

Dr Asma Moghal

Quality Report

Becontree Medical Centre

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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Asma Moghal practice, Becontree Medical centre on 11 March 2016. The overall rating for the practice was requires improvement and the practice therefore needed to be re-inspected within six months after the report was published. The full comprehensive report published on 27 May 2016 can be found by selecting the 'all reports' link for Dr Asma Moghal on our website at www.cqc.org.uk.

This inspection was undertaken following the period of six months and was an announced comprehensive inspection on 17 November 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 March 2016. 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.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed and the practice had acted upon the findings of our previous inspection in relation to patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of 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 practice had good facilities in a purpose-built building and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to review system to identify carers in the practice.
- Make patient information leaflets available in other languages spoken by patients in the practice.
- Ensure patients are aware that translation services are available.

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 good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received mandatory training relevant to their roles including infection control, which they had not received in the last inspection.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice had acted upon the findings of the previous inspection and had made significant improvements and changes to keep people safe, including carrying out DBS checks for staff who chaperoned, implementing infection control protocols and monthly infection control audits.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were compared to the national average.
- In the previous inspection knowledge of and reference to national guidelines or medical alerts were inconsistent. In this inspection we found staff were aware of current evidence based guidance and there was an audit for medical alerts.
- In the previous inspection, the practice had not carried out any completed audits. In this inspection the practice had completed a two cycle clinical audit demonstrating quality improvement to patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care. For example, 91% of patients said the GP was good at listening to them compared with the CCG average of 81% and the national average of 89%.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was accessible, however all patient information leaflets were in English and therefore did not cater for non-English speaking patients.
- The practice had a system to identify patients who were carers however they had identified a relatively small number of carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. They offered a family planning service as they had identified 15% of their patient population were females aged 20 to 49 years old.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Half of the patients we spoke with 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.
- In our previous inspection we found that the practice did not have systems in place for handling complaints. On this follow up inspection we saw information about how to complain was available and evidence from nine examples reviewed showed

Summary of findings

the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders and the practice carried out an annual audit of all the complaints received.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In five examples we reviewed we saw evidence the practice complied with these requirements.
- The practice management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient reference group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Good



People with long term conditions

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 68% of patients on the diabetes register had had a recorded blood glucose level of 64mmol/mol or less in the preceding 12 months compared to CCG average of 72% and national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



Summary of findings

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.

Families, children and young people

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of families, children and young people.

- The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 80% and the national average of 81%.
- From the sample of documented examples we reviewed 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.
- Immunisation rates were comparable to national averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



Working age people (including those recently retired and students)

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of working age people (including those recently retired and students).

- The practice offered extended hours between 6.30pm and 8.00pm three days a week with the practice nurse and between 6.30pm and 7pm once a week with a GP.

Good



Summary of findings

- The practice was proactive in offering online services and electronic prescription service as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations to all patients.

People whose circumstances may make them vulnerable

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice gave a bypass contact telephone number, which allowed vulnerable people to call the surgery when they needed.
- 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.
- All clinical staff could demonstrate they had completed relevant training for adult safeguarding in the past three years.

Good



People experiencing poor mental health (including people with dementia)

The practice had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was similar to the CCG and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other

Good



Summary of findings

psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months, compared to the CCG average of 89% and national average of 88%.

- Performance for dementia related indicators was similar to the CCG and national averages. For example, 82% of patients diagnosed with dementia had had a face-to-face care review in the preceding 12 months compared to the CCG and national averages of 84%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in 7 July 2016. The results showed the practice was performing in line with local and national averages. Three-hundred and fifty-one survey forms were distributed and 96 were returned. This represented 1.6% of the practice's patient list. The results were comparable to CCG and national averages. For example:

- 83% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 62% and the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 67% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 patient Care Quality Commission comment cards. All comment cards were positive about the care the service provided. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 15 patients and they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review system to identify carers in the practice.

- Make patient information leaflets available in other languages spoken by patients in the practice.
- Ensure patients are aware that translation services are available

Dr Asma Moghal

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 second CQC inspector, a GP specialist advisor and an Expert by Experience.

Background to Dr Asma Moghal

Dr Asma Moghal's Practice, Becontree Medical Centre is a purpose built practice located in a residential area in Dagenham. There is suitable patient access to the premises and patient parking, including disabled parking. At the time of our inspection there were 5900 patients registered with the practice. Primary medical care is provided under a personal medical services (PMS) contract within NHS Barking and Dagenham Clinical Commissioning Group (CCG). The practice carried out regulated activities: surgical procedures, treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and family planning.

