

Francis Road Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Francis Road Medical Centre on 12 May 2016. The overall rating for the practice was requires improvement, with a rating of inadequate in safe. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. The full comprehensive report on the 12 May 2016 inspection can be found by selecting the 'all reports' link for Francis Road Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 31 January 2017 and 22 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had acted upon the findings of our previous inspection in relation to patient safety. We found that risks to patients were assessed and well managed.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- 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.
- 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.
- Review the significant event reporting process to ensure all significant events are captured to enable learning outcomes to be shared with all staff.
- Monitor performance in relation to the childhood immunisation programme.
- Continue to develop a programme of quality improvement to improve patient care.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

The areas where the provider should make improvement are:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had acted upon the findings of the previous inspection in relation to safeguarding training, chaperoning, recruitment, Disclosure and Barring Service (DBS) checks, infection control, medicine management, responding to medical emergencies and premises health and safety. We found that risks to patients were assessed and well managed.
- There was a 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. We found that since our previous inspection all clinical and non-clinical staff had received safeguarding children and adult training to a level relevant to their role.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) indicated that the practice was statistically comparable to practices locally and nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been undertaken and the practice were developing a programme of continuous 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care

Summary of findings

and treatment. For example, 83% of patients said the GP was good at listening to them (CCG average 83%; national average 89% and 89% of patients said the GP gave them enough time (CCG average 80%; national average 87%).

- Data from the national GP patient survey showed patients rated the practice statistically comparable to others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible and available in languages aligned to the practice demographic.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. For example, 56% of patients said they usually got to see or speak to their preferred GP (CCG average 52%; national average 59%).
- Data from the national GP patient survey showed patients rated the practice comparable to others for access. For example, 88% of patients said the last appointment they got was convenient (CCG average 88%; national average 92%) and 69% of patients described their experience of making an appointment as good (CCG average 65%; national average 73%).
- 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 developed a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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.

Good



Summary of findings

- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 12 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 12 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 86% (national average 76%) with a practice exception reporting of 11% (national 9%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 71% (national average 80%) with a low practice exception reporting of 2% (national 13%).
- The practice held a register of all its pre-diabetic patients and recalled them for monitoring.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- 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.

Families, children and young people

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 12 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of families, children and young people.

- 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.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 81%.
- The percentage of patients with asthma, on a register (159 patients), who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 82% which was above the national average of 76% (practice exception reporting 0.6%; national 8%).
- Childhood immunisation rates for the vaccinations given to the under two year olds and five year olds were lower when compared to the national averages.
- Appointments were available outside school hours.

Good



Working age people (including those recently retired and students)

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 12 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of working-age people (including those recently retired and students).

- The 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.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening clinics on Tuesday from 6.30pm to 8pm and on Friday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 12 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people 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 and 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.

Good



People experiencing poor mental health (including people with dementia)

The practice had resolved the concerns for safety, effective and well-led identified at our inspection on 12 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was above the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% (36 patients) compared to the national average of 89% (practice exception

Good



Summary of findings

reporting %; national 13%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (36 patients) compared to the national average of 89% (practice exception reporting zero per cent; national 10%).

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 94% (17 patients) compared to the national average of 84% (practice exception reporting zero per cent; national 7%).
- 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 undertaken dementia awareness training and had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and the results showed the practice was statistically comparable with local and national averages. Three hundred and fifty-three survey forms were distributed and 100 were returned. This represented 2% of the practice's patient list and a response rate of 28%.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 88% of patients said the last appointment they got was convenient compared to the CCG average of 88% and the national average of 92%.
- 76% 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 79% and the national average of 85%.
- 56% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 52% and the national average of 59%.

- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 67% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received.

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

The practice captured patient feedback through the Friends and Family Test (FFT). For the period November and December 2016 the practice had collected 18 responses. The results showed that 67% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the significant event reporting process to ensure all significant events are captured to enable learning outcomes to be shared with all staff.
- Monitor performance in relation to the childhood immunisation programme.
- Continue to develop a programme of to improve patient care.

Francis Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Francis Road Medical Centre

Francis Road Medical Centre is situated at 94 Francis Road, Waltham Forest, London, E10 6PP. The practice operates from a converted residential property. The practice has access to three consulting rooms, two on the ground floor and one on the first floor accessed via stairs.

