Roman Way 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?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 10

Areas for improvement 10

Detailed findings from this inspection

Our inspection team 11

Background to Roman Way Medical Centre 11

Why we carried out this inspection 11

How we carried out this inspection 11

Detailed findings 13

Action we have told the provider to take 25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Roman Way Medical Centre on 12 January 2017. Overall the practice is rated as requires improvement.

The practice was previously inspected in March 2016. It was given an overall rating of requires improvement. The practice was found good for providing an effective and responsive service and requires improvement for providing a caring and well led service. The practice was found inadequate for providing a safe service and was found in breach of regulations 12 (safe care and treatment), 17 (good governance), 18 (staffing) and 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. When we re-inspected we found that the matters leading to these breaches had been addressed.

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

- The practice was aware of the performance challenges outlined in the poor QOF (Quality and Outcomes Framework) scores and had put a plan in place to address this and improve outcomes for patients.
- The practice scored below average for many of the scores in the national patient survey, especially those relating to nursing services. The practice was aware of this and were putting plans in place to address this including putting performance plans for members of staff.
- Risks to patients were assessed and managed. However emergency equipment was housed in a number of locations within the nurse's room and not easy to get in an emergency. There was no log of cleaning of hand held clinical equipment such as spirometer, nebuliser or ear irrigator.
- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.

Summary of findings

- 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.
- 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. However once at the practice, patients said that there was a long wait to see the GP. The practice was aware of this matter and were addressing it with individual GPs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on. The practice had developed a virtual patient participation group (PPG) following the difficulties found in forming a physical PPG.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Investigate further ways to improve QOF scores.
- Identify ways to improve the scores from the national patient survey in relation to patient satisfaction with the service.

The areas where the provider should make improvement are:

- Produce a schedule for the cleaning of hand held clinical equipment.
- Ensure emergency equipment is easily accessible and that all staff know of the location.
- Look into ways to improve the uptake for the cervical screening programme.
- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

At the inspection in March 2016 we found the practice inadequate for providing a safe service. There was no formal method of recording and sharing from significant events, personal patient information was on display in the reception area, no cleaning schedules were in place, only clinical staff had undertaken infection control training and no infection control audits had taken place, prescription pads were not being kept secure, no evidence of pre-employment checks for staff and the emergency equipment was unsuitable for use. At this inspection we found these areas had been addressed.

- Risks to patients were assessed and well managed. However there was a need for all emergency equipment to be placed in a central area so that staff were able to locate them quickly.
- There was no cleaning schedule for hand held clinical equipment such as spirometer, nebuliser and ear irrigator.
- 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.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the local and 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. Scores relating to nursing were below the local and national averages. The practice was aware of this and intended to put plans in place to address the low scores but had not as yet addressed this.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a 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.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 sought feedback from staff and patients, which it acted on. The practice had developed a virtual patient participation group which would be providing feedback from the practice quality questionnaire.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All older people had care plans which were regularly reviewed.
- The practice was accessible to those patients with reduced mobility.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was generally comparable to the CCG and to the national average. 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.

Families, children and young people

Requires improvement

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 68%, which was below 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.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available for those who could not attend during working hours.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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)

Requires improvement

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 64%, compared to the CCG average of 89% and the national average of 89%. The practice was aware of the lower than average scores and were looking at ways to address them.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 67%, compared to the CCG average of 83% and the national average of 84%. The practice was aware of the lower than average scores and were looking at ways to address them.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ten survey forms were distributed and 106 were returned. This represented 2% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Patients stated that they were treated with dignity and respect; however patients stated in the cards that there were long waiting times to see the doctor once at the surgery. The practice was aware of this issue and had put plans in place to address this.

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

Areas for improvement

Action the service MUST take to improve

- Investigate further ways to improve QOF scores.
- Identify ways to improve the scores from the national patient survey in relation to patient satisfaction with the service.

Action the service SHOULD take to improve

- Produce a schedule for the cleaning of hand held clinical equipment.
- Ensure emergency equipment is easily accessible and that all staff know of the location.
- Look into ways to improve the uptake for the cervical screening programme.
- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

Roman Way Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Roman Way Medical Centre

The Roman Way Medical Centre is located in the London Borough of Islington. The practice is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 38 practices. It currently holds a General Medical Service (GMS) contract to provide primary medical care services to 4713 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 30% under the age of 18 and 19% over the age of 65. The Roman Way Medical Centre is situated within a purpose built building. Consulting rooms and administrative offices are situated on the ground level. There are currently two full time GP partners (one female and one male) Each GP carries out eight sessions per week. The practice had recently lost a full time partner and was recruiting for more GP cover. Practice staff also consisted of a practice nurse (who works 24 hours a week), practice manager and administrative staff.

