

Lister Medical Centre

Quality Report

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Date of inspection visit: 08 October 2015

Date of publication: 12/11/2015

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lister Medical Centre on 08 October 2015. Overall the practice is rated as good. Specifically we found the practice to be good for providing effective, caring, responsive and well-led services. The practice required improvement for providing safe services.

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

- A system was in place to analyse and investigate reported incidents and cascade improvements to staff through team meetings. Staff were aware of the systems to follow.
- Staff acting as chaperones had received training and understood where to stand when observing a consultation.
- Recruitment procedures were robust and ensured that staff were suitably qualified and experienced before working at the practice. New staff underwent an induction process.
- Staff received appraisal and supervision and their training and development needs were being met. All staff had been appropriately trained.
- Staff had received training in medical emergencies and emergency medicines and equipment was readily accessible.
- Clinical staff undertook effective patient consultations and followed published guidance. Staff monitored and improved outcomes for their patients and achieved their performance objectives.
- Each GP had their own patients list to provide continuity of care for their patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Changes to the appointment system were being implemented to improve the satisfaction and experience of patients.
- The system for handling complaints was effective and there was clinical oversight of issues raised by patients.

Summary of findings

- The practice had a clear vision and objectives and staff roles and responsibilities were linked to achieving them. Staff meetings took place regularly and they were kept informed of issues affecting the practice.
- There was an active Patient Participation Group (PPG) which worked pro-actively with the practice to identify areas for improvement. The practice sought feedback from patients and staff and implemented changes to improve the services provided.
- There were high levels of staff satisfaction and all staff worked as part of a cohesive unit. High standards were promoted and owned by practice staff with evidence of team working across all roles.

- There was visible leadership displayed at the practice by the GP partners and management team. They were supportive and encouraged staff development with an ethos of continuous improvement.

However there was an area of practice where the provider must make improvements:

- Ensure a risk assessment is in place and / or a Disclosure and Barring Service (DBS) check has been received before any member of staff can undertake chaperone duties.

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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Significant events and safety incidents were reviewed by clinical staff and discussed. Learning was cascaded to staff through team meetings. Infection control procedures were satisfactory and check lists were in place to support staff. Medicine and safety alerts were dealt with effectively. Staff had been trained to manage medical emergencies and medicines and equipment were readily accessible. Recruitment processes were robust and appropriate checks had been carried out before starting work at the practice. Non-clinical staff acting as chaperones had not received disclosure and barring service checks before undertaking the role and no risk assessment was in place.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Systems were in place to ensure that GPs and nurses were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. New procedures were discussed at clinical meetings and implemented. The practice achieved clinical performance targets and this was being maintained over time. Data for the last three years showed that the practice had consistently achieved high standards when compared to neighbouring and national practices. Staff received regular supervision and appraisal. They were encouraged to undertake further training and development. New staff to the practice received guidance and mentoring as part of their induction process. Staff skills and competence met the needs of patients. The practice adopted a multidisciplinary approach with other healthcare providers to ensure that the best available care was identified for their at risk patients. The practice provided health promotion and prevention advice. High levels of performance had been achieved with child immunisations and flu vaccinations. Staff had received training in relation to the Mental Capacity Act 2005 and were aware of how to assess the capacity of patients to understand care and treatment options.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients were satisfied with the care and treatment they were given. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their

Good



Summary of findings

care and treatment. Information for patients about the services available was easy to understand and accessible. Carers were identified and provided with guidance and signposted to external organisations that could provide additional support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice was aware of their practice population and tailored their services to meet their needs. GPs at the practice had their own patient list to provide continuity of care. Each patient had a named GP. Appointments could be booked in person, by phone or online. Urgent appointments were available the same day. Patient satisfaction with the appointment system was varied but the practice had made changes to try and improve the experience of patients. The practice had satisfactory facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded effectively to issues raised. Learning from complaints was identified and shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision that was shared with all staff working at the practice. There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff worked as part of a cohesive team. The performance of the practice in relation to the Quality and Outcome Framework had been consistently high over the last three years. All staff understood how their role and were supported achieve objectives. There was a range of policies and procedures readily accessible to support staff. The practice gathered feedback from patients and monitored the results of external surveys. The practice had an active patient participation group (PPG) which influenced practice development. The practice ethos demonstrated that learning and improvement were at the forefront of their vision.