Dr Asma Moghal is the registered manager of the practice and the lead GP. There is one female salaried GP and they are supported by five regular locum GPs. The GPs undertake a combined total of 22 sessions per week. There is one full time nurse and two part time nurses and one part time healthcare assistant who work between Monday to Friday. Non-clinical staff includes, a practice manager, administration manager, reception supervisor, practice secretary and seven part time reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 12pm every morning and 2.30pm to 6.30pm daily, with the exception of

Wednesdays, when the practice is closed from 1.30pm. Extended hours appointments are offered on Monday, Tuesday and Thursdays with the practice nurse between 6.30pm and 8pm and between 6.30pm and 7pm on Fridays with a GP. In addition to pre-bookable appointments that can be booked up to one week in advance, urgent appointments are also available for patients that needed them. Out of hours service is provided by a different provider and can be accessed by calling the practice out of hours telephone number which is on the practice website and practice leaflet.

The practice population of people aged 65 years and over is lower than the national average. Life expectancy is lower for both male and female people, being 77 years for males and 81 years for females, compared to national averages of 79 years for males and 83 years for females.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr Asma Moghal practice, Becontree Medical centre on 11 March 2016. The overall rating for the practice was requires improvement and the practice therefore needed to be re-inspected within six months after the report was published. The full comprehensive report published on 27 May 2016 can be found by selecting the 'all reports' link for Dr Asma Moghal on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Asma Moghal practice on 17 November

Detailed findings

2016. This inspection was carried out 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 17 November 2016. During our visit we:

- Spoke with a range of staff (practice manager, reception supervisor, practice nurse, GPs and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 11 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect to management of medicines and infection control and prevention were not adequate. They also found that the practice had not carried out adequate pre-employment checks including DBS checks for staff who had additional roles for chaperoning. A requirement notice for regulation 12 was issued for the lack of safe care and treatment.

These arrangements had significantly improved when we undertook a follow up inspection on 17 November 2016. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and had recorded four in the past 12 months.
- Staff told us that significant events were discussed at practice meetings and we saw evidence of meeting minutes where incidents had been discussed. At our last inspection the practice could not demonstrate that significant events were discussed with all staff and that learning outcomes were shared with the practice. They could not demonstrate that people affected by significant events received reasonable support, truthful information, a written apology or were told about any actions to improve processes to prevent the same thing happening again.

- In this inspection we reviewed minutes of meetings where these were discussed and we saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw that the practice manager carried out a detailed analysis of all significant events in the last six months and audited improvements and actions that were taken as a result of the significant events. For example, we saw that as a result of significant events between April to November 2016 the practice had changed 13 of their practice policies to make improvements to the service, including the daily check of the emergency medicines trolley as an incident had occurred when the nurse could not find a child spacer on the trolley during an emergency. We saw that a daily log was kept of all the items on the emergency trolley including expiry dates.

Overview of safety systems and process

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

- Arrangements 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 lead member of staff 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 were trained to child safeguarding level three, the practice nurse and healthcare assistant to level two and non-clinical staff to level one.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. In our previous inspection not all staff who acted as chaperones could give examples of what they would be doing when carrying out chaperoning duties or where they would stand. On this inspection we saw that all staff who acted as chaperones were trained for the role both in house and had received online training and they could give examples of what they were doing when carrying out their chaperoning duties. In the last inspection we found that not all staff who carried out

Are services safe?

chaperoning duties 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). However, on this inspection all staff, both clinical and non-clinical had received a DBS check.

- On our last inspection we found that the practice had not maintained appropriate standards

of cleanliness and hygiene, the clinical lead for infection control had not liaised with the local infection prevention teams to keep up to date with best practice and there was no infection control protocol in place. The practice had carried out an infection control audit but staff who carried out the audit did not have up to date training in infection control and the audit was incomplete. In this inspection we found that the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal partner had overall responsibility for infection control. There was an infection control protocol in place and staff had received up- to-date training. We saw evidence of effective and detailed monthly infection control audits had been undertaken since our last inspection and we saw evidence that action was taken to address any improvements

identified as a result each month. We saw posters about infection control in waiting areas and clinical rooms to inform patients and staff about the infection control policy. We found that all staff had received up to date training including regular competency assessments carried out by the practice manager. 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 arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice told us they 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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). A healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (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).