The practice provides NHS primary care services to approximately 4,600 patients living in the Leyton area of London through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS Waltham Forest Clinical Commissioning Group (CCG) which consists of 45 GP practices.

The practice population is in the fourth least deprived decile in England. The practice population of male and female patients between the age brackets 0 to 9 and 25 to 39, 30 to 34 and 35 to 39 is higher than the national averages. Of patients registered with the practice, the majority are eastern European and Asian.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated

activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; surgical procedures; and family planning.

The practice provides a range of services including childhood immunisations, chronic disease management, cervical smears and travel advice and immunisations.

The practice staff comprises of a female GP partner (five sessions per week), a male GP partner (six sessions per week) and a female salaried GP (five sessions per week). The GPs were supported by a practice nurse (28 hours per week), a practice manager, a deputy practice manager and administration and reception staff.

The practice reception and telephone lines are open from 9am to 1pm and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday and from 9am to 1pm on Thursday. Extended surgery hours are offered on Tuesday from 6.30pm to 8pm and on Friday from 6.30pm to 7.30pm.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Appointments with a GP or a practice nurse are also available on Saturday and Sunday from 9.30am to 4.30pm for routine and urgent appointments at 'hub' practices within Waltham Forest CCG area. The practice had leaflets in the waiting room advertising this service.

Why we carried out this inspection

We undertook a comprehensive inspection of Francis Road Medical Centre on 12 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement, with a rating of inadequate in safe. Where a service is rated as inadequate for one of the five key

Detailed findings

questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. The full comprehensive report following the inspection on 12 May 2016 can be found by selecting the 'all reports' link for Francis Road Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Francis Road Medical Centre on 31 January 2017 with a return visit on 22 February 2017 due to the unavailability of a member of the CQC clinical team on the 31 January 2017 inspection. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 January 2017 and 22 February 2017. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, practice manager, deputy practice manager and receptionists) 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

At our previous inspection on 12 May 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of safeguarding training, chaperoning, recruitment, Disclosure and Barring Service (DBS) checks, infection control, medicine management, responding to medical emergencies and premises health and safety were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 31 January 2017 and 22 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our previous inspection we found there was a system in place for reporting and recording significant events but the practice could not demonstrate how outcomes and learning was shared with all staff. Since our inspection the practice had introduced a structured meeting schedule with a standing agenda which included significant events. All staff attended these meetings and we saw minutes where significant events were discussed. Staff we spoke with told us that minutes of meetings were available on the practice's computer system.

- 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 had recorded four significant events since our last inspection. We discussed with the practice that significant events captured could be wide-ranging and could reflect good as well as poor practice. The

practice gave a further example of a prescribing error which had not been recorded as a significant event. The practice told us they would record this and discuss at the next meeting.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed how it monitored and handled incoming faxes after action on an urgent fax had been delayed as it had been incorrectly placed with routine correspondence for review by the doctor. Staff we spoke with on the day were aware of the new fax policy.

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 which the practice had been unable to demonstrate at our previous inspection. GPs were trained to child safeguarding level three, the practice nurse to safeguarding children level two and the non-clinical staff to level one. Staff had also undertaken Prevent training (prevention of extremism and radicalisation).
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. Since our last inspection all staff who acted as a chaperone had been 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

Are services safe?

children or adults who may be vulnerable). All staff we spoke with on the day understood their role as a chaperone and where to stand to observe the procedure.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had addressed the findings of our previous inspection and we found the cleaning cupboard to have appropriate segregation of mops.
- The practice nurse was the infection control clinical lead. Since our last inspection the infection control protocol had been updated and all staff had received training. An infection control audit had been undertaken by the local commissioning support group in June 2016 and we saw evidence that action had been taken to address any improvements identified as a result. For example, it was recommended that the practice undertook internal infection control audits on a six monthly basis. We saw evidence that the practice nurse had undertaken a follow-up audit in December 2016. All non-clinical staff we spoke with knew how to handle specimens in the reception area, had access to appropriate personal protective equipment when handling specimens at the reception desk and knew the location of the bodily fluid spill kits.
- Since our last inspection the practice had made improvements to the arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal) to keep patients safe. The practice had procured a new pharmaceutical fridge and we found medicines were stored within guidelines. Specifically, we found that the daily fridge temperature was recorded which included the maximum and minimum temperature which the practice were unable to demonstrate on our previous inspection. A process was in place to monitor the use of blank prescription forms and pads and we found that these were securely stored. 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). We found that these were signed by the lead GP and the practice nurse.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescribing optimisation software, which interfaced with the practice's clinical system, was used to ensure safe and appropriate prescribing.
- Since our last inspection the practice had revised its recruitment policy which included a recruitment documentation check list to ensure all mandatory paperwork was in place for each member of staff. We reviewed four personnel files and found appropriate recruitment checks had been undertaken. 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