Good



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. A surgery wheelchair was available for patients with limited mobility. Priority appointments were available to patients at times that suited them. Dedicated clinics and home visits were available for patients eligible for the flu vaccination who were housebound. Flu vaccination rates were higher than the national average. Annual health reviews, home visits and telephone consultations were available for older patients. Multidisciplinary meetings took place to assess the care needs of older patients to avoid an unplanned hospital admission. All older patients had a named GP. Health checks were available for those over the age of 75. The practice offered flexible appointment times for older people including longer consultations for multiple or complex issues. A hearing aid repair service was available at the practice.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. GPs and nursing staff had lead roles in chronic disease management and had received training in cardiology, chronic obstructive pulmonary disorder, diabetes and asthma. Patients at risk of hospital admission were identified as a priority and care plans were in place. Registers were in place to enable the practice to monitor those with long-term conditions and with palliative care needs. Patients were reviewed annually and a system was in place to remind them to attend for their health check. Longer appointments, home visits and telephone consultations were available when needed. All patients had a named GP and a structured annual review to check that their health and medication needs were being met. Multidisciplinary team meetings took place with other healthcare professionals to meet the care and treatment needs of patients. Patient's medicines were reviewed regularly.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Family planning, maternity and midwifery services were available for patients. A community midwife attended the practice twice each week to offer advice and guidance. Staff had received safeguarding training and were aware of the signs of abuse. Liaison was maintained with health visitors and school nursing teams to exchange information confidentially about safeguarding

Good



Summary of findings

issues. Immunisation rates were relatively high for all standard childhood immunisations and some exceeded the local average. Appointments were available outside of school hours and the premises were suitable for children and babies. Antenatal and post-natal care was provided by clinical staff working at the practice. Cervical screening rates were in line with the national average. Full contraceptive and sexual health services were available.

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 meet their needs. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Appointments could be booked in person and on-line. Early morning appointments for blood tests were available for working people.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances make them vulnerable. The practice was aware of their vulnerable patients including those with learning disabilities, the homeless and the travelling community. Staff were aware of the Mental Capacity Act 2005 guidance. A register was in place for patients with learning disabilities, annual health reviews were carried out and longer appointments were available. Vulnerable patients resident in care homes were given a direct telephone number so that they could book appointments more easily. Staff knew how to recognise signs of abuse in vulnerable adults and children. Patients with a drug addiction received advice and guidance and relevant medical support. Information about support groups was readily available. Patients that were homeless and those from the travelling community could register at the practice and receive consultations, care and treatment.

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). Patients suffering with dementia were contacted to remind them of their appointment time. Dementia training for staff had been planned for October 2015. In-house mental health counselling was provided by qualified staff. Dementia diagnosis, investigation and support were readily available by experienced staff. Performance data reflected that the practice exceeded national averages across the mental

Good



Summary of findings

health related indicators. Care plans were present for patients suffering with poor mental health and they were reviewed annually. Carers and relatives were identified and offered advice including access to external support groups. There was ready access to emergency mental health crisis teams.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed how the practice performed compared with other practices in the local Clinical Commissioning Group (CCG) area and nationally. There were 114 responses and a response rate of 34%.

- 44% found it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 74%.
- 79% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 64% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 84% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 57% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 74%.

- 53% said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 58% and a national average of 65%.
- 43% felt they did not normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards all of which were positive about the standard of care received. They contained comments that reflected they were satisfied with the care and treatment received, that the practice was clean and hygienic and that staff were professional.

Representatives of the Patient Participation Group told us that they worked well with the practice in identifying areas for improvement to improve the experience of patients at the practice. The ten patients spoken with on the day of the inspection commented positively about the way the practice was managed and the services offered. There were some negative comments about the appointment system in relation to waiting times, the availability of a preferred GP and the shortage of nurse appointments.

Areas for improvement

Action the service MUST take to improve

- Ensure a risk assessment is in place and / or a Disclosure and Barring Service (DBS) check has been received before any member of staff can undertake chaperone duties.

Lister 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 second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and a nurse specialist advisor.

Background to Lister Medical Centre

Lister Medical Centre is located in Harlow, Essex. The practice has a general medical services (GMS) contract with the NHS and is a training practice. There are approximately 17949 patients registered at the practice.

The practice is registered with the Care Quality Commission as a partnership and there are nine GP partners. Other clinical staff include four nurses and five healthcare assistants. They are supported by a practice manager, a business manager, an IT manager, a GP assistant, a reception manager and a team of administration and support staff

There are both male and female GPs working at the practice to provide choice for patients. The practice did not use locum GPs or nurses.

