

The New Medical Centre

Quality Report

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Date of inspection visit: 12 January 2017

Date of publication: 24/04/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The New Medical Centre on 12 January 2017. Overall the practice is rated as Requires Improvement.

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

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Not all of the patients we received feedback from said they found it easy to make an appointment with the practice.
- Results from the National GP Patient Survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns; however this learning was not shared with all members of staff.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients rated their overall experience at the practice lower than the Clinical Commissioning Group (CCG) and national averages.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the CCG and the national averages.

The area where the provider must make improvements are:

- Ensure effective and sustainable governance systems and processes are implemented to monitor the

Summary of findings

practice performance and the quality of services provided, in particular in relation to establishing an action plan to address the low Quality and Outcomes Framework (QOF) scores achieved by the practice.

In addition the provider should:

- Ensure that all members of staff conduct information governance training.
- Devise an action plan to address patient concerns as highlighted by low scores contained within the National GP Patient Survey.
- Ensure joined up working between the partners and the practice management in order that all aspects of practice governance and performance are viewed as a whole.
- Devise a system to regularly monitor unplanned admissions of patients on the practice list.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Ensuring that prescription forms are securely stored at all times.
- Share learning gained from significant events and complaints with all staff.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Although there were systems in place to monitor the usage and the safe storage of prescription pads, on the day of inspection, we found unsecured prescription scripts stored in a room that was used occasionally by staff and patients.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were below the Clinical Commissioning Group (CCG) and the national average. The most recent published QOF results showed the practice achieved 86% of the total number of points available compared with the CCG average of 92% and national average of 95%.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.

Summary of findings

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality

Requires improvement



Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding in an attempt to meet the needs of its population. For example, the practice provided early morning appointments with the nursing team two days a week.
- The National GP Patient Survey showed that patient satisfaction with how they could access care and treatment was below local and national averages.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia. The introduction of the 'Goldcard' system for patients and carers of patients with life-limiting conditions allowed priority access to services at the practice for this identified group.
- Not all patient feedback we received said they found it easy to make an appointment convenient to them at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised.

Requires improvement



Are services well-led?

The practice is rated as requires improvement 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.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management and the practice had policies and procedures to govern activity.
- There was not a comprehensive understanding of the performance of the practice by the GP partners.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. Both of the two examples we reviewed we saw evidence the practice complied with these requirements.
- There was no evidence from meeting minutes that the practice allowed learning to be shared with all staff following significant events and complaints.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. We saw information leaflets within the practice signposting patients to organisations who had specialised knowledge of the range of services for this population group.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The Quality Outcomes Framework (QOF) recorded the practice as comparable to the CCG average on all three identified diabetes indicators. For example, the percentage of patients

Requires improvement



Summary of findings

with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 64%, compared to the CCG average of 74% and the national average of 80%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- Immunisation uptake rates for the standard childhood immunisations were mixed. The practice did not achieve the national target of 90% of vaccines for children under two years-old. However, the practice vaccine rate for children up to five years old was comparable to the national average.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these

Requires improvement



Summary of findings

were accessible, flexible and offered continuity of care, for example, extended opening hours and patients had access to Saturday appointments through the practice participation in the local GP Federation.

- 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.
- Telephone and email consultations with clinicians were available to meet the needs of this population group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had a 'Goldcard' system, which ensured that this group of patients was able to get swift access to services at the practice
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.

Requires improvement



Summary of findings

- 76% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 82% and national average of 83%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record in the preceding 12 months, which is comparable to the CCG average 91% of the same and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed 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 below local and national averages. Two hundred and thirty eight survey forms were distributed and 112 were returned. This represented just over 1% of the practice's patient list.

- 66% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 36% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 47% 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% 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 35 comment cards which were all positive about the standard of care received. Comments received stated the reception staff were helpful, and that the doctors care and listen to concerns as well as providing good quality treatment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were committed and caring. We asked for data relating to the Friends and Family Test undertaken by the practice for the six months prior to our inspection. The practice told us they were unable to provide this information as the system that collates the data was unable to review and retrieve it. The practice is paper-light and does not store paper copies of the results of the test.

The New 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 practice manager specialist adviser.

Background to The New Medical Centre

The New Medical Centre is located in a residential area of the London Borough of Havering. The practice is located on two floors of a purpose-built premises. There is free parking on the streets nearest to the practice, and the practice has parking bays for disabled patients at the front of the practice. The nearest bus stop is approximately three minutes' walk from the practice.

