98). All other prescribing indicators were comparable to CCG and national averages.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. We saw that over the last year 12 health checks had been carried out.

People with long-term conditions:

At our previous inspection on 19 September 2016 we found that there was no effective system in place to recall patients with long-term conditions. At this inspection the practice had recruited a dedicated data administrator to establish and manage all patient recall and the practice had allocated a dedicated clinical lead in all chronic disease areas. The practice had achieved considerable improvement in its management of patients with diabetes. Data from the CCG transforming diabetes care reporting dashboard which monitored nine key care processes, for example, percentage of patients with a blood pressure and cholesterol reading, showed that in December 2016 the overall practice achievement had been 7%. We saw that in October 2017 this overall achievement had significantly improved to 72%.

- Patents with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

The practice was not an outlier in respect of quality and outcomes indicators in 2016-17 relating to diabetes and atrial fibrillation. However, outcomes in relation to respiratory-related indicators and hypertension were lower than CCG and national averages. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 64% (CCG average 77%; national average 76%), with a low practice exception reporting of 2% (CCG average 8%; national average 8%). At this inspection we reviewed the practice's clinical system for the 2017/18 QOF achievement which ends in March 2018 and saw that the practice's current achievement was 88% for this indicator.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the dyspnoea scale in the preceding 12 months was 76% (CCG average 89%; national average 91%) with a practice exception reporting of 11% (CCG average 15%; national average 11%). At the inspection we

Good

Are services effective?

(for example, treatment is effective)

reviewed the practice's clinical system for the 2017/18 QOF achievement which ends in March 2018 and saw that the practice's current achievement was 79% for this indicator.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 72% (CCG average 90%; national average 83%) with a practice exception reporting of 1% (CCG 4%; national 4%). At the inspection we reviewed the practice's clinical system for the 2017/18 QOF achievement which ends in March 2018 and saw that the practice's current achievement was 80% for this indicator.

Families, children and young people:

- The practice had not achieved the 90% national expected coverage of immunisations given to children up to two years of age in all of the four areas measured. For example, data for the period 1 April 2015 to 31 March 2016 showed achievement ranged from 62% to 81%. The practice was aware of this and had undertaken audits of its children's register to ensure it was up-to-date and had recruited a dedicated data administrator responsible for patient recall. The practice had also started a weekly drop-in mother and baby clinic with the health visitor and practice nurse. This enabled opportunistic immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- Data from Public Health England for the practice's uptake for cervical screening for patients aged 25-64 years olds attending within the target period was 55% which was above the CCG average of 52% and below the national average of 72%. The practice told us it was working hard to overcome the challenges presented by a transient and difficult to engage patient population. The practice told us that due to the transient nature of its patient population it had instigated a practice list cleanse. We saw there were recall systems in place and the practice had recruited a data administrator to coordinate recall administration which included a review of its patient list against the national cervical screening data base. The clinical team told us they would opportunistically undertake cervical screening and promote the cervical screening programme during a patient consultation.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held monthly multidisciplinary care meetings where the care needs of those on its palliative care register were discussed.
- Patients were routinely offered extended consultation appointments.

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

- 100% of patients (15 patients) diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the local average of 87% and national average of 84%.
- 88% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the local average of 89% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption in the preceding 12 months was 85% (local average 92%; national average 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 94% (local average 96%; national average 95%).

Monitoring care and treatment

Good

Are services effective?

(for example, treatment is effective)

The most recent published Quality Outcome Framework (QOF) results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and the England average of 95%. The clinical exception reporting rate was 7% compared with the CCG average of 10% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice had a comprehensive programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. The practice had carried out 23 baseline clinical audits in 2017 in respect of safeguarding, medicine optimisation and chronic disease management which had enabled them to evaluate the practice at the time of the takeover and identify areas for improvements. We looked at two complete two-cycle audits and saw that the practice used information about care and treatment to make improvements. For example, one audit was to review all its patients on repeat prescriptions to ensure they had been reviewed every six months to ensure the prescription was appropriate. The first audit undertaken in March 2017 showed that 54% of its patients on repeat prescriptions had been seen. The audit was repeated in August 2017 and 74% of patients had had a medication review in the last six months. The practice had used the audit to align repeat prescriptions for those on polypharmacy (the concurrent use of multiple medicines by a patient).