The practice is open between 8am and 6.30pm Monday to Friday and appointments can be booked between those times and on weekdays only. Surgeries run from 8.10am to 11.50am and 1.30pm to 6.20pm. There are no extended hours and the practice is closed at weekends.

The practice has opted out of providing 'out of hours' services which is now provided by Partnership of East London Co-operatives. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Detailed findings

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 08 October 2015. During our inspection we spoke with four partner GPs, the practice manager, the business manager, the QOF manager/IT lead, a nurse, a health care assistant and members of the administration and reception team.

We also spoke with five representatives of the patient participation group and ten patients who used the service. We observed how patients were treated when they attended the practice and reviewed a range of documents and policies. We looked at seven comment cards where patients shared their views and experiences of the service. We also spoke with two external healthcare professionals that used the services provided by the practice

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff were aware of the reporting process and records we viewed reflected that they had been recorded correctly, analysed and investigated. Where learning had been identified this was cascaded to staff at relevant meetings and action plans put in place for improvements. These had been actioned. Clinical meetings were held every six weeks or more frequently when required, to specifically discuss significant events.

As a result of the analysis of the significant events we found that patients received a timely explanation and apology and this reflected that the practice was providing a duty of candour. We looked at five significant events that had been recorded in the last 12 months. It was clear from the records we viewed that an investigation and analysis had taken place and the practice demonstrated an emphasis on learning and improvement and managing risk. Regular staff meetings took place where they were discussed and staff views sought.

We did find however that some complaints that had been received were also significant events but had not been categorised as such and therefore the opportunity of clinical analysis and learning was a missed opportunity. The practice told us they would review their recording of complaints to ensure that those that also presented as significant events were treated as such.

The complaints received by the practice were recorded, analysed and investigated and staff and patients informed of the outcomes and learning. The outcomes were used as learning opportunities and staff notified about the findings and improvement areas.

We reviewed the minutes of managerial and clinical meetings that took place at the practice and found that safety incidents were a standing agenda item. Staff spoken with were aware of the learning from such incidents and confirmed that their views were being sought and learning cascaded to them. Staff meetings attended by all practice staff were not recorded but staff spoken with were aware of the learning that had been identified. The practice told us they would record the minutes of these meetings in the future.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe;

- The practice had an effective system to manage national patient safety and medicine alerts. These were received at the practice by email by all partner GPs and dealt with effectively. A lead had been identified to oversee the alerts and that appropriate action had been taken. Records viewed reflected that patients affected by the alerts had received a review of their use of the medicine concerned and changes made where relevant.
- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. A safeguarding policy was in place and accessible to all staff. Contact details of external organisations that could provide advice and guidance were readily available for staff. All staff had received safeguarding training at the practice and this had been identified as mandatory. One of the GPs had been designated as the lead member of staff for safeguarding. All GPs at the practice had received an appropriate level of training to manage and monitor safeguarding concerns. The practice maintained a safeguarding register of vulnerable adults and children and held regular meetings to discuss their circumstances and the care and treatment they needed. Patients attending A&E were monitored to identify those who might be at risk of abuse.
- A notice was displayed in the waiting room and consultation rooms, advising patients of the availability of chaperones. This was also advertised on the practice website. All staff who acted as chaperones were trained for the role but only clinical staff had received a disclosure and barring check (DBS) and a risk assessment was not in place that identified why this was not necessary. (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). This did not ensure appropriate safeguards were in place to protect patients. Staff spoken with were aware of where to stand during a consultation and made independent notes in the patient's record to describe the examination and whether correct procedures had been followed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and an environmental risk assessment in place that identified the risks to patients and staff. This was reviewed at appropriate intervals and monitored to ensure that patients and staff were safe. The practice also had a variety of other risk assessments in place to monitor safety of the staff and patients such as the control of substances hazardous to health, infection control and legionella.
- The practice had up to date fire risk assessments and fire alarm testing was carried out. All fire and electrical equipment was checked to ensure the equipment was safe to use and fire extinguishers were available in the event of a fire. Electrical equipment in use at the practice had been portable appliance tested (PAT) to ensure it was safe to use. All medical equipment in use at the practice had been calibrated.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. Policies, procedures and risk assessments were in available to support staff. Check lists were in place to ensure cleaning standards were maintained. All staff had received infection control training and this had been identified by the practice as mandatory. There were sufficient quantities of personal protective equipment for staff to use. An infection control audit had been undertaken in July 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Fridge temperatures were being monitored and recorded and a cold chain policy was in place. Stock was rotated regularly and all medicines stored in the fridge were in date. Regular medication audits were carried out with the support of an in-house pharmacy specialist to ensure the practice was following best practice guidelines for safe prescribing, including achieving value for money. Prescription pads were securely stored and records kept of batch numbers when issued.
- A satisfactory recruitment policy was in place that had been reviewed in October 2014. This included documentary evidence requirements to ensure that staff were suitable to work at the practice. New staff at the

