

Kings Edge 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?	Good	
Are services effective?	Good	
Are services caring?	Requires improvement	
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 of Kings Edge Medical Centre on 19 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate for providing safe, effective, caring, responsive and well-led services and was placed into special measures for a period of six months. Due to serious concerns about patient safety we served a Section 31 of the Health and Social Care Act 2008 notice to suspend the registration of the provider for a period of three months from 23 February 2016.

We then carried out a focused follow up inspection on 17 May 2016 to assess whether sufficient improvements had been made to allow the practice to re-open or if further enforcement action was required.

Following the inspection in May 2016 we found some improvements had been made however we still had concerns about the ability of the leadership to deliver high quality care. As a result we served a Section 31 of the

Health and Social Care Act 2008 notice to impose additional conditions on the registration of the provider in respect of the regulated activities for a period of three months. The additional conditions were that Kings Edge Medical Centre could not register any new patients apart from new born babies, newly fostered or adopted children to patients already registered with the practice.

The full reports on the February and May 2016 inspections can be found by selecting the 'all reports' link for Kings Edge Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Kings Edge Medical Centre on 07 February 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures. Overall the practice is now rated as requires improvement.

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

Summary of findings

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- 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.
- Clinical leadership arrangements were only formalised at the time of the inspection and therefore we were not assured that the improvements to date would be sustained.

The provider must:

- Monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.

In addition the provider should:

- Continue to improve patient satisfaction with the service in response to feedback.
- Identify and support more patients who are also carers.
- Encourage more patients to attend the national bowel and breast cancer screening programme.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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 all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care.
- The practice had run an in-house survey between August and December 2016 based on the national GP survey questions and the results showed that 86% of patient ratings of the practice were good or very good.
- Patients said they were treated with compassion, dignity and respect.

Requires improvement



Summary of findings

- The practice had identified 14 patients as carers (0.3% of the practice list) which was an improvement of 0.1% since our inspection in February 2016, however still significantly below average for the practice list size.

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. For example, the practice participated in a new CCG initiative called Complex Patient Management Group where patients with complex needs were referred to a dedicated team of healthcare professionals for care and support.
- The practice had adequate facilities and was 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.

Good



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 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.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Requires improvement



Summary of findings

- Clinical leadership arrangements were only formalised at the time of the inspection and therefore we were not assured that the improvements to date would be sustained.

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 requires improvement for the care of older people. The provider was rated as requires improvement for caring and for well-led. 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.
- 75% of patients over the age of 75 had been invited and responded to the influenza program. However, unverified data from 23 March 2017 provided by the practice after our inspection showed the figure had improved to 84%.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for caring and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff supported the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority for support.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 75% compared to the CCG average of 80% and the national average of 78% with exception reporting of 7%.
- 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.
- The practice had created “vulnerable risk registers” for patients with long-term conditions which were reviewed regularly to ensure they received care and treatment that met their needs.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for caring and for well-led. 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 above the 90% national standard for all childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 77% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for caring and for well-led. 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 as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for caring and for well-led. 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 those with a learning disability and those receiving substance misuse treatment.

Requires improvement



Summary of findings

- Unverified data from 23 March 2017 provided by the practice after our inspection showed that they had completed annual health checks for all patients on the learning disabilities register.
- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for caring and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%. However, unverified data from 23 March 2017 provided by the practice after our inspection showed that 100% of patients had received a review.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages. Three hundred and forty seven survey forms were distributed and 109 were returned. This represented 2.4% of the practice's patient list.

- 48% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 85%.
- 60% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 43% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 35 comment cards, 33 of which were all positive about the standard of care received. Two comment cards were less positive however there were no common themes. A general theme was that the practice had made significant improvements since it was suspended in February 2016.

The practice showed us evidence of improvement through the results of an in-house patient survey run between August and December 2016. The survey had been designed in line with the questions covered in the national GP patient survey. One hundred and nine patients gave feedback of which 86% of patients rated the practice as fairly good or good, 11% rated the practice as neither good or poor, 3% rated the practice as fairly poor and 0% rated the practice as very poor.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The results of the practices friends and families test showed that 87% of patients would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.