Effective staffing

At our previous inspection on 19 September 2016 we were not assured that all staff had the skills, knowledge and experience to deliver effective care and treatment as the practice did not have an induction process for newly appointed staff, there were no systems in place for clinical supervision and the practice could not demonstrate that role-specific training and essential training, such as safeguarding, fire awareness and basic life support, had been undertaken by all staff. At this inspection we found:

- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.
- Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. We saw that all staff had undertaken essential training which included safeguarding children and vulnerable adults, basic life support, fire awareness, infection prevention and control and information governance. Staff were encouraged and given opportunities to develop.
- We saw that in 2017 the practice had hosted 10 clinical education meetings where outside speakers gave presentations on topics which included COPD and asthma, orthopaedics and mental health.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice, who were referred using the urgent two-week wait referral pathway, was comparable to other practices. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. There was a primary care navigator attached to the practice and could help signpost patients to health, social care and voluntary sector services.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, bowel and breast cancer screening, stop smoking campaigns and tackling obesity. The practice held a weekly dedicated smoking cessation clinic.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. All GPs had undertaken Mental Capacity Act (MCA) training.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 16 patient Care Quality Commission comment cards, of which 13 were positive about the service, one contained mixed comments and two contained negative comments. Patients providing positive feedback said they felt the practice offered a very good service and staff were efficient, friendly caring and helpful. Patients commented that they always felt they were treated with dignity and respect. The negative feedback related to individual care and treatment offered.
- The practice actively sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period October, November and December 2017, based on 160 responses, showed that 86% of patients would be extremely likely or likely to recommend the service.
- We spoke with one patient who told us they had received very good clinical care, felt involved in their treatment and care and were treated with dignity and respect.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and eighty-six surveys were sent out and 81 were returned. This represented a completion rate of 21% and approximately 2% of the practice population. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time (CCG average 80%; national average 96%).
- 92% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 93%; national average 95%).
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 80%; national average 86%).
- 93% of patients who responded said the nurse was good at listening to them (CCG average 86%; national average 91%).
- 91% of patients who responded said the nurse gave them enough time (CCG average 87%; national average 92%).
- 99% of patients who responded said they had confidence and trust in the last nurse they saw (CCG average 96%; national average 97%).
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%; national average 91%).
- 88% of patients who responded said they found the receptionists at the practice helpful; (CCG average 83%; national average 71%).

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (AIS), a requirement to make sure that patients and their carers can access and understand the information they are given. We saw that the practice had included AIS training as part of its mandatory training.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. There was a hearing induction loop available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice sent text messages to advertise health campaigns, for example the annual influenza immunisation.

Good

Are services caring?

The practice proactively identified patients who were carers through new patient registration forms and carer identification forms. We saw information in the waiting room and on the practice website to direct carers to the various avenues of support available to them. The practice also had a primary care navigator on site one day a week who was able to signpost patients for further support. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (1.5% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent a condolence letter. This 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. We saw that information was also available in the waiting room for local bereavement services.

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:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 78%; national average 82%).
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 85%; national average 90%).
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%; national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. We saw that staff had received training in privacy and dignity.
- The practice complied with the Data Protection Act 1998. All staff had received training in information governance.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, since our last inspection the practice had initiated online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered. The practice was located on the first and second floor, which are accessible by lift and stairs. The practice was co-located with another GP practice which occupied the ground floor. Wheelchair-bound patients accessed the surgery through the co-located practice as there were no ramp facilities available outside the practice. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms and was visible from reception. There was enough seating for the number of patients who attended on the day of inspection. Baby changing and breast feeding facilities were available.
- The practice made reasonable adjustments when patients found it hard to access services. The practice had installed a hearing loop since our previous inspection, translation services were available and we saw that the practice website had the functionality to translate. We saw signage in the waiting room in the Arabic language which the practice had identified as the predominant language of its patient population.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- Patients requiring additional support could be referred to an on-site primary care navigator who helped signpost patients to health, social care and voluntary sector services.
- The practice was responsive to the needs of older patients, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- The practice liaised with community pharmacies regarding appropriate provision of blister packs (a method ofpacking medications, where each dose of medication is placed in a small plastic bubble and backed by a sheet of foil. Medicines are organised by day, usually for up to a week at a time).

