

# Leyton Healthcare

## Quality Report

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Date of inspection visit: 15 December 2016

Date of publication: 09/02/2017

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leyton Healthcare on 15 December 2016. Overall the practice is rated as good.

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

- We found that some non-nursing staff administering vaccines and immunisations had not been authorised to do so in that required patient specific directions had not been signed by a GP.
- The practice was located on the fourth floor of a shared building but the lift to the surgery was prone to malfunctioning.
- There was no written procedure in place to manage medical emergencies at the practice, for instance, regular checks of oxygen cylinders were not undertaken.
- Most risks to patients were assessed and managed but there were gaps.
- Most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment however, training in fire safety awareness and infection prevention and control had not been undertaken by all staff.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- 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.

# Summary of findings

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

The areas where the provider must make improvement are:

- Put a process in place to risk assess and manage medical emergencies at the practice, including regular checks of oxygen cylinders to ensure they are fit for purpose when required.
- Ensure that non-nursing staff responsible for administering vaccines and immunisations are properly authorised to do so, by putting in place valid patient specific directions which have been signed by a GP.
- Ensure that all staff receive appropriate training on fire safety awareness and infection prevention and control.

The areas where the provider should make improvement are:

- Ensure blank prescriptions pads and printer stationary are handled in accordance with national guidance and that stock levels of handwritten prescription pads reflect the needs of the practice.
- Review arrangements for managing vaccines to ensure that there is sufficient capacity to store stock safely and ensure that fridge temperatures are closely monitored.
- Put in place a policy to govern the management of pathology tests and results to ensure that all staff follow consistent procedures.
- The practice should review the current uptake for childhood immunisations and cancer screening programmes among eligible patients with a view to improvement.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to all.

**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**



- Not all staff at the practice had undertaken training in fire safety awareness and infection prevention and control.
- Non-nursing staff administering vaccines and immunisations had not been properly authorised to do so in that required patient specific directions had not been signed by a GP.
- There was no written procedure in place to manage medical emergencies at the practice, for instance, regular checks of oxygen cylinders were not undertaken and on the day of the inspection, the practice had not risk assessed the need for a defibrillator although this was remedied immediately.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff, although annual appraisals for some staff were overdue.
- 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**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with 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. For instance we saw one letter inviting a patient with learning difficulties to an annual health check and noted that the letter described what would happen during the appointment, using a combination of images and short sentences.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified less than 1% of the patient list as carers but had put steps in place to improve how it identified and recorded carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients were able to request appointments with a male or female GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs. For instance, the practice was located on the fourth floor of a commercial building and we saw that the practice had provided an emergency evacuation chair to assist the evacuation of people with restricted mobility.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as 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.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, although there were gaps, for instance the risk of medical emergencies occurring had not been assessed.
- 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.

# 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 is rated as good for the care of older people.

- 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.
- GPs used a risk stratification tool designed to identify patients at highest risk of attending A&E or being admitted to hospital.

**Good**



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with long term conditions were in line with local and national averages. For example, for patients with diabetes, 74% had well controlled blood sugar levels compared to the CCG average of 74% and national average of 78%. Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Good**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

- Childhood immunisation rates for the vaccinations given were below CCG and national averages for some vaccinations. In 2015/16, uptake rates for all vaccinations given to one year old babies were significantly below averages. For instance, only 40% of one year old babies had had received the meningitis C vaccination, compared to the CCG average of 83% and national average of 73%.

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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 same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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 offered extended opening hours on Monday, Tuesday and Wednesday evenings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



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

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 travellers 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.

**Good**





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 86% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# 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 twenty four survey forms were distributed and 103 were returned. This represented 1% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% 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%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 78% 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 15 comment cards which were all positive about the standard of care received.