The practice had acted upon the findings of our previous inspection in relation to patient safety. We found that 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 posters located in the reception office which identified the local health and safety representative. The practice had undertaken risk assessments for health and safety, Control and Substance Hazardous to Health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had installed a fire alarm warning system since our last inspection and we saw evidence that all fire extinguishers had been maintained. The fire alarm sounder was regularly checked and staff confirmed they shared this responsibility and a log was maintained. The practice had trained two fire marshals. Fire evacuation drills were undertaken regularly and all staff we spoke with knew where the fire evacuation assembly point was located. All staff had now undertaken fire awareness training. The practice had undertaken a fire risk assessment at the time of the fire alarm installation and we saw evidence that action had been taken to address the improvements identified. For example, fire exit signage throughout the building.

Are services safe?

- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in July 2016 and portable electrical appliances had been checked in May 2016.
- 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.

- Since our last inspection the practice had procured an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). All staff we spoke with knew the location of the AED and had received annual basic life support training which included training with the AED.
- The practice had oxygen with adult and children's masks and a first aid kit available on the premises.
- 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. An anaphylaxis pack (used to treat an acute allergic reaction) was also now available in the practice nurse's room on the first floor.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 12 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff induction and appraisals, mandatory training and clinical audits required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 31 January 2017 and 22 February 2017. 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 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.

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 95% of the total number of points available (CCG 95%; national 95%) with 4.1% overall exception reporting (CCG 6.5%; national 5.7%). (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 practice was not an outlier for any QOF (or other national) clinical targets. The practice told us that since our last inspection the lead GP had been allocated dedicated time to monitor QOF performance. We saw evidence that QOF was discussed in practice meetings.

Data from 2015/16 showed:

- Performance for diabetes related indicators was statistically comparable with the national average. For example, the percentage of patients with diabetes, on

the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 86% (national average 76%) with a practice exception reporting of 11% (national 9%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 71% (national average 80%) with a low practice exception reporting of 2% (national 13%).

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 83% which was comparable with the national average of 83% (practice exception reporting 5%; national 4%).
- The percentage of patients with asthma, on a register (159 patients), who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 82% which was above the national average of 76% (practice exception reporting 0.6%; national 8%).
- Performance for mental health related indicators was above the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% (36 patients) compared to the national average of 89% (practice exception reporting 0%; national 13%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (36 patients) compared to the national average of 89% (practice exception reporting zero per cent; national 10%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 94% (17 patients) compared to the national average of 84% (practice exception reporting zero per cent; national 7%).
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 100% (767 patients) compared to the national average of 95% (practice exception reporting zero per cent; national 0.8%).

At our previous inspection we found the practice had undertaken two completed clinical audits but could not demonstrate an ongoing quality improvement programme

Are services effective?

(for example, treatment is effective)

including audit to show continuous improvement to patient care. Since our last inspection the practice had undertaken four clinical audits, two of these were completed audits where the improvements made were implemented and monitored. For example, a review of 50 patients over the age of 65 years on polypharmacy (the use of four or more medicines) was undertaken to ascertain if all medicines were needed and ensure there were no potential adverse drug reaction to the combination of medicines. The review revealed that 20 patients were prescribed medicines on repeat prescription that they no longer needed or they were no longer taking. These were discontinued in agreement with each patient. The audit was repeated 6 months later and it was found that none of the patients had reported any medical problems as a result of the change to their medicines.