The practice is open between 8.45am and 6.30pm each week day except Thursday when the practice is open from 8.45 am to 1.00pm. Appointments are from 9.00am to 12.00pm every morning and 3.00pm to 6.30pm daily. Extended surgery hours are offered on a Monday, Tuesday, Wednesday and Friday from 6.30pm to 7.00pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments are also available for people that needed them. Patients are able to book appointments on line.

The practice has opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. It also provides health advice and blood pressure monitoring.

The practice was previously inspected in March 2016. It was given an overall rating of requires improvement. The practice was found inadequate for providing a safe service and was found in breach of regulations 12 (safe care and treatment), 17 (good governance), 18 (staffing) and 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was also rated as good for providing an effective and responsive service and requires improvement for providing a caring and well led service. At this inspection we found that the matters leading to these breaches had been addressed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager and administrative staff) 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.

Good

Are services safe?

Our findings

We inspected the practice in March 2016 and rated the practice inadequate for providing a safe service. This was due to a lack of effective systems for dealing with emergencies, poor emergency equipment, lack of evidence of recruitment checks and a failure to analyse significant events. When we inspected in January 2017 we found a significant improvement in the safety of the practice.

Safe track record and learning

When we inspected in March 2016 we found that there was no formal method of recording and sharing learning from significant events. Details of events were kept in a notebook but no analysis had been carried out.

When we inspected in January 2017 we found that the practice had developed an effective system for reporting and recording significant events.

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

We reviewed three safety records, incident reports, patient safety alerts recorded since the inspection in March 2016. We saw minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw evidence of a significant event where a patient with a number of known health concerns that the practice were managing presented for treatment. The district nurse was not able to do this because the patient was not housebound. She was informed by the nurse at the practice that she, the practice nurse, was not qualified to undertake the required treatment. A referral was made for the treatment to be undertaken but the GP was unaware at the time of referral that service had closed down. A second referral was then made to the local hospital. The matter was discussed and information was updated within the practice regarding the local referral pathways for the type of treatment required.

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, the practice nurse had received level 2 training. Non clinical staff had received level 1 training.

  When we inspected in March 2016 we found patient information on display within the reception area in eye view of patients which included a list of names and addresses of vulnerable housebound patients. When we returned in January 2017 this information had been removed and we observed no further information of this kind on display.
- 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.
- At the inspection in March 2016 we found that there was no formal schedule for the cleaning of the premises. There was a communication book between the practice and the cleaner where specific cleaning tasks could be

written but it was unclear as to whether the tasks were carried out. We also found that only clinical staff had undertaken infection prevention and control training and no infection prevention and control audits had taken place.

When we inspected in January 2017 we found that the issues had been rectified. The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We were provided with evidence of completed cleaning schedules for the cleaning of the premises. However there were no cleaning schedules for the cleaning of hand held clinical equipment such as spirometer, nebuliser and ear irrigator. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken and we saw evidence that action was being 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 audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- At the inspection in March 2016 we found that prescription pads were not being secured securely and were being left in the printers of unlocked consulting rooms when the practice was closed and there was ineffective monitoring of their use. When we inspected in January 2017 we found that a new prescription security policy had been implemented which included the procedure for logging blank prescription forms in order to provide an audit trail and an appropriate procedure for their storage. We saw evidence of the policy in use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However these had only been signed by the GP as the nurse was currently on sick leave. We were given assurance that the PGD's would be signed by the nurse on return before she treated patients. The GP lead was covering nursing duties until her return. 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.
- When we inspected in March 2016 we viewed the personnel files and found that they contained wage slips and no information in regard to recruitment or relevant pre-employment checks. At the inspection in January 2017 we found that new recruitment procedures had been implemented and along with this a standard recruitment file content had been adopted. This included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw evidence that the new format recruitment file had been adopted for all employees.

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 in October 2016 to ensure the equipment was safe to use and clinical equipment was checked in December 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Legionella testing was out of date at the inspection in March 2016 but was tested in December 2016 prior to our latest inspection in January 2017.
- 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

Good

Are services safe?

At the inspection in March 2016 we found that the practice had some arrangements in place to respond to emergencies and major incidents. However we found that oxygen masks were not fit for use and the cylinder was nearly empty, the defibrillator was still in the original box and locked away within the nurses room, missing medicines from the emergency medicines kit and the list of medicines held did not include an expiry date, there was no system in place for checking that emergency equipment was in working order.

