

Somerset Medical centre

Quality Report

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Date of inspection visit: 16 August 2016

Date of publication: 29/09/2016

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

Following a comprehensive inspection of Somerset Medical Centre on 21 July 2015, the practice was given an overall inadequate rating. Due to serious concerns about patient safety a decision was made to suspend the registration of the provider for a period of three months from 27 July 2015 to 27 October 2015. The provider appealed to a first-tier tribunal and a hearing was held on 01 October 2015. The appeal was dismissed by the tribunal upon agreement that we would re-inspect the practice on 14 October 2015 to assess if sufficient improvements had been made to allow the practice to re-open.

Following the inspection in October 2015 we found some improvements had been made however we still had concerns about the leadership of the practice and a decision was made to cancel the registration of the registered manager. The practice was placed in special measures and was found to be in breach of five regulations. Requirement notices were set for regulations 11, 12, 13, 17 and 18 of the Health and Social Care Act 2008.

We then carried out an announced comprehensive inspection on 16 August 2016 to consider if all regulatory breaches in the previous inspections had been addressed and to consider whether sufficient improvements had been made to bring the practice out of special measures.

At this inspection we found the practice had a new leadership team in place who had worked with the Royal College of General Practitioners (RCGP) to make the necessary improvements to the service provided. We found significant improvements had been made. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had facilities and was equipped to treat patients and meet their needs although the premises were in need of a general upgrade.
- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to improve the identification of disease and the coding of patients on the Quality and Framework Outcomes (QOF) registers.
- Improve multidisciplinary team working to meet the needs of patients with complex conditions.
- Record do not attempt cardiopulmonary resuscitation decisions on care plans where appropriate.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally below average compared to the national average. However, unpublished data from 2015/16 showed patient outcomes had improved.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs although multidisciplinary team working was an area in need of development.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, staff had up skilled to provide out of hospital services such as spirometry and anticoagulation. However, the practice had been advised by the CCG not to provide these services whilst in special measures.
- 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 facilities and was equipped to treat patients and meet their needs. However, the premises was in need of a general upgrade.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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

Good



Summary of findings

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 74% which was 12% below the CCG average and 16% below the national average with a 13% exception rate. However, unpublished 2015/16 data provided by the practice showed their diabetes performance had improved to 93%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as 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. Immunisation rates were comparable to others 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.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 88% and the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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 on 7 July 2016. The results showed the practice was performing in line with or below local and national averages. Three hundred and thirty five survey forms were distributed and 84 were returned. This represented a 25% response rate and 5% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 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%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients said the practice had improved since the new partnership was in place.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Latest results from the practice's friends and family test showed that out of 16 responses, 100% of respondents would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to improve the identification of disease and the coding of patients on the Quality and Framework Outcomes (QOF) registers.
- Improve multidisciplinary team working to meet the needs of patients with complex conditions.
- Record do not attempt cardiopulmonary resuscitation decisions on care plans where appropriate.

Somerset Medical centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Somerset Medical centre

Somerset Medical Centre is situated at 64 Somerset Road, Southall, Ealing, UB1 2TS. The practice provides primary medical services through a General Medical Services (GMS) to approximately 1733 patients in Southall (GMS is one of the three contracting routes that have been made available to enable commissioning of primary care services). The practice is part of the NHS Ealing Clinical Commissioning Group (CCG) which comprises 79 GP practices.

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

The ethnicity of the practice population is predominantly of Indian origin with a significantly higher than national average number of male patients 20-54 years old and female patients 30-34 years old. There is also a higher than average number of children 0-4 years old. Life expectancy is 78 years for males and 83 years for females which is similar to national averages. The practice serves a multi-lingual community including English, Panjabi, Tamil, Gujarati and

Polish speakers. The local area is the fifth most deprived in the London Borough of Ealing (people living in more deprived areas tend to have greater need for health services).

The practice team consists of a male GP partner (five sessions), female GP partner (four sessions), female salaried GP (five sessions, currently on maternity leave), a nurse prescriber (16 hours), two healthcare assistants/phlebotomists (32 hours) and a practice manager supported by a small team of reception/administration staff. The male GP partner is also the registered manager and he took over leadership of the practice in January 2016, the female GP partner joined the practice shortly after.

The opening hours are 8:00am to 6:30pm Monday to Friday with extended hours on Monday and Friday from 6:30pm to 7:15pm. The practice does not close for lunch. Patients can access out of hours care through the NHS 111 service.

Services provided include phlebotomy, chronic disease management, vaccination and immunisation, cervical screening and family planning.