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

# Leyton Healthcare

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Leyton Healthcare

Leyton Healthcare provides GP primary care services to approximately 13,500 people living in Leyton, London Borough of Waltham Forest. The practice has a Personal Medical Services (PMS) contract for providing general practice services to the local population. PMS agreements are locally agreed contracts between NHS England and a GP practice.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is 31% which is above the clinical commissioning group (CCG) average of 25% and the national average of 16%. Income Deprivation Affecting Children (IDACI) is 26% (CCG average 27%, national average 20%).

There are currently two GP partners, one male and one female, both of whom are full time. There are five part time salaried GPs, three male and two female. The practice provides a total of 40 GP sessions per week.

The clinical team is completed by one full time and two part time practice nurses and a health care assistant. The health care assistant is also trained as a phlebotomist

(phlebotomists are specialist health care assistants who take blood samples from patients for testing in laboratories). There is also a practice manager, an assistant practice manager and 13 administrative and reception staff.

The practice is located on the fourth floor of a purpose built health centre. Patients can access the surgery via a lift or stairs.

The practice opening hours for the surgery are:

Monday 8am to 8pm

Tuesday 8am to 8pm

Wednesday 8am to 8pm

Thursday 8am to 7pm

Friday 8am to 7pm

Saturday Closed

Sunday Closed

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to four weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice has opted not to provide out of hours services (OOH) and patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111. The details of the

# Detailed findings

how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

The practice provides a wide range of services including clinics for diabetes, weight control, asthma, contraception and child health care and also provides a travel vaccination clinic. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The practice had not previously been inspected.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016. During our visit we:

- Spoke with a range of staff including two GPs, practice manager, practice nurses, health care assistant, two members of the administration and reception teams 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 an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed an incident when the practice had failed to inform a patient about an abnormal cervical cytology test result and had not referred the patient for further investigation. The patient affected by the incident was kept informed about the investigation and had received an apology and explanation and had since attended an appointment for further tests. We saw evidence that the practice had continued to audit records of cytology tests every two weeks since the incident had occurred.

### Overview of safety systems and processes

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, practice nurses and the practice manager were trained to child safeguarding level three. The assistant practice manager, health care assistant and one member of the administration team were trained to level two and all other staff were trained to level one

- A notice in the waiting room advised patients that chaperones were available if required. This information was also available on the practice site. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We were told that they had received infection control training as part of their nurse training programme but had not undertaken any further training since that time, including specific training to carry out this role in a general practice environment. We looked at training records and saw that 10 staff, including clinical and non-clinical staff, had not received any formal infection control training. We were shown a training schedule which included planned completion dates for all outstanding infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We looked at the arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice did not have a policy in place to ensure that medicines and vaccines which required refrigeration were managed safely. We looked at the temperature check records for one fridge used to store vaccines and noted

## Are services safe?

that the recommended temperature range had been exceeded on more than one occasion in the previous week but there was no record of any action being taken to monitor or manage the matter. We looked at a different fridge, also used for storing vaccines and saw that it was stocked in a way which did not allow sufficient space around the vaccine packages for air to circulate and some vaccine packages were touching the walls of the fridge. Although recorded temperatures were within an acceptable range, there was a risk of individual doses freezing and this could render certain vaccines ineffective. The practice told us they would carry out a review of their existing procedures and develop a cold chain policy to guide staff in the safe management of vaccines.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored although systems to monitor their use were not used consistently. Patient Group Directions (PGDs) 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.) Health care assistants had been trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber and we saw records confirming this training had taken place. However when we asked to see copies of PSDs in current use, we saw that the health care assistant had been provided with PGDs instead which meant that when they administered vaccines or medicines, they were acting without proper authorisation. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). The practice told us that they had been unable to find copies of PSDs and had asked the health care assistant to sign PGDs instead in the belief that this was an acceptable alternative. When

we explained that this was a breach of regulations, the practice instructed the health care assistant to cease carrying out this aspect of their role until the correct directions were in place.