The practice acknowledged that their quality improvement programme was in development and said they planned to use the Royal College of General Practitioners (RCGP) quality improvement toolkit and look at QOF and prescribing data to identify further quality improvement. The practice told us they also participated in local CCG-led audits, national benchmarking and peer review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had made improvements since our last inspection with regards to staff induction, mandatory training and staff appraisals.

- 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. An induction and information pack was also available for locum doctors.
- 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. For example diabetes update training.
- 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 and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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 were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Childhood immunisation rates for the vaccinations given to the under two year olds were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had not achieved the target in any of the four areas. The practice's achievement ranged from 71% to 87%. These measures can be aggregated and scored out of 10, with the practice scoring 7.6 (compared to the national average of 9.1). Immunisation rates for five year olds ranged from 75% to 85% (CCG 77% to 89% and national 88% to 94%).

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 12 May 2016, we rated the practice as good for providing caring services. At our follow up inspection on 31 January 2017 and 22 February 2017 we also found the practice was good 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.

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

We spoke with one member of the patient participation group (PPG) and received a written statement from another who had been unable to attend on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 83% of patients said the GP was good at listening to them compared to the CCG average of 83% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared to the CCG average of 86% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared to the CCG average of 87% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 94% and the national average of 97%.
- 89% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Although on the whole results were statistically comparable with local and national averages, some responses regarding consultations with GPs was below local and national averages. For example:

- 76% 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%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.

Are services caring?

- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that 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 in the waiting room. The practice had various health promotion leaflets available in several languages aligned to their patient demographic.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 12 May 2016, we rated the practice as good for providing responsive services. At our follow up inspection on 31 January 2017 and 22 February 2017 we also found the practice was 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.

- The practice offered extended opening clinics on Tuesday from 6.30pm to 8pm and on Friday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those requiring an interpreter.
- 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.
- Baby changing facilities were available.
- Translation services were available and several languages were spoken by staff at the practice, for example Polish, Hindi, Tamil and Urdu. Interpreter services were advertised in the waiting room.
- Since our last inspection the practice had installed an emergency pull cord in the accessible toilet and a hearing loop.
- At our previous and recent inspections we observed patients with prams struggling with the door into the surgery. The practice told us they planned to install an automatic opening door. There was a ramp to the front door.
- The practice described how it was responsive to the needs of its diverse patient population. For example, ensuring timely completion of documentation following

a patient death to facilitate some religious burial timeframes, medicines and blood test advice during periods of fasting and health and immunisation advice for pilgrimage.

Access to the service

The practice reception and telephone lines were open from 9am to 1pm and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday and from 9am to 1pm on Thursday. Appointments were from 9am to 1pm every morning and 4pm to 6.30pm each afternoon except Thursday. Extended hours appointments were offered on Tuesday from 6.30pm to 8pm and on Friday from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance and telephone appointments, 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.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 88% of patients said the last appointment they got was convenient compared to the CCG average of 88% and the national average of 92%.
- 56% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 52% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- 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. Both verbal and written complaints were recorded by the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster in the waiting room and a complaints leaflet.

The practice had not recorded any written complaints since our last inspection. However, a system of recording verbal complaints had been introduced and we saw minutes of meetings where these were discussed. At our previous inspection we saw that written complaints had been dealt with in a timely way, with openness and transparency. The practice had revised its complaints leaflet since our last inspection and now included details in line with national guidance, for example, advocacy services and the Parliamentary and Health Service Ombudsman.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 12 May 2016, we rated the practice as requires improvement for providing well-led services secondary to the findings of inadequate in safe and requires improvement in effective.

These arrangements had improved when we undertook a follow up inspection on 31 January 2017 and 22 February 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- Since our previous inspection the practice had developed a strategy and supporting business plans which reflected the vision and values.

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.
- An understanding of the performance of the practice had developed and the lead partner had been allocated dedicated time to review and monitor performance. For example, Quality and Outcome Framework (QOF).
- The practice were developing a programme of continuous clinical and internal audit to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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.

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), the Friends and Family Test (FFT) and complaints received.
- The PPG met regularly and minutes of meetings were available. The PPG positively commented on the improvements made at the practice since the previous inspection.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.