

# Green Man Medical Centre

## Quality Report

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

## Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

# 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 Green Man Medical Centre on 27 July 2016. Overall the practice is rated as requires improvement.

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

- Risks to patients were assessed but not well managed. Chaperone training had not been carried out by receptionists/administration staff who acted as a chaperone; there was also no risk assessment to mitigate risks against them not having a DBS check, although we saw that these had been applied for.
- There had been no infection control audit since 2013 and there was no action plan in place or evidence that actions had been completed. A legionella risk assessment had been carried out but ongoing actions as a result had not been carried out.
- There was no system in place for the routine checking of emergency equipment to ensure that it was in good working order.
- The practice did not have an active patient participation group as a means of gathering patient feedback.
- Data showed patient outcomes were comparable to the national average.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about services was available and easy to understand.
- The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour.
- 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.
- 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.

# Summary of findings

The areas where the provider must make improvements are:

- Mitigate risks associated with not complying with the actions identified in the legionella risk assessment and infection control audit.
- Review the system for checking that emergency equipment is in good working order.

In addition the provider should:

- Ensure quality assurance and improvement systems are developed to improve patient outcomes and mitigate identified risk.

- Continue to work to increase the number of patient carers on the practice list to ensure information, advice and support is available to them.
- Ensure that staff members that act as a chaperone have a DBS check or risk assessment and are trained for the role.
- Continue to work to establish a patient participation group to gather feedback about practice services from patients.

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

**Requires improvement**



- The practice was unable to evidence chaperone training for staff members who acted as a chaperone, these staff members were not DBS checked and there was no risk assessment carried out to mitigate risks associated with this, however we saw that DBS checks had been applied for.
- There was no system in place to check that equipment such as the defibrillator (which is used to respond to certain medical emergencies) were routinely checked to ensure equipment was in good working order.
- There had been no infection control audit carried out since 2013 and there was no action plan or evidence that actions resulting from the audit had been carried out.
- The practice had completed a legionella risk assessment, but actions identified as a result were not carried out by the practice.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses, lessons learned were communicated to support improvement.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were four Clinical audits carried out in the past two years, one of these was a completed audit cycle.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 32 patient carers; this was below 1% of the patient list size.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- 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.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



# Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice 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 which it acted on. The patient participation group was not active.

# 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 as requires improvement for safe and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered patients an annual over 75 year old health check.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safe and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 96% compared to a national average of 88%.
- Longer appointments and home visits were available when needed.
- All 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.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safe and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

**Requires improvement**



# Summary of findings

- 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 comparable for all standard childhood immunisations.
- 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.
- The percentage of women aged 25 to 64 whose notes included that a cervical screening test had been performed in the preceding five years was 81% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

The provider was rated as requires improvement for safe and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations at the end of each GP session.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for safe and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

**Requires improvement**



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as requires improvement for safe and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is equal to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with an agreed comprehensive care plan documented in the record was 91%, which is similar to the national average of 88%.
- 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.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and four survey forms were distributed and 101 were returned. This represented 1.8% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. There was a recurring theme of caring friendly staff.

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

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Mitigate risks associated with not complying with the actions identified in the legionella risk assessment and infection control audit.
- Review the system for checking that emergency equipment is in good working order.

### Action the service **SHOULD** take to improve

In addition the provider should:

- Ensure quality assurance and improvement systems are developed to improve patient outcomes and mitigate identified risk.
- Continue to work to increase the number of patient carers on the practice list to ensure information, advice and support is available to them.
- Ensure that staff members that act as a chaperone have a DBS check or risk assessment and are trained for the role.
- Continue to work to establish a patient participation group to gather feedback about practice services from patients.

# Green Man 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 and a practice nurse specialist adviser.

## Background to Green Man Medical Centre

The Green Man Medical Centre is located in a purpose built building which used to be a mental hospital within a residential area of East London with good transport links. The practice is a part of Waltham Forest Clinical Commissioning Group.

There are 5316 patients registered with the practice, the practice has approximately 12% more than the national average number of patients aged 25 to 44.

The practice has one male and one female GP partner completing 16 sessions per week, one female practice nurse completing six sessions per week, a practice manager and eight reception/administration staff members.

The practice operates under a General Medical Services Contract (GMS) (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is open Monday to Friday between 8:00am and 6:30pm; the phone lines are open from 8:30am. Appointment times are as follows:

- Monday 8:10am to 12:10pm and 4:00pm to 6:00pm
- Tuesday 8:10am to 1:00pm and 4:00pm to 6:00pm

- Wednesday 8:10am to 1:00pm and 4:00pm to 6:00pm
- Thursday 8:10am to 1:00pm Closed
- Friday 8:10am to 1:00pm and 4:00pm to 6:00pm

The out of hours provider covers calls made to the practice whilst it is closed.

