

# Crawley Road 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 Crawley Road Medical Centre on 24 November 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, despite significant events being reported and assessed, there was no policy for significant events to underpin the systems in use.
- Non clinical staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check. We were provided with evidence of completed checks following the inspection.
- Systems in relation to infection control were not fully implemented. There were no cleaning schedules for view on the day of the inspection for the cleaning of the building or clinical equipment such as spirometer or ear irrigator. However these were provided after the

inspection day. The practice had an infection control policy in place. In addition, the lead for infection control was not appropriately trained and the practice had failed to act on the actions outlined in its August 2016 infection control audit which included ensuring that maximum and minimum temperatures were recorded on the vaccine fridges.

- The medicine fridges were over stocked and the temperature for one of the fridges could not be effectively recorded. The practice agreed to purchase a further fridge to replace the fridge where the temperature could not be appropriately recorded.
- The practice lacked a system to monitor the use of blank prescription forms and pads.
- The practice lacked failsafe systems in place to follow up results of the cervical screening programme.
- Data showed patient outcomes were comparable to the CCG and the national average
- Patients said they were treated with compassion, dignity and respect.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure that the infection control lead has received appropriate infection prevention and control training.
- Ensure medicines fridges are not over stocked so that there is appropriate air flow around the vaccines stored and that accurate temperatures are recorded.

In addition the provider should:

- Produce a significant events policy to underpin existing processes.
- Ensure that a process is put in place to ensure that uncollected prescriptions are checked by a GP.
- Ensure portable electrical testing (PAT) is undertaken.

- Provide a portable oxygen cylinder that could be easily transported.
- Ensure there is a system in place to monitor the use of blank prescription forms and pads.
- Ensure non clinical staff undertake information governance training.
- Carry out pre travel vaccination assessments.
- Continue to follow the recommendations of the infection control audit.

**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**



- There was a system in place for reporting, recording and learning from significant events but there was no underpinning policy to tie the procedure together.
- Non clinical staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check. However we were provided with evidence of completed checks following the inspection.
- Systems in relation to infection control were not fully implemented. There were no cleaning schedules for the cleaning of the building or clinical equipment such as spirometer or ear irrigator available on the day but these were provided after the inspection visit. The practice had an infection control policy in place. In addition, the lead for infection control was not appropriately trained and the practice had failed to act on the actions outlined in its August 2016 infection control audit.
- Medicine fridges were over stocked and accurate temperatures could not be recorded for one of the fridges. The practice stated that they would purchase a new fridge to replace the fridge where temperatures could not be effectively recorded, however evidence of the purchase was not provided.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Non clinical staff had not undertaken information governance training.

# Summary of findings

- There were no failsafe systems in place to ensure results were received for samples sent for the cervical screening programme. The practice have provided evidence of a system since the inspection.
- 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.
- Clinical audits demonstrated quality improvement.
- 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.

Good



- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.

# Summary of findings

## Are services well-led?

The practice is rated as requires improvement 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. However there were no policies in place for significant event recording and assessment.
- The practice were in need of tighter governance procedures. Gaps in governance included a lack of training for the infection control lead and general information governance training, a lack of infection control and significant events policies were present.
- 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 and patients, which it acted on. The patient participation group was active.

## Requires improvement



# 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 providing a safe and well led service. The practice was rated good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was involved with the rapid response team (a GP led team set up to provide quick access for patients) to avoid unplanned admissions.
- Home visits were undertaken at the beginning of the flu season to provide the vaccination and to carry out opportunistic health reviews.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for providing a safe and well led service. The practice was rated good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national average. Longer appointments and home visits were available when needed.
- The practice was involved with the rapid response team (a GP led team set up to provide quick access for patients) to avoid unplanned admissions.
- 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**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for providing a safe and well led service. The practice was rated good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 81%.
- 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 and health visitors.

Requires improvement



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

The provider was rated as requires improvement for providing a safe and well led service. The practice was rated good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services which included booking appointments and requesting repeat prescriptions.
- Text messages were used to remind patients of appointment times and to relay health information.
- A full range of health promotion and screening that reflects the needs for this age group was available.
- Skype consultations were available for patients who could not attend the practice.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing a safe and well led service. The practice was rated good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- 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.

Requires improvement



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

The provider was rated as requires improvement for providing a safe and well led service. The practice was rated good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 89%, compared to the CCG average of 82% and the national average of 84%.
- Mental health related performance indicators were comparable to the CCG and national average.
- 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.

Requires improvement



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifty nine survey forms were distributed and 98 were returned. This represented 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% 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%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 81% 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 40 comment cards which were all positive about the standard of care received. Patients said that they felt involved in their treatment, the staff were caring, environment was clean and they were very happy with the practice.

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

- Ensure that the infection control lead has received appropriate infection prevention and control training.
- Ensure medicines fridges are not over stocked so that there is appropriate air flow around the vaccines stored and that accurate temperatures are recorded.