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. We saw that the practice had 12

Good

Are services responsive to people's needs?

(for example, to feedback?)

patients on its learning disability register of which nine patients had currently had their annual review. We saw that the practice nurse had undertaken learning disability awareness training.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had specifically considered the needs of its patients with dementia and had included dementia-friendly signage around the practice.
- The practice hosted the primary care plus mental health service in-house once a week which enabled them to refer and fast track patients on to the most appropriate care pathway. There was also an in-house mental health counsellor. Patients were discussed at monthly multidisciplinary team meetings. Patients who failed to attend for appointments were proactively followed up by a phone call.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. The practice sent text message reminders of appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and eighty-six surveys were sent out and 81 were returned. This represented approximately 2% of the practice population.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 89% of patients who responded said they could get through easily to the practice by phone (CCG average 83%; national average 71%).
- 77% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 83%; national average 84%).
- 79% of patients who responded said their last appointment was convenient (CCG average 76%; national average 81%).
- 77% of patients who responded described their experience of making an appointment as good (CCG average 71%; national average 73%).
- 36% of patients who responded said they don't normally have to wait too long to be seen (CCG average 53%; national average 58%).

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance and the practice had a nominated complaints lead. We saw that 10 complaints had been received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care. For example, as a result of feedback that some patient appointments ran late, the practice had configured its appointment schedule to include catch up slots. Therefore, if a patient required extra time with a doctor the impact on other patients would be reduced.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

At our previous inspection on 19 September 2016 we found there was no clear leadership structure and the provider told us negotiations were underway for the takeover of the practice by another provider. The practice was taken over in December 2016 and at this inspection we found that the leaders had the capacity and skills to deliver high-quality, sustainable care.

- The partnership told us they had revised the organisation structure, redefined roles and responsibilities and assigned leads for key areas, such as chronic disease management, complaints and governance. The practice had recruited a practice manager, salaried GP, practice nurse and data administrator since it had taken over the practice to establish continuity. All GP partners undertook clinical sessions at the practice.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff we spoke with told us GPs and managers were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. They told us they had prioritised working with relevant stakeholders to make improvements to address the findings and breaches of regulations identified at the last CQC inspection.

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need which included regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff we spoke with told us the transition of the practice had been a positive experience and had seen improvements to organisational systems and patient care.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice had nominated a governance lead and held monthly governance meetings. The GPs held a daily de-brief and peer review at the end of the morning clinical session as a forum to discuss clinical and organisational issues in real time.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example the practice had held a staff away day in August 2017 to team build and develop the practice's strategy.
- The service was transparent, collaborative and open with stakeholders about performance. We saw that the practice was working with its commissioners and had engaged with the Royal College of General Practitioners (RCGP) support scheme for practices in special measures to address the findings and breaches of regulations identified at the last CQC inspection.
- The partnership told us they had revised the organisation structure, redefined roles and responsibilities and assigned leads for key areas. The practice had recruited a practice manager, salaried GP, practice nurse and data analyst since it had taken over the practice to establish continuity.
- The practice were currently working with patients to establish a Patient Participation Group (PPG). The PPG had so far held one meeting and patients from the practice had been invited to attend the established PPG at the partners' other practice location.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The provider had failed to ensure adequate cleaning arrangements. • Arrangements in relation to infection control did not mitigate the risk of spread of infection. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.