There are approximately 9750 patients registered at the practice. Statistics show low income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 45-49 and 65-69. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. 53% of patients have a long-standing health condition compared to the CCG average of 51%.

Care and treatment is delivered by three partner GPs (two female and one male) who deliver 21 clinical sessions weekly. There are two practice nurses (female) who deliver eight sessions weekly. The practice also employs an

advanced nurse practitioner/ independent prescriber who delivers five sessions per week. Eighteen administrative and reception staff work at the practice and are led by a full-time practice manager.

The practice reception opening times are:-

- 8am - 1pm, 2pm – 6:30pm (Monday, Friday)
- 8am -1pm, 2pm – 8pm (Tuesday, Wednesday)
- 8:30am - 1pm (Thursday)

Clinical sessions are as follows:-

- 8:30am - 12pm, 2pm - 5:30pm (Monday)
- 8:30am - 12pm, 2pm - 5:30pm, 6:30pm - 7:45pm (Tuesday),
- 8:30am - 12pm, 2pm – 5:30pm, 6:30pm - 7:45pm (Wednesday)
- 8:30am - 12pm (Thursday)
- 8:30am – 12pm, 2pm - 5:30pm (Friday)

The practice offers extended hours surgery on Tuesday and Wednesday evening. In addition, the nursing team provides extended hours surgery on a Thursday and Friday morning between the 8am - 8:30am. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are nationally agreed between the General Medical Council and NHS England. The practice is registered to provide the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services

Detailed findings

- Family planning

NHS Havering Clinical Commissioning Group (CCG) is the practice's commissioning body.

The New Medical Centre has not previously been inspected by the CQC.

Why we carried out this inspection

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

How we carried out this inspection

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

During our visit we:

- Spoke with a range of staff (two GP partners, a practice manager, a practice nurse, an advance nurse practitioner/independent prescriber and one member of reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a 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).
- From the sample of two documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and significant events. The practice carried out an analysis of the significant events. Of the staff meeting minutes we viewed, we saw no evidence that safety records, patient safety alerts, incident reports or significant events were discussed with the practice team as a whole.
- We saw evidence that lessons were shared between the GP partners and the practice manager and action was taken to improve safety in the practice. For example, we viewed a significant event where the practice was contacted by a patient who was querying their repeat prescription items. Following investigation, it was noted by the practice that two patients had very similar names and this led to a prescription being issued to the wrong patient which contained unfamiliar items. As a result of this event, all clinicians were reminded to double check a patient's name and date of birth before issuing prescriptions.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. One of the GP partners was the 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. The GPs, nurse prescriber and practice nurses were trained to child protection or child safeguarding level 3, and all other staff to level 1.

- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role.
- 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. There were cleaning schedules and monitoring systems in place.
- The senior partner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we noted that following recommendations made as a result of CCG audit in August 2016, of the two clinical rooms we checked, the practice sharps bins were correctly assembled and dated.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. However, on the day of inspection, we found a number of prescription forms in a consultation room printer, which we were told was not used regularly and was locked when not in use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice). The healthcare assistant was trained to administer vaccines and medicines and patient specific directions (PSD) from a prescriber were produced appropriately (a PSD is a written instruction usually given by a GP allowing a medicine to be administered to a patient, once that patient has been assessed by the GP).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. The practice held a supply of emergency medicines. These were located in an area of the practice where staff knew of their location. All the medicines we checked were in date.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- 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. All staff received annual basic life support training.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

We spoke to the partners at the practice regarding their use of 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 QOF results showed the practice achieved 86% of the total number of points available compared with the CCG average of 92% and national average of 95%. The practice exception reporting rate for the same period was 9% compared with CCG average and national averages of 10%. (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). The partners we spoke with could not articulate the reason why the practice QOF performance was below the Clinical Commissioning Group (CCG) and national averages, which indicated no awareness from the partners regarding the use of QOF as a tool to monitor patient outcomes.

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 below CCG and national averages. For example, the percentage of patients with diabetes, on the practice register, in whom the last blood pressure reading (measured in the

preceding 12 months) was 140/80 mmHg or less was 62% compared to the CCG average of 78% and the national average of 77%. The exception rate was 3% compared to the CCG and national average of 9%.