When we inspected in January 2017 we found that 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. We viewed the emergency medicines log sheet and found it up to date with all the relevant information on it. All medicines that were required were present and the medicines we checked were in date.
- When we inspected in March 2016 the defibrillator was locked away in a cupboard within the nurse's room still in the original packaging. When we went back in March 2017 the defibrillator was no longer locked away and was accessible to staff. The practice also had oxygen with adult and children's masks. There was a record of the defibrillator and oxygen being checked on a regular basis. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice, however not all of the staff knew the exact location of the emergency medicines; they knew the room they were kept in but once in the room were unable to find them. Emergency equipment was spread around the room and the practice agreed that it would be more helpful if they were housed in one specific area. The practice agreed to look at the housing arrangement for the emergency medicines and accompanying equipment.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had recently been revised and updated (2016) and included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 88% of the total number of points available. The practice had a total exception rate of 3% compared to the Clinical Commissioning Group (CCG) average of 6% and the national average of 6% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was generally comparable to the CCG and to the national average. For example:
  - The percentage of patients in whom the last blood sugar level was 64 mmol/mol or less was 71%, compared to the CCG average of 76% and the national average of 78%.
  - The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 76%, compared to the CCG average of 76% and the national average of 78%.
  - The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 81%, compared to the CCG average of 78% and the national average of 78%.
- Performance for mental health related indicators were below the CCG and the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 64%, compared to the CCG average of 89% and the national average of 89%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 67%, compared to the CCG average of 83% and the national average of 84%.
- Performance for other health related indicators were comparable to the CCG and the national average. For example:
  - The percentage of patients with atrial fibrillation with CHADS2 score of 1 who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 85%, compared to the CCG average of 80% and the national average of 87%.
  - The percentage of patients with asthma who had an asthma review that included an assessment of asthma control using the RCP three questions was 76%, compared to the CCG average of 75% and the national average of 76%.
  - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 76%, compared to the CCG average of 91% and the national average of 90%.

    The practice was aware of the lower than average scores that they had for many of the clinical areas and explained that they served a large mobile population and it was difficult for the practice to ensure that patients came for reviews. However they were continuing to audit their lists and contact patients who had missed appointments to encourage them to attend. Routine letters were sent as well as telephone call reminders to patients.

    There was evidence of quality improvement including clinical audit.

Requires improvement

Are services effective?

(for example, treatment is effective)

- There had been five clinical audits undertaken since the last inspection on March 2016, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. A recent audit was undertaken to check patients' blood for the correct level of creatinine (checked to ensure the kidneys are working correctly) when patients were using an ace inhibitor (used to treat high blood pressure). The practice undertook a search of the records to ascertain which patients had their ace inhibitor dose changed between March 2015 and August 2015. Fourteen patients had their ace inhibitor changed, nine patients received the blood test within four weeks, two had not been asked to attend for the test, two were requested to have the test but did not attend and one received the test too early.The practice reminded GPs that the blood test should be requested to be completed four weeks after the change of dose and a note on the patient records was applied to ensure that a reminder is given. The audit was repeated for the period March 2016 to August 2016 and it was found that of the 20 patients that received a change in ace inhibitor, 16 received the blood test within four weeks, of those 16, two were not completed and two were not due the test because it was less than four weeks since the change of medication. This shows that the practice was improving the provision of the blood tests for the patients. The practice planned to repeat the audit.

Effective staffing

When we inspected in March 2016 we found that not all staff were able to demonstrate that they had the skills, knowledge and experience to deliver effective care and treatment. There was no staff training log to record what staff training had been undertaken and some non-clinical members of staff had not received some mandatory training such as basic life support.

At the inspection in January 2017 we found that new systems had been put in place to ensure there was an accurate record of staff training and where gaps in training needed to be followed up to ensure that 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. Evidence of this training was logged within the employee files.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff who had been at the practice over 12 months had received an annual appraisal.
- 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

Requires improvement

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 68%, which was comparable to 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; however they stated that they found it difficult to get patients to attend the cervical screening programme due to the transient nature of the population and patients moving on before their appointment. 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.

Childhood immunisation rates for the vaccinations given were above the national standard of 90% for all immunisations.

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.

Requires improvement

Are services caring?

Our findings

At the inspection in March 2016 we rated the practice as requiring improvement for providing a caring service. This was due to the practice not addressing poor scores in the national patient survey and not identifying and providing a service for patients who were carers. When we inspected in January 2017 we found that plans had been put in place to address these issues.

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 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However many said that they had to wait a long time to see the doctor.