- The practice did not have a documented process in place to manage pathology tests and results. This meant there was a risk of staff following individual or incomplete processes with increased potential for errors. This also meant that there was no way of ensuring that new staff could be inducted properly.
- 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 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, named fire marshals and carried out regular fire drills, the most recent of which had taken place in August 2016. We looked at records of fire safety awareness training given to staff and noted that not all staff had a record of having received this training. The practice told us this was an administrative error and that all staff had taken part in the most recent fire drill which had been undertaken within the previous three months and this had not identified any areas for concern. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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.

# Are services safe?

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents but there were gaps.

- 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 did not have a defibrillator available on the premises and had not taken action to assess or mitigate any risks deriving from this. The practice told us that another practice located in the building owned a defibrillator which could be used in an emergency, however, this had not been discussed with the other practice and staff were unable to explain where the defibrillator was stored in the other practice or how long it would take to retrieve it if required in an emergency. We noted that immediately after our discussion on this matter, the practice ordered a defibrillator, battery pack and adult and paediatric pads and we later saw evidence that these were delivered the following day. There was oxygen available together with adult and children's masks. Staff told us that oxygen levels were always checked following use but no other routine checks were in place. This meant that there was a risk that oxygen might not be available when it was required, for example in the event of accidental leakage. A first aid kit and accident book were available.
- The practice did not have a written process for dealing with medical emergencies and we did not see any

evidence of how or when procedures were explained to new staff. The practice was located on the fourth floor and we were told that the lift was prone to malfunction. This meant that patients attending the practice were frequently required to climb four flights of stairs to access the surgery. This increased the risk of medical emergencies occurring and presented potential problems dealing with emergencies. We asked staff how they would deal with a medical emergency and although we heard credible responses, there was no consistent approach. Staff were unable to explain how emergencies which might have required a defibrillator or oxygen would be safely handled.

- 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 was located on the fourth floor of a commercial building and we saw that the practice had provided an evacuation chair and staff had been instructed how to use this safely. (An evacuation chair is a specialist piece of equipment which can be used to assist in the evacuation of someone who could not safely use the stairways during an emergency situation in which the lift might not be available).

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of this plan were filed in off-site cloud storage which meant they were accessible to all staff even when off-site.



# 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. The practice showed us examples of audits of their practice against NICE and clinical commissioning group (CCG) guidelines.

### 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 97% of the total number of points available. The overall practice exception reporting rate was 8% which was comparable to the local average of 10% and national average of 9%. (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:

- Practice performance for diabetes related indicators was comparable to the local and national averages. For example, 74% had well controlled blood sugar levels compared to the CCG average of 74% and national average of 78%. Eighty-seven per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the national average of 78%. The practice's exception reporting rates for diabetes indicators was 10% which was comparable to the CCG average of 13% and the national average of 11%.

- Performance for mental health related indicators was comparable to the national average. For example, 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 86% and national average of 88%. The exception reporting rate for this indicator was 8% (CCG average 7%, national average 13%).
- 85% of patients with hypertension had well controlled blood pressure compared to the CCG average of 81% and the national average of 84%. The exception reporting rate for this indicator was 2% (CCG average 4%, national average 4%).
- Outcomes for patients with asthma were above CCG and national averages. For instance, 92% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 76% and the national average of 75%. The exception reporting rate for this indicator was 3% (CCG average 3%, national average 8%).

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes and updates to guidelines, local commissioning priorities, significant events and safety alerts.
- The practice used clinical audit as a tool to monitor and improve its performance. The practice had logged nine audits conducted over the previous two years, three of which were completed two-cycle audits where changes had been implemented and then re-audited to ensure the improvement had been sustained. Topics included an audit of clinical safety in patients on long term nonsteroidal anti-inflammatory drugs (NSAIDs), audits of outcomes for patients with dermatological conditions, skin cancer and patients who had undergone minor surgical procedures.
- The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team. Findings were used by the practice to improve services.
- For example the practice had conducted a two-stage audit of its care for patients aged over 85 years. Practice policy stated that elderly patients should have a consultation with a GP or nurse at least once every six months and this should include reviews of medicines, blood pressure, physical needs, social needs and



# Are services effective?

## (for example, treatment is effective)

memory. The first audit in April 2015 showed that although 91% of eligible patients had had a review within the previous six months, only 61% had their medicines reviewed, 52% of patients had had a physical review and 48% had had a social review documented. The practice discussed the results and focused on improving the quality of consultations, note taking and updating records after home visits. The practice repeated the audit in November 2015 and found that 68% had their medicines reviewed in the previous six months, the number of patients who had had a physical review had increased to 66% and 65% now had a social review documented.