- In our previous inspection we found that appropriate recruitment checks had not always been undertaken prior to employment. On this inspection, we reviewed seven personnel files, which included three members of staff recruited since our last inspection, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was a panic button on all telephones in all the consultation and treatment rooms, as well as an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 manager and practice nurse carried out daily checks of the emergency medicines and this was recorded. All emergency medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 March 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), clinical audits and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 17 November 2016. The provider is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems 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 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The practice was not an outlier for exception reporting. (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 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 68% of

patients on the diabetes register had had a recorded blood glucose level of 64mmol/mol or less in the preceding 12 months compared to CCG average of 72% and national average of 78%.

- Performance for mental health related indicators was similar to the CCG and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months, compared to the CCG average of 89% and national average of 88%.
- Performance for dementia related indicators was similar to the CCG and national averages. For example, 82% of patients diagnosed with dementia had had a face-to-face care review in the preceding 12 months compared to the CCG and national averages of 84%.

There was evidence of quality improvement including clinical audit:

- At our previous inspection the practice could not demonstrate quality improvement processes, such as clinical audit, to drive improvement in performance to improve patient outcomes. Since our last inspection the practice had undertaken one two-cycle audit and we found findings were used by the practice to improve services.
- For example, we saw that an audit had been carried out on patients to optimise the use of combination steroid inhalers in the management of chronic obstructive pulmonary disease (COPD). We saw that in the first audit carried out in November 2015, 20 patients were identified as using combination steroid inhalers for their condition, however only 50% of these patients COPD was under control. The clinicians followed appropriate guidance and NICE guidance and changed the medicines for the other 50% to optimise the management of their condition. The audit was repeated in November 2016 and found that 90% of patients with COPD using the combination steroid inhalers were being managed appropriately. We saw that the practice carried out quarterly audits and annual audits on patients with COPD and invited patients in for annual reviews and inhaler technique check-ups with the clinicians.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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.
- In the previous inspection the practice could not demonstrate how they ensured role-specific training and updating for relevant staff. The learning needs of staff were not identified through systems of appraisals, meetings or reviews of practice development needs. Clinical staff had access to monthly CCG training meetings, but we saw no evidence of on-going support or one-to-one meetings or coaching and mentoring. In this inspection, 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 access to on line resources and discussion at practice meetings.
- In the previous inspection, staff had received appraisal within the last 12 months, however we found that appraisals consisted of mainly staff self-evaluations with no evidence of management review of staff performance or personal or professional development. In this inspection we found that the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision for nurses. All staff had received an appraisal within the last 12 months, which included detailed management review and future action plan for each staff.
- 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.
- From the sample of 10 documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice 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.

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 and signposted them to relevant services. For example:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available in the practice with the healthcare assistant.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 80% and the national average of 81%. The practice offered up to three telephone reminders for patients who did not attend for their cervical screening test. The practice could not demonstrate how they encouraged uptake of the screening programme by using information in different languages or for those with a learning disability but 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 opportunistically encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given to the under two year olds were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had achieved the target all four areas. The immunisation rates for five year olds ranged from 88% to 95%, which was comparable to national averages.

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

Are services caring?

Our findings

At our previous inspection on 11 March 2016, we rated the practice as good for providing caring services. At our follow up inspection on 17 November 2016 we also found the practice was good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

We received 38 patient Care Quality Commission comment cards. All comment cards were positive about the care the service provided. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 15 patients and they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 above the CCG average and similar to the national average for its satisfaction scores on consultations with GPs. The practice was similar to the CCG and national average for its satisfaction scores on consultations with the nurses. For example:

- 91% of patients said the GP was good at listening to them compared with the CCG average of 81% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 78% 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%
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 78% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 73% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.

Are services caring?

However, when we spoke to patients, not all were aware of the translation service available and there were no notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format, but were all in English. On the day of inspection we saw the practice population was mixed and had recently had a high population of Italian- Bangladeshi register at the practice and therefore may need information to be available in other languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (0.6% of the practice list). Written information was now available to direct carers to the various avenues of support available to them, which was not available in the previous inspection. Older carers were offered timely and appropriate support. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 March 2016, we rated the practice as requires improvement for providing responsive services. Outcomes relating to responsive had improved when we undertook a follow up inspection on 17 November 2016. The practice is now rated as good for providing responsive services.

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). The practice offered family planning services including fitting coils as 15% of their female population was aged between 20 to 49 years.