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 mainly comparable to the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 70% of patients said the nurse gave them enough time compared to the CCG average of 87% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 95%.
- 86% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Since the last inspection in March 2016 the practice had been working to improve their national patient survey scores, in particular those relating to nursing. We found at the inspection in January 2017 that the practice was working with staff to put a plan into place to improve the scores and the service to patients. At present nothing had been undertaken but the practice was planning further staff training.

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 with the GP but less positively with the nurse. Results were below the local and national averages. For example:

Requires improvement

Are services caring?

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

Since the last inspection in March 2016 the practice has been working to improve their national patient survey scores, in particular those relating to nursing. We found at the inspection in January 2017 that the practice was working with staff to put a plan into place to improve the scores and the service to patients.

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

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 36 patients as carers (less than 1% of the practice list). Since the last inspection in March 2016 the practice have actively put systems in place to identify and support carers. When we inspected in January 2017 we found that patients were being asked by staff if they were carers and if so added to the carers register, information was on display in the waiting room and a message had been placed on patients prescriptions. A dedicated page on the practice website provided detailed information for carers.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hour's clinics on Monday, Tuesday, Wednesday and Thursday evenings until 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Telephone consultations were available for patients that were unable to attend the practice.
- At risk patients received a telephone number that by-passed the main reception telephone number.

Access to the service

The practice was open between 8:45am and 6:30pm each week day except Thursday when the practice was open from 8:45am to 1pm. Appointments were from 9.00am to 12.00pm every morning and 3.00pm to 6:30pm daily. Extended surgery hours were offered on a Monday, Tuesday, Wednesday and Friday from 6:30pm to 7.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them however patients stated that there were often long waiting times to be seen. The practice was aware of this matter and were reviewing this issue with individual doctors.

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 a complaints leaflet, information on the practice website and poster in the waiting room.

We looked at four complaints received in the last 12 months and found they were handled in a timely way and in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that the information sent on a referral letter to hospital was incorrect. When the practice learned of this, they contacted the hospital to ensure that the correct information was received and offered the patient a follow up appointment. The practice reviewed this matter and changed its policy to

Good

Are services responsive to people's needs?

(for example, to feedback?)

ensure that checks were put in place before referral letters were sent. The locum information was also updated to ensure all GPs were aware of the need to check information before sending.

Are services well-led?

Good

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

Our findings

When we inspected in March 2016 we rated the practice as requires improvement for providing a well led service. The issues found were that there were ineffective governance procedures, not all the partners were clear about their own roles and responsibilities and there was no patient participation group (PPG) in place to provide patient feedback. At the inspection in January 2017 we found that measures had been put in place to address the issues of concern.

Vision and strategy

At the inspection in March 2016 we found that there was no clear vision for the practice and that there was no business plan in place to achieve any practice objectives.

When we inspected in March 2017 we found that the practice had developed a vision to deliver high quality care and promote good outcomes for patients.

- Staff knew and understood the values of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values.

Governance arrangements

At the inspection in March 2016 we found that there were ineffective governance procedures. The senior partner was the overall HR, finance, building, clinical and patient safety lead. Practice specific policies were in place however staff did not have access to them. There was no system for clinical audit cycles and the systems for identifying, recording and managing risks were not effective.

When we inspected in March 2017 we found that the practice had employed a practice manager (October 2016) who had worked on developing the governance arrangements within the practice. We found that there was now a 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 on a shared intranet site to all staff.
- The practice had developed an understanding of the performance of the practice and was putting in systems to monitor this, including the monitoring and auditing of QOF progress and an action plan to improve the scores of the national patient survey. This area still required development
- A programme of continuous clinical and internal audit was now being used 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.

Are services well-led?

Good

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

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

At the inspection in March 2016 we found that the practice did not have an active patient participation group (PPG) and that feedback from patients was limited to complaints. When we inspected in January 2016 the practice had set up a virtual PPG in November 2016 and was encouraging patients to sign up to this through a dedicated page on the practice website. At the time of the inspection there was no feedback from the group but the practice had gained a number of members. A patient questionnaire was to be distributed to patients in February 2017 asking general questions about the service provided and how improvements could be made. This questionnaire would be analysed and used as the basis of discussion for the virtual PPG. The practice explained that due to the nature of the patient population it had been difficult to initiate a physical PPG but hoped that the setting up of the virtual PPG would be the basis on which a physical group could be formed.

The practice had gathered feedback from staff through staff appraisals and team meetings. 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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not addressed poor QOF results and the lower than average results from the national patient survey. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.