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

- Produce a significant events policy to underpin existing processes.
- Ensure that a process is put in place to ensure that uncollected prescriptions are checked by a GP.

- Ensure portable electrical testing (PAT) is undertaken.
- Provide a portable oxygen cylinder that could be easily transported.
- Ensure there is a system in place to monitor the use of blank prescription forms and pads.
- Ensure non clinical staff undertake information governance training.
- Carry out pre travel vaccination assessments.
- Continue to follow the recommendations of the infection control audit.

# Crawley Road Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Crawley Road Medical Centre

Crawley Road Medical Centre is located in Leyton, East London. It is part of the Waltham Forest Clinical Commissioning Group. The practice has a patient list of approximately 5800. Thirty five percent of patients are aged under 18 (compared to the national practice average of 44%) and 15% are 65 or older (compared to the national practice average of 20%). Fifty one percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises two GP partners (one male and one female working a total of 16 sessions a week), a male salaried GP (working four sessions a week), a male registrar (working eight sessions a week), an I&R (a national GP induction and refresher scheme) GP (working eight sessions per week), three nurses (two female and one male) (working a total of three days a week), a female trainee nurse (working one day a week), a full time practice manager secretarial and reception staff. Crawley Road Medical Practice holds a General Medical Service (GMS) contract with NHS England. The practice is a teaching practice.

The practice's opening hours are:

- Monday, Tuesday, Wednesday and Friday 9:00am-6:30pm
- Thursday 9:00am to 2pm
- Monday, Tuesday, Wednesday and Friday 6:30pm-7:00pm (extended hours)

Appointments are available at the following times:

- Monday, Tuesday, Wednesday and Friday 9:30am – 1:00pm and 1:30pm – 7:00pm
- Thursday – 9:30am – 2:00pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. When the practice was closed, patients were directed to a local GP federation number who would direct the call to one of the on call GPs.

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice was previously inspected in April 2014. At that time it was found non-compliant for the safety and suitability of premises. A follow up inspection was undertaken in September 2014 to address the issues raised. At that inspection it was found that the identified issues had been rectified and it was now fully compliant.

## 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

# Detailed findings

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 25 November 2016. During our visit we:

- Spoke with a range of staff (GP, Nurse, management and administrative) and 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 a system in place for reporting and recording significant events. However the practice did not have a written policy to underpin the process that was being used.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We looked at nine significant events recorded by the practice and saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred where a patient sent an email to the practice which was filed and flagged for the attention of the GP. However the patient shared the same surname as another patient and it was filed in the wrong record. The error was identified and corrected before any data could be sent to the wrong patient. This was discussed in the practice meeting and it was agreed that a further patient record check was needed before filing emails on records to ensure that the right patient has been identified.

### Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some required improvement.

- 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 and nurses were trained to child protection or child safeguarding level 3. Non clinical staff had received level 1 child protection training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however only clinical staff who undertook chaperone duties had received a Disclosure and Barring Service (DBS) check despite the remaining seven non-clinical staff being trained and on the practice chaperone list. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We were provided with evidence of completed checks following the inspection day.
- The practice did not maintain appropriate standards of cleanliness and hygiene. . There were no cleaning schedules for the cleaning of the building or clinical equipment such as spirometer or ear irrigator available on the day but these were provided after the inspection visit The practice nurse was the infection control clinical lead but the lead did not have a comprehensive knowledge of infection control and was in need of further training in order to effectively fulfil the role. The practice had an infection control policy in place. Staff had received the basic up to date training. Annual infection control audits were undertaken. The most recent audit was carried out in August 2016 however there was no evidence that the practice had fully acted on the recommendations of the report. For example ensuring that fridge temperatures were appropriately recorded.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal) The

## Are services safe?

practice's two medicines fridges were over stocked. The temperatures of both medicines fridges were being logged however one of the fridges was unable to display minimum and maximum temperatures therefore not able to give an accurate reading. We reviewed the process for monitoring uncollected prescriptions and found no system in place for a check to be carried out by a GP. The practice agreed that the procedure was in need of review and would ensure the system was changed. 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 however there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. However a pre travel vaccination assessment was not undertaken.

- We reviewed five personnel files 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 for clinical staff, 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 up to date fire risk assessments and carried out regular fire drills. Electrical equipment had not been checked to ensure the

equipment was safe to use. Clinical equipment was checked in June 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

The practice had adequate 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 the oxygen cylinder was large and difficult to transport to the first floor in the event of an emergency. 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 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 showed that the practice achieved 99% of the total number of points available. The practice had a total exception reporting figure of 10% compared to the Clinical commissioning Group (CCG) average of 9.5% and the national average of 9.2%. (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 2014-2015 showed:

- Performance for diabetes related indicators was comparable to the CCG and national average. For example:
  - The percentage of patients in whom the last blood sugar test was 64 mmol/mol or less was 86%, compared to the CCG average of 74% and the national average of 76%.
  - The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 94%, compared to the CCG average of 78% and the national average of 78%.