Action the service **SHOULD** take to improve

- Continue to improve patient satisfaction with the service in response to feedback.
- Identify and support more patients who are also carers.
- Encourage more patients to attend the national bowel and breast cancer screening programme.

Kings Edge 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, a practice manager specialist adviser and an Expert by Experience.

Background to Kings Edge Medical Centre

Kings Edge Medical Centre is located in the London Borough of Brent. The practice provides primary medical services through a Personal Medical Services (PMS) contract and is commissioned by NHS England (London). The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is run by a senior GP partner who is currently not providing clinical care and a full-time practice manager who is a non-clinical partner and the registered manager. The practice employs four part time GPs, two female and two male (three whole time equivalents), three practice nurses (two whole time equivalents) and a healthcare assistant (HCA) as well as four reception and administration staff. The practice is also a teaching practice for medical students from two colleges.

The practice is open from 8am to 1pm and 3pm to 6.30pm on Monday, Tuesday, Thursday and Friday and between 8am and 1pm on Wednesday. From 1pm to 3pm and 6.30pm to 9am the answerphone redirects patients to NHS 111. Extended hours surgeries are offered on Thursday from 6.30pm to 8pm.

The practice has a list size of 4,500 patients and provides a range of services including childhood vaccinations, ECG monitoring, 24 hour blood pressure monitoring and phlebotomy. The practice also provides public health services including flu vaccinations and travel. It is a yellow fever centre. The practice provides care and treatment to patients in a local nursing home. The practice is located in an area where the majority of the population is relatively young and aged between 20-44 years of age. The practice has a large Muslim population and there is also a high prevalence of diabetes.

Why we carried out this inspection

We carried out an announced comprehensive inspection of Kings Edge Medical Centre on 19 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate for providing safe, effective, caring, responsive and well-led services and was placed into special measures for a period of six months. Due to serious concerns about patient safety we served a Section 31 of the Health and Social Care Act 2008 notice to suspend the registration of the provider for a period of three months from 23 February 2016.

We then carried out a focused follow up inspection on 17 May 2016 to assess whether sufficient improvements had been made to allow the practice to re-open or if further enforcement action was required.

Following the inspection in May 2016 we found some improvements had been made however we still had concerns about the ability of the leadership to deliver high quality care. As a result we served a Section 31 of the Health and Social Care Act 2008 notice to impose additional conditions on the registration of the provider in

Detailed findings

respect of the regulated activities for a period of three months. The additional conditions were that Kings Edge Medical Centre could not register any new patients apart from new born babies, newly fostered or adopted children to patients already registered with the practice.

We undertook a further announced comprehensive inspection of Kings Edge Medical Centre on 07 February 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 7 February 2017.

During our visit we:

- Spoke with a range of staff (three GPs, the practice manager, a nurse, the healthcare assistant and three non-clinical staff) and spoke with eight 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

At our inspection on 19 February 2016, we rated the practice as inadequate for providing safe services as the systems and processes in place to keep people safe were ineffective. Shortfalls were identified in most areas of safety including incident reporting, safeguarding, chaperoning, recruitment, infection control and medicine management.

Safety had improved when we undertook our inspection on 17 May 2016 and at this inspection further improvements were evident. The practice is now rated as good for providing safe services.

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.
- There was a policy in place for dealing with significant events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. There had been seven significant events reported in the current year with the details of each one documented on separate reporting forms with learning and action points recorded. For example, a new cancer diagnosis had been reported as a significant event. This was discussed in a practice meeting and learning shared. Learning from the incident was the importance of inviting appropriate patients in for screening so cancer can be identified early and the importance of good communication on referral to secondary care.

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, a new cancer diagnosis had been discussed in a practice meeting and learning shared within the clinical team.