### 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 and we saw records which showed the programme had been followed by recently recruited staff.
- 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.
- 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 or had an appraisal booked.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Although there were gaps in training

around infection prevention and control and fire safety, staff were able to provide credible descriptions of how to prevent infection spreading and fire safety procedures. Staff had access to and were encouraged to make use of e-learning training modules and in-house training and a schedule to complete all outstanding training had been put in place.

### 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, 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.
- The practice used a risk stratification tool to identify and support high risk patients. Care plans were in place for patients who needed them and this included older patients, patients with long term conditions, patients experiencing poor mental health and patients in vulnerable circumstances.

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.

The practice participated in the local integrated care programme aiming to avoid unnecessary hospital admissions for patients assessed to be at high risk. Practice clinicians attended multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 assessed the patient's capacity and, recorded the outcome of the assessment. The practice had systems in place to ensure that where patients had made advance decisions, these were communicated to other services when necessary, for example, to the ambulance service if attending out of hours.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, 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 same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. In 2014/15, 61% of eligible women had attended screening within the last three years compared to the CCG average of 63%. Bowel cancer screening uptake was 42% compared to the CCG average of 49%.

Childhood immunisation rates for the vaccinations given were below CCG and national averages for some vaccinations. In 2015/16, uptake rates for all vaccinations given to one year old babies were significantly below averages. For instance, only 40% of one year old babies had had received the meningitis C vaccination, compared to the CCG average of 83% and national average of 73%. Amongst two year olds, only 52% had received the combined measles, mumps and rubella (MMR) vaccination compared to the CCG average of 79% and national average of 91% whilst uptake rates were also significantly lower for meningitis C booster (59%) and pneumococcal conjugate vaccine (PCV) booster (64%).

We asked the practice if they were able to explain why uptake rates were lower than expected. They told us that a significant proportion of the local housing stock consisted of short term lettings and that patient turnover, particularly amongst families with young children was higher than usual. This meant that patients, including children, frequently moved away from the area but did not always deregister from the practice promptly. The practice told us they tried to follow up children who did not attend their initial appointments and this was often how they found out that patients had moved to a different area.

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 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients expressed satisfaction with the care they received at the practice, for example consistently describing the clinical staff as compassionate and the receptionists as being friendly and helpful.

We spoke with three members of the patient participation group. 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 reflected these findings. The practice's results were statistically comparable to the national and local averages for patient experience of 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 83% and the national average of 89%.
- 84% of patients said the GP gave them enough time. (CCG average 80%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw. (CCG average 91%, national average 95%).
- 81% 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%.

- 86% 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%.
- 89% of patients said they found the receptionists at the practice helpful (CCG average 83%, national average 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:

- 82% 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%.
- 78% 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%.
- 81% 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 interpreter services, including sign interpretation 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. Practice staff had competence in a range of languages which were prevalent in the local community, including Punjabi, Gujarati, Polish and Bulgarian.
- Information leaflets and letters were available in easy read format. For instance we saw one letter inviting a patient with learning difficulties to an annual health check. The letter described what would happen during the appointment, using a combination of images and short sentences.

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers (less than 1% of the practice list). We asked the practice how they identified carers and were shown a form completed by all newly registering patients which included a section to self-identify as a carer. There was a prominent

display of information relevant to carers in the reception area and the electronic display board in the waiting room included a message inviting carers to make themselves known to receptionists. Staff told us they actively sought to identify existing carers or patients who were likely to have increased caring responsibilities in the future. The practice told us that refresher training around the identification of carers had been organised.