The Green Man Medical Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, family planning and maternity and midwifery services.

This location had not been inspected before.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including GP's, a nurse, a practice manager and reception/administration staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised 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.

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

### 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 an analysis of the significant events.

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 completed significant event and saw appropriate action had been taken and risk assessed, learning was also shared with practice staff members.

### Overview of safety systems and processes

The practice systems, processes and practices were not adequate to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3. Non-clinical staff members were trained to level 1.

- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. We were told that staff who acted as chaperones were trained for the role in-house, but this was not evidenced. We saw that Disclosure and Barring Service (DBS) checks. (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) were applied for and were being processed for members of staff who acted as a Chaperone, however there was no risk assessment done to mitigate the risks of DBS checks not being in place.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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. However the most recent infection control audit was undertaken in 2013 and the action plan was not filled in to show evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, (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 practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found appropriate recruitment checks had mostly been undertaken prior

# Are services safe?

to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, however not all staff members had checks through the Disclosure and Barring Service, but we saw that these had been applied for.

## Monitoring risks to patients

Risks to patients were assessed but were not effective

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular alarm testing. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However 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) had been completed but the actions identified as a result were not carried out.
- 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.

- 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. However there was no system in place to systematically monitor that these were in working order.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

### 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.
- 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 most recent published results were 99% of the total number of points available, with an exception reporting rate of 5 %. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 96% compared to the national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed comprehensive care plan documented in the record in the preceding 12 months compared to the national average of 88%.

There was some evidence of quality improvement including clinical audit.

- There had been three clinical audits carried out in the last 24 months, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of a patient safety alert about antibiotic prescribing, the practice carried out an audit into the effectiveness of their antibiotic prescribing in line with NICE guidelines. In the first cycle of the audit the practice issued 85 prescriptions for respiratory tract infections, we saw that patient safety alert was discussed in clinical meetings where the GPs reviewed the guidelines for antibiotic prescribing and reminder alerts put on the clinical system at the point of prescribing. In the second cycle of the audit the practice had reduced the number of prescriptions to 73 in line with NICE guidelines.

Information about patients' outcomes was used to make improvements such as: the practice initiated joint home visits with social services to give a holistic approach to care of older people.

### 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, for those reviewing patients with long-term conditions.
- 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 attending updates, access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, 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.
- 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.

### Consent to care and treatment

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

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

- Patients receiving end of life care, carers, patients living with cancer, 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.
- Smoking cessation was available on the premises and dietary advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was equal to the CCG average and comparable with the national average of 82%. 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 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 86% to 89% compared to a CCG average of 81% to 88% and five year olds from 62% to 85%, compared to a CCG average of 64% to 84%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that 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.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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 practice had identified 32 patients as carers (less than 1% of the practice list). The practice was actively trying to increase the number of carers they had registered; they had met with a local carer's charity to gain

advice and had increased the number of carers from 15 to 32 in three months. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them; this call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice did not offer extended hours as they stated that they trialled this and there was no demand for them, instead they offered telephone consultations at the end of each GP session.
- 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.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open Monday to Friday between 8:00am and 6:30pm; the phone lines were open from 8:30am. Appointment times were as follows:

- Monday 8:10am to 12:10pm and 4:00pm to 6:00pm
- Tuesday 8:10am to 1:00pm and 4:00pm to 6:00pm
- Wednesday 8:10am to 1:00pm and 4:00pm to 6:00pm
- Thursday 8:10am to 1:00pm Closed
- Friday 8:10am to 1:00pm and 4:00pm to 6:00pm

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

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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.

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.
- The practice manager was responsible for all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, there was a designated complaints leaflet and a poster displayed in the patient waiting area.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we viewed a complaint from a patient after they were refused a further prescription of a medicine without first seeing the nurse for a review. We saw that the patient was invited into the practice to talk about the incident and get an explanation and the complaint was discussed at a practice meeting where the prescribing policy was discussed.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.

### Governance arrangements

The practice had an overarching governance framework which did not always support the delivery of good quality care.

- There were arrangements for identifying and recording risks, but this was not always well managed with mitigating actions, for example there was no process to ensure the actions identified in the infection control audit had been completed and there was no system to monitor that equipment used in the event of an emergency were in good working order.
- There was a staffing structure available and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had an understanding of the performance of the practice.

### Leadership and culture

On the day of inspection staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the partners 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 did not have an active patient participation group (PPG); we saw evidence of the practice sending out invites to a PPG in March 2015, where they received no response but there was no further promotion since. However we saw as a result of patient suggestions the practice decorated the reception area.
- 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.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider failed to mitigate risks found within their infection control audit and actions identified by the legionella assessment had not been carried out.</p> <p>The provider had no processes in place to mitigate risks associated with not routinely checking that emergency equipment such as a defibrillator and oxygen was in good working order.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	