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 were trained to child protection or child safeguarding level 3 and the nurses to at least level 2. Non-clinical staff and the healthcare assistant were trained to level 1.
- 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 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. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions 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 were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (PSDs are written instructions for the supply or administration of medicines to specific patients who have been individually identified before presentation for treatment).

- We reviewed five personnel files (two GPs, a nurse, healthcare assistant and a non-clinical staff member) 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 and carried out regular fire drills. 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.

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. 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

At our previous inspection on 19 February 2016, we rated the practice as inadequate for providing effective services. Patients needs were not assessed and treatment delivered in line with National Institute for Health and Care Excellence (NICE) and clinical audit did not demonstrate quality improvement. There was no system in place for acting on abnormal test results and hospital letters and there was minimal engagement with other healthcare professionals. Not all staff had the skills, knowledge and experience to deliver effective care and treatment.

When we inspected the practice on 17 May 2016 we found some improvements had been made. However, we still had concerns in relation to clinical care provided by the senior GP partner.

At the inspection on 7 February 2017 the senior GP partner was not providing medical care and treatment and since August 2016 three salaried GPs had been appointed. We found significant improvements had been made in relation to providing effective care. The practice is now rated as good for providing effective services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including 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 clinical audit.
- The practice had introduced a desk aid to support the clinicians manage patients with specific conditions.

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 88% of the total number of points available compared to the CCG average of 96% and the national average of 95%. The exception rate was 7%

(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 was an improvement on the previous year (2014/15) where the practice achieved 77% of the total points available.

Data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 75% compared to the CCG average of 80% and the national average of 78% with exception reporting of 7%. However, unverified data provided by the practice from 23 March 2017 showed they had improved to 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 79% compared to the CCG average of 83% and the national average of 83% with exception reporting of 5%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 86% compared to the CCG average of 80% and the national average of 76% with exception reporting of 4%.

The practice were outliers for;

- The percentage patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 68% compared to the CCG average of 80% and the national average of 80% with exception reporting of 10%.

Since our previous inspections the practice had implemented an effective QOF recall system. They were monitoring QOF performance on a continual basis and the practice showed us unverified data from 2016/17 of improved overall QOF performance to 91% of the points available. The performance for the outlying diabetes indicator had improved to 75%.

There was evidence of quality improvement including clinical audit:

- There had been 16 clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, we reviewed an audit of Pregabalin prescribing (which has a number of uses

Are services effective?

(for example, treatment is effective)

including the treatment neuropathic pain). The audit was carried out to assess if prescribing was in line with NICE guidance. The initial audit identified that only 20% of patients had been reviewed eight weeks after initiation of Pregabalin (one of the NICE standards). After the initial audit an action plan was drawn up and a re-audit showed that 40% of patients now met this standard.

We reviewed, in detail, a sample of 16 patients medical records including those of patients diagnosed with depression, diabetes, chronic kidney disease, and patients on high risk medicines including methotrexate. In addition we reviewed patients receiving palliative care and those experiencing poor mental health. The medical records showed that patients were prescribed their medicines in line with NICE guidance, their conditions and medicines had been reviewed within the last 12 months, and blood tests were carried out where appropriate.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by 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. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- A system was in place to ensure abnormal test results and hospital letters were dealt with promptly.

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 GPs 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.
- Smoking cessation advice was available on the premises from a practice nurse.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 77% 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 ensuring 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.

- Females, 50-70, screened for breast cancer in the last 36 months was 70% compared to the CCG average of 64% and the national average of 72%.
- Females, 50-70, screened for breast cancer within six months of invitation was 70% compared to the CCG average of 61% and the national average of 73%.
- Persons, 60-69, screened for bowel cancer in the last 30 months was 37% compared to the CCG average of 45% and the national average of 58%.

- Persons, 60-69, screened for bowel cancer within six months of invitation was 35% compared to the CCG average of 44% and the national average of 58%.