- The practice offered extended hours on a Monday, Tuesday and Thursday evenings with the practice nurse between 6.30pm and 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. These patients also had a direct telephone number to the practice so they would not have to wait in the telephone queuing system.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12pm every morning and 2.30pm to 6.30pm daily, with the exception of Wednesdays, when the practice closed from 1.30pm. Extended hours appointments were offered on Monday, Tuesday and Thursdays with the practice nurse between

6.30pm and 8pm and between 6.30pm and 7pm on Fridays with a GP. Out of hours service is provided by a different provider and can be accessed by calling the practice out of hours telephone number which is on the practice website

and practice leaflet. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar to the national average and higher than the CCG average. For example:

- 87% of patients were satisfied with the practice's opening hours compared with the CCG average of 76% and the national average of 79%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 65% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 62% and the national average of 76%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 47% and the national average of 58%.

On our previous inspection, people we spoke to on the day told us that waiting times when attending appointments with a clinician could be up to 50 minutes. In this follow up inspection, all the patients we spoke to told us that waiting times had improved and they waited on average 15 minutes. Half of the patients we spoke with told us they were able to get appointments when they needed them, however the other half said they needed to call on a number of days before they could get an appointment, in particular those who worked. This had also been our findings in the previous inspection. However, people with young children told us that they were always able to get a same day appointment for their child. People also told us that they valued the triage system whereby a GP would provide a telephone consultation on the same day and

Are services responsive to people's needs?

(for example, to feedback?)

then make a decision if a same day appointment was required. Patients told us that the practice had recently changed their system on the reception counter, and patients did not have to tell reception staff the reason for their appointment if they did not want to. The practice told us they had implemented this change as a result of their annual in house patient survey, which showed patients did not always feel comfortable to discuss their ailments with the reception staff.

The practice had a system 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

In our previous inspection we found that the practice did not have an effective system in place for handling complaints and could not demonstrate what, if any lessons were learnt from complaints or the action taken as a result to improve the quality of care. There was no evidence of any action, supervision, training or identified support for staff involved. We saw no evidence of correspondence with

patients. However, in our follow up inspection we found there had been a significant improvement and the practice now had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. In the previous inspection, staff told us that only written complaints were followed up. During the follow up inspection we saw that both written and verbal complaints were investigated and action was taken as a result of complaints.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a patient complaints leaflet was available.

We looked at nine complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complaint. Lessons were learned 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 saw as a result of complaints about the communication of some staff, the practice manager had set up an in house training session for all staff on how to handle difficult conversations. We also so that people who did make a complaint or gave feedback were actively encouraged by staff to join the Patient reference group.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 11 March 2016, we rated the practice as inadequate for providing well-led services secondary to the findings of requires improvement in safe, effective and responsive and good in caring.

These arrangements had improved when we undertook a follow up inspection on 19 November 2016. The practice is now rated as good for providing well-led services.

Vision and strategy

At our previous inspection we found that the practice did not have a strategy or business plan which reflected the vision and the values of the practice. Since the last inspection we saw that the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw these were regularly discussed at staff meetings and the management team told us that they reviewed these during management meetings.

Governance arrangements

At our previous inspection we found that the practice lacked a clear governance framework to deliver good quality care. Since the last inspection we saw that the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the practice nurses were leads for chronic disease management.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw one complete cycle audit had been carried out and we saw evidence of audits that the practice had programmed to carry out in the next 12 months.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw that the practice management team had implemented an effective system for managing significant events including coding them in red, amber and green for urgency.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the practice management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

In our previous inspection the management team and clinicians lacked understanding of the requirements of duty of candour and could not demonstrate that they had systems in place to ensure compliance with the requirement. Since the last inspection we saw the provider was aware of and had systems 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. From the sample of five documented examples we reviewed we found that the practice had systems 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.

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. We saw evidence that meetings were structured and well attended and we saw evidence of good quality minutes.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff.

- It proactively sought feedback from patients through the Friends and Family Test (FFT) and had established a

virtual patient reference group (PRG). We saw that approximately 100 patients had joined that PRG. We saw that the practice informed the PRG of the annual in house patient survey they carried out and asked the PRG members to submit proposals for any questions or topics they wished the survey to cover. We saw that the practice displayed their in house patient survey results in the practice waiting area as well as sending them to the PRG and uploading them onto their website for all to review.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, administration staff told us that they had recognised that not all clinicians were removing old medicines when prescribing a new medicine to patients on their repeat prescriptions. This was raised as a concern in their staff meetings and brought to the attention of all clinical staff. We also saw that this resulted in a change in their repeat prescription policy. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There was a strong focus on training and development and we saw that the management team had full oversight of staff training for both clinical and non-clinical staff.