- The percentage of patients with a record of a foot examination and risk classification was 94%, compared to the CCG average of 88% and the national average of 88%.
- Performance for mental health related indicators was comparable to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 90%, compared to the CCG average of 86% and the national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 89%, compared to the CCG average of 82% and the national average of 84%.
- Performance for other health related indicators were comparable to the CCG and national average. For example:
  - The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less was 86%, compared to the CCG average of 81% and the national average of 84%.
  - The percentage of patients with asthma who had an asthma review that included an assessment of asthma control using the 3 RCP questions was 80%, compared to the CCG average of 76% and the national average of 75%.
  - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 100%, compared to the CCG average of 90% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of three clinical audits completed in the last two years, one of these were completed audits 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, March 2016, an audit was undertaken to



# Are services effective?

## (for example, treatment is effective)

ensure that patients with cardiovascular disease (CVD) were receiving the correct amount of statin (medicines that can help lower the level of low-density lipoprotein (LDL) cholesterol in the blood) as per NICE guidelines. The NICE guideline stated that patients with CVD should be started on 80mg of statin for secondary prevention. The practice reviewed their patients in and found that 13% of patients with CVD were on the correct dosage. The practice consulted with the remaining patients regarding appropriate dosage and looked at the coding on the computer system to ensure records were correct. The audit was repeated in September 2016 and it was found that 37% of patients with CVD were on the optimum dosage. The practice was continuing to review performance in this area and planned to repeat the audit.

### 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. However further training was needed for those who took lead roles in infection control.
- 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.
- 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 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 and basic life support. Non clinical members of staff had not undertaken information governance training. 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.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Failsafe systems were presented after the inspection. The evidence included a spreadsheet outlining tests sent, tests returned and result, 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 stated that they left it to the patient to chase this up but agreed that systems should be put in place to ensure the practice followed this up.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 97% (CCG average range of 78% to 90%) and five year olds from 56% to 85% (CCG average range of 68% to 89%).

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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 40 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 93% 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%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to 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 national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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 above local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% 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 65 patients as carers (1% of the practice list). 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 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

### 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 offered an extended hour's clinic each weekday evening except Thursday until 7.00pm for working patients who could not attend during normal opening hours.
- Weekend appointments were available through the local GP federation.
- There were longer appointments available for patients with a learning disability.
- Skype consultations were available for patients who could not attend the practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice planned home visits for older people to undertake flu vaccinations and also undertook opportunistic annual reviews at the same time.
- A full range of online facilities were available, including booking appointments and repeat prescribing.
- The practice used text message appointment reminders to remind patients of pending appointments.
- The practice offered a nurse led travel vaccination clinic.
- The practice worked with the rapid response team to avoid unplanned admissions.
- There were disabled facilities and translation services available.

### Access to the service

The practice's opening hours are:

- Monday, Tuesday, Wednesday and Friday 9:00am-6:30pm
- Thursday 9:00am to 2pm
- Monday, Tuesday, Wednesday and Friday 6:30pm-7:00pm (extended hours)

Appointments are available at the following times:

- Monday, Tuesday, Wednesday and Friday 9:30am – 1:00pm and 1:30pm – 7:00pm
- Thursday – 9:30am – 2:00pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. When the practice was closed, patients were directed to a local GP federation number who would direct the call to one of the on call GPs.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% 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.
- 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 which included posters and leaflets within the practice and information posted on the practice website.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at seven written and two verbal complaints received in the last 12 months and found that they were dealt with appropriately and in line with the practice policy. 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, a patient complained that the instructions accompanying a blood test form was not given clearly by

the GP, resulting in the test not being able to be carried out at the hospital. The patient received an apology and following discussion at a staff meeting, practice policy was changed to ensure that clearer instructions were given to patients regarding the type of blood test to be carried out and regarding which hospital they were required to attend in order to undertake the test.

# 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 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

Governance arrangements did not always operate effectively.

- Some staff (such as the infection control lead) had not received training in their role and  
Non-clinical staff had not received information governance training.
- The practice did not have a significant events policy.
- The medicine fridges were over stocked and the temperature for one of the fridges could not be effectively recorded. The practice agreed to purchase a further fridge to replace the fridge where the temperature could not be appropriately recorded.

We did note:

- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

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, particularly by the partners in the practice. All 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 had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG campaigned to get the parking changed outside the practice from all permit parking. The practice now have a limited number of spaces that patients can park near the practice for the duration of their appointment. The PPG were also involved in the discussions for the refurbishment of the premises.
- The practice had gathered feedback from staff through practice meetings and annual appraisals. Staff told us

# Are services well-led?

Requires improvement 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had recently piloted internet video based consultations and planned to further develop this area in the future.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</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. They had failed to:</p> <ul style="list-style-type: none"><li>• ensure medicines fridges are not over stocked so that there is appropriate air flow around the vaccines stored and that accurate temperatures can be recorded.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>