Data showed that childhood immunisation rates for the vaccinations given were below CCG/national averages. For example:

- Childhood vaccination rates up to age two ranged from 78% to 88% for the four indicators which was below the 90% national standard.
- The childhood vaccination rate for five year olds for Measles, Mumps and Rubella dose one was 88% compared to the CCG average of 92% and the national average of 94%.
- The childhood vaccination rate for five year olds for Measles, Mumps and Rubella dose two was 76% compared to the CCG average of 81% and the national average of 88%.

However, the practice provided us with unverified NHS data that showed they had achieved the 90% standard for all childhood immunisations from 1 April 2016 to present. For example, immunisations for two year olds ranged from 94% to 96% and for five year olds from 96% to 100%.

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

Are services caring?

Our findings

At our previous inspection on 19 February 2016, we rated the practice as inadequate for providing caring services. Data from the national GP patient survey showed patients rated the practice significantly lower than others for many aspects of care, the practice did not do enough to identify and support patients who were also carers and there was insufficient information available to help patients understand the services available to them.

At the inspection on 7 February 2017 some improvement was evident however further improvement was still necessary. The practice is now rated as requires improvement for providing caring services.

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.

Thirty three of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two comment cards were less positive however there were no common themes.

We spoke with three members 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 published on 7 July 2016 showed patients felt they were not treated with compassion, dignity and respect. The practice was consistently below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 66% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 63% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 75% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 60% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 65% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 48% of patients said they found the receptionists at the practice helpful compared to the CCG average of 68% and the national average of 73%.

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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were consistently below local and national averages. For example:

- 60% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 52% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 67% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 90%.

Are services caring?

- 55% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

The above results from the national GP patient survey showed satisfaction scores on consultations with GPs and nurses and involvement in care and treatment had not improved since our inspection in February 2016. The practice had been under a period of suspension and therefore it was difficult for them to show improvement in this regard. Despite of this the practice showed us evidence of improvement through the results of an in-house patient survey run between August and December 2016. The survey had been designed in line with the questions covered in the national GP patient survey. One hundred and nine patients gave feedback of which 86% of patients rated the practice as fairly good or good in relation to their satisfaction with GP and nurse consultations and their involvement in care and treatment.

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

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 14 patients as carers (0.3% of the practice list) which was an improvement of 0.1% since our inspection in February 2016, however still significantly below average for the practice list size. Written information was available to direct carers to the various avenues of support available to them.

The practice provide us with unverified data from 23 March 2017 after our inspection that showed they had increased the identification of carers to 5% of the practice list size which would be confirmed at our next inspection.

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

At our previous inspection on 19 February 2016, we rated the practice as inadequate for providing responsive services as the practice had not reviewed the needs of its local population or engaged with the CCG to provide service improvements. Patient satisfaction with access was significantly below average, there was no translation services available and an effective complaints system was not in place.

At the inspection on 7 February 2017 significant improvements were evident. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available on a daily basis.
- 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 doctors were multilingual.
- There was an in-house Physiotherapist to help with the management of patients with long-term musculoskeletal conditions although this was a private service.
- The practice participated in a new CCG initiative called Complex Patient Management Group where patients with complex needs were referred to a dedicated team of healthcare professionals for care and support.

Since our previous inspections in February and May 2016 the practice had implemented a number of improvements to respond to people's needs:

- The practice had created registers of vulnerable patients including those with long-term conditions and those with other conditions such as depression, obesity and stroke. The vulnerable registers were reviewed every two weeks by the GPs to ensure the patients care and treatment needs were being met.
- The practice had created a new more user friendly patient website which incorporated online appointment booking options and the practice had introduced an electronic prescribing system (EPS).
- The practice had installed a TV screen in the patient waiting room with information on clinics, services and health promotion.
- The practice had introduced a more effective recall system to improve patient outcomes in line with the Quality Outcomes Framework.
- The practice had improved the system for dealing with abnormal test results and hospital letters.
- The practice had employed a GP qualified with a Diploma from the Faculty of Sexual Health and Reproductive Medicine with a view to starting a Well Woman Clinic from April 2017.
- The practice had provided a practice nurse with additional training in the management of diabetes and there was a specialist diabetic nurse who attended the practice monthly to help manage patients with uncontrolled diabetes.