Why we carried out this inspection

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

Following a comprehensive inspection of Somerset Medical Centre on 21 July 2015, the practice was given an overall inadequate rating. Due to serious concerns about patient

Detailed findings

safety a decision was made to suspend the registration of the provider for a period of three months from 27 July 2015 to 27 October 2015. The provider appealed to a first-tier tribunal and a hearing was held on 01 October 2015. The appeal was dismissed by the tribunal upon agreement that we would re-inspect the practice on 14 October 2015 to assess if sufficient improvements had been made to allow the practice to re-open.

Following the inspection in October 2015 we found some improvements had been made however we still had concerns about the leadership of the practice and a decision was made to cancel the registration of the registered manager. The practice was placed in special measures and was found to be in breach of five regulations. Requirement notices were set for regulations 11, 12, 13, 17 and 18 of the Health and Social Care Act 2008.

The practice was required to take the following action:

- Ensure effective leadership is in place to include oversight and understanding of all the systems in place to deliver a high standard of care to patients.
- Introduce procedures to ensure all clinicians are kept up to date with national guidance and guidelines and updates shared within the clinical team to improve whole practice care.
- Ensure audits of practice are undertaken, including completed clinical audit cycles to improve patient outcomes.
- Ensure all staff understand and implement the key principles of the Mental Capacity Act 2005 and Gillick competences.
- Ensure safeguarding policies contain up-to-date guidance.
- Develop a clear vision for the practice and a strategy to deliver it. Ensure it is shared with staff and staff know their responsibilities in relation to it.
- Ensure staff appraisals are carried out by appropriately qualified staff.
- Act on patient feedback to ensure areas of poor performance are addressed.

This inspection (August 2016) was carried out to consider if all regulatory breaches identified in the July 2015 inspection had been addressed and to consider whether sufficient improvements had been made to take the service out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016.

During our visit we:

- Spoke with a range of staff (two GP partners, practice nurse, healthcare assistant, practice manager, two non-clinical 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.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in October 2015, the practice was rated as requires improvement for providing safe services. Incident reporting procedures were not effective and safeguarding policies contained out-of-date guidance.

At this inspection we found improvements had been made:

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was booked to see a GP in relation to correspondence received from secondary care. The patient was booked however the paper trail protocol was not followed resulting in the letter not located in time for the appointment. The practice took action by reviewing the paper trail protocol and ensure staff followed it. The incident was discussed in a meeting and staff reminded to follow the protocol.

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 said they would attend safeguarding meetings when possible and would always provide reports where necessary for other agencies, however the GPs told us they had not identified any safeguarding concerns so far. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific

Are services safe?

clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

When we inspected the practice in October 2015, the practice was rated inadequate for providing effective services. Care and treatment was not delivered in line with recognised professional standards and guidelines. Clinical audit was not used to improve patient outcomes, the practice was not comparing its performance to others and there was minimal engagement with other providers of health and social care. An appraisal process was in place for staff however appraisals were not carried out by an appropriately qualified person.

At this inspection we found improvements had been made:

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. We saw evidence that guidelines were regularly discussed in clinical meetings.

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 93% of the total number of points available with an exception reporting of 11%. (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).

Data from 2014/15 showed:

- Performance for diabetes related indicators was 74% which was 12% below the CCG average and 16% below the national average.
- Performance for mental health related indicators was 69% which was 26% below the CCG average and 24% below the national average.

- Performance for dementia related indicators was 77% which was 19% below the CCG average and 18% below the national average.
- Performance for hypertension, asthma and cancer related indicators as 100%.
- Performance for Chronic Obstructive Pulmonary Disorder (COPD) related indicators was 100%.

Unpublished QOF data provided by the practice showed that performance had improved in 2015/16 to 95% of the total number of points available. For example, performance for diabetes related indicators was 93% and dementia related indicators 100%.

We saw evidence that the practice had improved on the identification of disease. For example since March 2016 there had been 18 new diagnoses of asthma, 30 diagnoses of hypertension, three cancer and three atrial fibrillation diagnoses, two heart failure and two COPD diagnoses. The new GP partners had also identified that previously patients had not in all cases been coded correctly on the clinical system and therefore the QOF registers did not accurately reflect disease prevalence. The practice had a plan in place to review all registered patients and ensure they were coded correctly on the clinical system. The practice had also introduced a recall system for patients on the QOF registers to improve performance.