- Performance for mental health related indicators was comparable to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to the CCG average of 91% and the national average of 88%. The exception rate was 12% compared to the CCG average of 11% and the national average of 12%.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We viewed an audit looking at the use of Bisphosphonate within the practice. Bisphosphonate is a type of medicine that may help to prevent osteoporosis (a degenerative condition of the bone). Studies have shown that there is no additional benefit to long term-use of this medicine. The purpose of the audit was to identify patients who had been taking the medicine for more than 10 years with a view to safely discontinuing its use. As a result of the first audit, 11 patients were identified and reviewed and seven patients had their medication safely stopped at the time of review. The remaining four patients were elderly and the practice conducted the review and discussion of the potential benefits and side effects of stopping this medication with family, before the remaining four patients agreed to stop the medicine. The outcome of the first cycle of the audit was that following a review, no patient was receiving this medicine for longer than 10 years. The second audit cycle conducted a year after the first, revealed that the practice's continuous review of patients meant that no patients were identified as being on this medicine for longer than 10 years.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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. 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 and relevant forums.
- 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 and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training. Of the three staff files we checked, only one member of staff had received information governance training in the past 12 months.

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.
- We found that 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 discharged from hospital. At the beginning of the

inspection, we were informed that the practice conducted a quarterly review of unplanned admissions of patients to hospital, and had identified a number of patients who fitted in this category. These patients had their notes reviewed and received a telephone consultation with a GP within 48 hours of discharge from the hospital. However, later during the inspection, we were told by one of the partners that the practice did not have a system to monitor unplanned admissions, and that patient records of an unplanned admission were updated once the practice received the discharge summary from the hospital.

Information was shared between services, with patients' consent. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 82% and the national average of 81%. The practice exception rate in this clinical area was 11% compared to the CCG average of 6% and the national averages of 6%.

Childhood immunisation rates for the vaccinations given to children under 24 months were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in any of the areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.4 compared to the national average of 9.1. For children up to five years old, the practice vaccine rate for MMR dose one was 91%. This was comparable to the CCG average of 86% and the national average of 94%. We saw evidence subsequent to the inspection from the practice that they had been in contact with NHS England following problems with coding of data in relating to the practice uptake of child vaccines after a clinical recording system change. Data from the practice which is uploaded remotely is sent to NHS England. The issue was resolved in late December 2016 by NHS England, and the practice had an action plan to ensure all data relating to child vaccines would be uploaded by the practice within a specified time period. As part of the action

plan, the practice told us that they were contacting and inviting the parents of patients aged two and under to attend vaccine catch-up sessions. Opportunistic vaccines (subject to consent) were also administered to patients whose records indicated they had not received a vaccine, if they were being seen by clinical staff at the practice.

There was a policy to offer telephone or written 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 they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could request to be treated by a clinician of the same sex.

All of the 35 patient Care Quality Commission comment cards we received were positive about the care received from the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, however 10 of the comment cards mentioned that it was sometimes difficult to get an appointment which suited them.

We spoke with four patients including three members of the patient participation group (PPG). They told us they were not entirely satisfied with the care provided by the practice due to the lack of availability of convenient appointments, but their dignity and privacy was respected. Comments 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 local practice for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 88%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 92%
- 78% of patients said the last GP they spoke to was good at treating them with care and concern, which was the same as the CCG average, but lower than the national average of 85%.
- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 90%.
- 68% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% 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. Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.

Are services caring?

- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 81%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 89%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 12 patients as carers, which is less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours. Early morning appointments with the nursing team were available on a Thursday and Friday morning.
- 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.
- On line appointment booking and repeat prescription requests were available through the practice website.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Patients and carers of patients with life-limiting conditions had been identified by the practice and were holders of the practice 'Goldcard'. The 'Goldcard' was issued to ensure that this group of patients was able to get swift access to services at the practice. The practice had a 'live' list of patients and their carers who were 'Goldcard' members.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice website had the facility to be translated into approximately 100 languages.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had a lift to enable all patients to access the upstairs consultation rooms.
- The practice offered email consultations via the practice website.

- The practice was a member of a local GP federation, giving patients at the practice the opportunity to see a GP or nurse outside of normal working hours and at the weekend.

Access to the service

The practice was open between 8am - 1pm and 2pm - 6:30pm on Monday, Tuesday, Wednesday and Friday. On Thursday, the practice was open between the hours of 8am - 1pm. Appointments were from 8:30 am to 12pm every morning and 4pm to 5:30pm with the exception of Thursday afternoon when the practice was closed. Pre-bookable appointments could be booked up to six weeks in advance; urgent appointments were also available for patients that needed them.

Extended hours appointments were offered on a Tuesday and Wednesday evenings between 6:30pm and 8pm. In addition, the nursing team provided additional early morning appointments between the hours of 8am - 8:30am on Thursday and Friday.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 59% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 33% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 58% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and national average of 75%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 36% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 45% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 57%.