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 extended opening hours on Monday, Tuesday and Wednesday evenings when it was open until 8pm and on Thursday and Friday evenings when it was open until 7pm. This benefitted patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or more complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was located on the fourth floor of a purpose built commercial building and patients could access the surgery using a lift or stairs. On occasions when the lift was unavailable due to malfunction or routine maintenance, the practice could arrange for patients who were unable to climb the stairs, to use an alternative service lift. This involved passing through a restricted area so patients using this route were always accompanied by a member of staff.
- Patients were able to request appointments with a male or female GP.

### Access to the service

The practice opening hours for the surgery were:

Monday 8am to 8pm

Tuesday 8am to 8pm

Wednesday 8am to 8pm

Thursday 8am to 7pm

Friday 8am to 7pm

Saturday Closed

Sunday Closed

Extended hours appointments were offered on Monday, Tuesday and Wednesday evenings until 8pm and Thursday and Friday evenings until 7:00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Routine appointments with named GPs were available within one week. The CCG provided out of hours primary care services at weekends and evenings. Practice patients were also able to make bookable appointments at a local hub service if they were unable to obtain a convenient appointment at the practice.

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.

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

- We saw that information was available to help patients understand the complaints system.

The practice had recorded 13 complaints in the previous 12 months and this included complaints that were written and made verbally. We looked at three of the complaints received in the last 12 months and found these were handled in line with practice procedure. For example, we saw one complaint where a patient had experienced difficulties when trying to collect a repeat prescription from

the practice which resulted in a delay in getting medicine dispensed. The practice had reviewed the series of events which had led to the incident and had identified a number of separate issues. The practice contacted the patient to apologise and provided information about how they had investigated the complaint and a summary of their findings. Staff had been reminded about the need to demonstrate a flexible approach and had undergone refresher training in customer handling skills.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice told us its vision was to provide a high standard of care for all patients within a welcoming, clean and clinically sound environment. The practice had a strategy to achieve this by actively engaging in local and national health care initiatives for the benefit of its patients. The practice did not display a mission statement or other summary of its vision in the waiting area or on its website.

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we interviewed consistently told us the practice aimed to provide a high standard of care and they believed patients received a good service.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Staff had received training to carry out their roles but not all staff had received up to date training in infection prevention and control or fire safety awareness.
- Practice specific policies were implemented and were available to all staff, however there were some gaps. For instance there was no documented process to manage pathology tests or results and no procedure to guide staff in the event of a medical emergency.
- Non-nursing staff responsible for administering vaccines and immunisations had not been properly authorised to so, in that patient specific directions had not been signed by a GP.
- An understanding of the performance of the practice was maintained. Benchmarking information was used to monitor practice performance in comparison to other practices within the same locality.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but some risks had not been identified, for instance, risks associated with overstocking of fridges used to store vaccines.

### Leadership and culture

On the day of inspection the partners in the practice 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 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

# Are services well-led?

Good 

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

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, had assisted the practice in reviewing its most recent infection control audit and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was one of four in the local area who had taken part in a programme to trial the provision of real-time, online GP consultations using video streaming technology. The practice had contributed significantly to the post-trial evaluation process and reported that although there was no obvious time saving benefit, GPs reported that online consultations allowed them to see patients who found it difficult or were reluctant to visit the surgery in person.



## 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to:</p> <ul style="list-style-type: none"><li>• Put a process in place to risk assess and manage medical emergencies at the practice, including regular checks of oxygen cylinders to ensure they were fit for purpose when required.</li><li>• Ensure that non-nursing staff responsible for administering vaccines and immunisations are properly authorised to do so, by putting in place valid patient specific directions which have been signed by a GP.</li><li>• Ensure that all staff had received appropriate training on fire safety awareness and infection prevention and control.</li></ul>