The practice was open from 8am to 1pm and 3pm to 6.30pm on Monday, Tuesday, Thursday and Friday and between 8am and 12pm on Wednesday. From 1pm to 3pm and 6.30pm to 9am the answerphone redirected patients to NHS 111. Extended hours surgeries were offered on Thursday evenings from 6.30pm to 8pm. Patients could make appointments by phone or in person from 8am and GP appointments ran from 9am to 12pm and 4.30pm to 6.30pm. Between 1pm and 3pm the doors were closed. 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 below local and national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

Since our previous inspections the practice had taken measures to improve access. They had implemented a new improved telephone system and opened the doors from 8am whereas previously it was 9am. The practice's in-house patient survey showed that 98% of patients were satisfied with the opening hours and 99% could get through easily to the practice by phone.

The practice had also implemented a system to follow up patients who did not attend their appointments with an aim of improving the appointment system.

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 including information in the practice leaflet and in the patient waiting room.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. 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 their appointment had not been rearranged when a clinical session was cancelled. The complaint was discussed in a staff meeting and the importance of ensuring that all appointments are rescheduled in such instances. The complainant received a written apology.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection in February 2016, we rated the practice as inadequate for providing well-led services. The practice did not have a clear vision and strategy, the senior GP partner could not demonstrate an understanding of the day to day management of the practice in the absence of the practice manager, key policies and procedures were missing and existing policies did not have review dates. Regular governance meetings were not held and there was limited evidence to show that the practice acted on feedback from staff or patients. At our inspection in May 2016 we found some improvements had been made although further improvement was necessary particularly in relation to the overall clinical leadership of the practice.

At this inspection further improvement was evident but the clinical leadership arrangements were only formalised at the time of the inspection and we were not assured that the improvements to date would be sustained.

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 and staff knew and understood the values.
- The practice had a strategy and which reflected the vision and values and was regularly discussed at staff meetings.
- Succession planning was in place.

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.
- Practice specific policies were implemented and were available to all staff. All policies and procedures had been reviewed since our previous inspections and new key policies implemented.
- A comprehensive 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.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Since our inspection in May 2016 the senior partner was not providing clinical care and they had taken a management role with the support of the practice manager. Clinical leadership had been provided by a salaried GP. The named clinical lead was not available for interview at our inspection and the practice manager subsequently informed us after the inspection that a new clinical lead had been appointed. The newly appointed clinical lead had worked at the practice since August 2016 and was providing four clinical sessions over three days. During our discussions, the lead GP told us that they had played an integral role in the improvements made since our previous inspections including the implementation of the vulnerable patients registers and the improvements in QOF performance. They had been proactive in introducing new policies and guidance. For example, they had devised a desk aid to support the clinicians manage patients with specific QOF related conditions and they had introduced guidance for assessing pre-diabetic patients and borderline obese patients. The lead GP showed us evidence they had engaged with the CCG through meetings and reported back to the practice with new updates and services. The GP was also involved in CCG medicine management audits to ensure safe prescribing. Along with the lead GP, two additional salaried GPs had been employed since August 2016, all of whom had played a role in the improvements made to the clinical care provided by the practice. Although the effectiveness of the new clinical leadership could not be fully assessed as they had taken up the role shortly after our inspection there was evidence that they had made an impact on clinical care since joining the practice and would continue to impact on the quality of care provided.

The provider had introduced a policy in September 2016 to ensure compliance with the requirements of the duty of candour and staff understood the policy. (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). 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:

Are services well-led?

Requires improvement 

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

- 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. We saw evidence of meeting minutes which included clinical, whole practice, locality and multi-disciplinary group 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 and submitted proposals for improvements to the practice management team. For example, a hand rail had recently been installed following a PPG meeting discussion.
- The practice had gathered feedback from staff 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not been met: The provider must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected. Regulation 17(1)