The practice were aware of the low scores contained within the National GP Patient Survey and sought to make

Are services responsive to people's needs?

(for example, to feedback?)

changes as a result. This was evidenced through increased access to clinical staff with the recent addition to the practice team of the advance nurse practitioner and a second practice nurse.

Patients told us on the day of the inspection that they occasionally had problems obtaining appointments when they needed them.

The practice had a system to assess:

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

A GP would return the call to the patient requesting a home visit in order to assess the clinical need. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. A leaflet was available at reception which detailed the practice procedure in relation to patients making a complaint.

We looked at three out of the 28 complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we viewed a record of a complaint regarding the new registration process at the practice. The complainant felt that the process for new registrants took too long and queried why a patient could not be registered within a shorter timescale. Following receipt of the complaint, the practice manager contacted the complainant to apologise for the upset caused at not being able to register at the practice on the day the patient attended the practice. The practice manager explained in detail the new patient registration process to the complainant. As a result of the complaint, the practice updated the guidance on practice website relating to new patient registration, and reception staff were informed to give a copy of the practice process to prospective new patients who attended the practice wishing to register.

The practice partners and the practice manager conducted an annual complaints meeting, which is held in February of each year to look at the complaints received during the previous 12 months. The purpose is to identify any further improvements that could be made further to the initial response and actions taken by the practice.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was known by the management team, but not known by the rest of the practice staff.
- The practice did not have a written strategy and supporting business plans which reflected the vision and values of the practice. However, on the day of inspection, the practice partners and manager were able to speak to us about future plans for the practice.

Governance arrangements

The practice had a governance framework to support the delivery of good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, each partner led in clinical areas such as palliative care, dementia and asthma. The practice nurses had lead for long-term conditions such as diabetes, where they worked alongside one of the partners to deliver care in these areas.
- Practice specific policies were available to all staff. These were updated and reviewed regularly.
- There was not a comprehensive understanding of the performance of the practice by the GP partners. This was due to a segregation of duties conducted by the practice management team and the GP partners. The practice partners appeared focused on the clinical governance on the practice with little input to its administrative governance, which had been delegated to the practice manager. Practice meetings were held monthly, but of the three meeting minutes we which viewed, there was no mention of the practice performance or an opportunity for all staff to learn about the performance of the practice. We did note that the practice displayed the number of 'did not attend' appointments for the prior month in patient waiting area.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

- There was no evidence from the minutes of all staff meetings we viewed that it allowed for lessons to be learned and shared following significant events and complaints. The practice did hold an annual complaints meeting, where the partners and the practice manager reviewed the complaints.
- The practice had a 'buddy' practice within the locality, who would provide practical assistance in the event of an emergency which prevented the practice location being able to open.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to members of staff.

The provider was aware of and had systems 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. From the sample of three documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Requires improvement 

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

involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the service delivered by the practice. For example, following a suggestion from the nursing team, the practice introduced early morning and late afternoon appointments for cervical screening testing. This was to enable women who were not able to attend the practice during normal working hours the opportunity to have the testing conducted at a time which was suitable to them.

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

The practice encouraged feedback from patients and staff. It proactively sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG were very active, arranged external speakers to come to the practice and give talks to patients and staff alike on relevant topics. In addition, they produced quarterly newsletters and submitted proposals for improvements to the practice management team. For example, the PPG spoke with the practice concerned about patients not being able to get through to the practice by telephone. As result of this discussion, the practice upgraded the telephone system to be able to cope better with the number of calls it receives. In addition, the PPG held fundraising events throughout the year for the purchase of equipment used within the practice.

- The NHS Friends and Family test, complaints and compliments received. On the day of the inspection, we spoke to the practice about the low scores that the practice had received as part of the National GP Patient Survey. They told us that they were aware of the scores and were sought to make changes as a result. For example, through increased access to clinical staff with the recent addition to the practice team of the advance nurse practitioner and a second practice nurse.
- Staff through ad-hoc discussions, 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently employed an advanced nurse practitioner to enhance the services that the practice provides. We saw that members of staff upskill themselves by way of further studies. Currently one member of staff was in the final stages of completing a BSc honours degree in nursing studies.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered persons did not do all that was reasonably practicable to monitor and improve the quality of the services provided. They failed to have an effective plan to address low Quality and Outcomes Framework (QOF) scores.</p> <p>This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>