There was evidence of quality improvement including clinical audit. There had been five clinical audits completed in the last 12 months, four of these were completed audits where the improvements made were implemented and monitored. For example, an audit was carried out on a medicine called methotrexate (used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis). The purpose of the audit was to ensure that patients on methotrexate were been monitored in line with recognised guidance. The initial audit showed that 100% of patients prescribed methotrexate had a read coded diagnosis for its prescription, 80% had relevant blood tests within the last three months and 80% of patient were co-prescribed folic acid. Following the initial audit an action plan was put in place to improve compliance and its implementation was discussed in a clinical meeting. A re-audit two months later showed that 100% of patients prescribed methotrexate had a read coded diagnosis for its prescription, 100% had

Are services effective?

(for example, treatment is effective)

relevant blood tests within the last three months and 80% of patients were co-prescribed folic acid. The practice planned to carry out a third audit in three months time to improve compliance further.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months and a GP partner and the practice manager had completed formal appraisal training.
- 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. Discussions took place with other health care professionals on an ad hoc basis however there were no formal multidisciplinary team meetings. The partners told us this was an area they would improve on.

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 and all staff had received formal training in the last 12 months.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- However, the GPs were not recording do not attempt cardiopulmonary resuscitation decisions on care plans.

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.
- Smoking cessation and dietary advice was available from the practice nurse and referrals to a dietician were made when appropriate.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

Are services effective? (for example, treatment is effective)

by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had put in place a recall system for patients who did not attend bowel cancer and cervical screening with 43 invitations for bowel screening and 67 invitations for cervical smears since the new partnership was established. The partners had also increased the number of nursing hours from eight to 16 hours which they felt would improve cervical screening uptake.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 83% and five year olds from 74% to 100%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

When we inspected the practice in October 2015 we were unable to re-inspect this domain as the practice had not been providing services to patients, as such our assessment and rating of caring remained inadequate as found at our initial inspection in July 2015. Data showed that patients rated the practice lower than others for many aspects of care. Patients were not always treated with compassion, dignity and respect and not all felt care for, supported and listened to. Patients were not always fully supported to cope emotionally with care and treatment.

At this inspection we found improvements had been made:

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 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to others 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 85% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

Are services caring?

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 and in different languages relevant to the local population.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers (2.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

When we inspected the practice in October 2015, we found the practice to be requires improvement for providing responsive services. Patients reported that access to a GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. Data showed that the practice was rated lower than others for access to appointments and satisfaction with opening hours.

At this inspection we found improvements had been made:

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, staff had up skilled to provide out of hospital services such as spirometry and anticoagulation. However, the practice had been advised by the CCG not to provide these services whilst in special measures.

- The practice offered a 'Commuter's Clinic' on a Monday and Friday evening from 6:30pm to 7:15pm 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was online access for appointments and repeat prescriptions.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available throughout the opening hours and the practice did not close for lunch. Extended hours appointments were offered from 6:30pm to

7:15pm Monday and Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, same day routine and 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 were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 45% of patients usually got to see or speak to their preferred GP compared to the CCG average of 51% and the national average of 59%.
- 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%.
- 86% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.
- 71% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 52% and the national average of 65%.

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

The practice had a triage system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was carried out by the duty doctor.

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 posters in the patient waiting area and leaflets at reception.

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

We looked at three complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had an appointment booked on a particular day. The patient was originally scheduled to be seen at 3:30pm however they received a call offering an earlier appointment, the patient agreed to come in at 2:30 pm. When the patient reached the practice

they had to wait for an hour to be seen by the doctor and was called in to see the doctor at 3:30 pm. The patient had taken time off work for this particular appointment and so made a complaint. The complaint was investigated and a written apology made to the patient. Learning from the complaint was to communicate with patients in the waiting area regularly, explain clearly why they are being offered an earlier appointment and make patients aware that in case there is an emergency they might have to wait longer. Learning from the complaint was shared in a meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

When we inspected the practice in October 2015, we found the practice was inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. Effective leadership was not in place. Leaders had poor oversight and understanding of all the systems in place to deliver a high standard of care to patients and their knowledge of the day to day running of the practice was inadequate.

At this inspection we found under the new leadership significant improvements had been made:

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

- The practice had an agreed mission statement incorporating the future vision.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan had been formulated with support from the Royal College of General Practitioners (RCGP) and in consultation with staff at regular meetings and away days.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. All policies had been reviewed and updated since the new partnership was in place.
- A comprehensive understanding of the performance of the practice was maintained. This included regular monitoring of performance for example through QOF and local CCG data.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had a number of audits proposed and completed based on medical alerts, compliance with current guidelines and changes in protocol.

- There were effective 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.

A clear leadership structure had been implemented 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. We noted team away days had been held since the new partnership was in place.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

proposals for improvements to the practice management team. For example, the practice had improved the system for obtaining repeat prescriptions as a result of feedback.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.