practice were required to provide proof of identity, references, qualifications, registration with the appropriate professional body, checks through the Disclosure and Barring Service and their legal entitlement to work in the United Kingdom. The four staff files we reviewed reflected that appropriate recruitment checks had been undertaken prior to employment and that staff were suitably qualified and experienced for the roles applied for at the practice.

- Arrangements were in place for planning and monitoring the number of staff and mix of skills needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times. The practice was aware that there were nursing staff shortages but they had placed advertisements for additional staff.
- Staff spoken with were aware of whistle blowing procedures and knew who to contact at the practice if an issue arose. They were also aware of who they could contact outside of the practice for advice and guidance.

Arrangements to deal with emergencies and major incidents

The practice had stipulated that training in basic life support was mandatory and this was being monitored to ensure that refresher training had been undertaken. The practice had a defibrillator available for use in the event of a cardiac emergency (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) and staff spoken with knew how to operate it.

The emergency medicines and equipment (including oxygen) were available and accessible in one of the treatment rooms and staff spoken with were aware of the location and how to operate it. These were the subject of monthly checks to ensure that medicines were in date and the equipment was operating correctly. We found that records had been kept and that equipment was in working order and medicines within their expiry date.

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

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date with changes and these were discussed at team meetings.

We found that the GPs and clinical staff shared their knowledge and expertise with each other and referred to recognised clinical publications to ensure they were up to date with any new practice or innovations in healthcare.

One of the nurses at the practice monitored the latest nursing guidelines and produced a monthly newsletter to nursing colleagues to keep them up to date with recent NICE and other guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice also monitored patient outcomes for health conditions that fell outside of the QOF.

We looked at the total number of QOF points achieved by the practice for the year 2012 to 2013 and 2013 to 2014. We found that results for the year 2012 to 2013 were 99% of the total number of points available and results for the year 2013 to 2014 were 91% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets.

The practice's own data for the year 2014 to 2015 reflected that the practice had achieved 100% of the points available but this was yet to be ratified by the auditing body responsible for the data accuracy.

Examples of their performance included;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 87% as compared with 82% nationally.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% compared with 88% nationally.

Other examples of performance data were as follows;

- The percentage of reviews of patients with dementia was 86% compared with 84% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 88% as compared with 83% nationally.
- The practice was similar to other practices nationally for A & E emergency admissions and emergency cancer admissions.

We found that there was a team approach to achieving healthcare objectives. There was a dedicated IT lead in place responsible for monitoring the practice performance in relation to QOF. They were supported by a small team of administration staff that worked with clinicians to achieve the targets set for them. Clinical meetings were held to review and discuss progress towards the objectives and action plans put in place to achieve them.

The practice was aware of their performance in the current year. Due to a shortage of nurses working at the practice, the practice was aware that this was affecting their performance in relation to QOF. They were monitoring this on a regular basis and implementing measures to improve on this situation. This included a recruitment campaign and streamlining other processes.

The GPs at the practice were also involved in this process and their individual performance was monitored against their own patient lists. It was clear from the evidence supplied to us that the practice as a whole were involved in achieving their targets. This included the quality of the coding on the patient records which staff used to identify patients that were due for prescription reviews, blood tests, blood pressure tests and health reviews.

Are services effective?

(for example, treatment is effective)

The data outcomes were indicative of a practice that was monitoring the effectiveness of their care and treatment and meeting patient needs.

We found that repeat clinical audits were carried out to demonstrate quality improvement. We looked at four clinical audits completed in the last year. We found that where improvements had been identified these had been actioned and a repeat audit reflected that they had been maintained and improved upon.

We looked at three audits that had been undertaken and these involved the treatment of urinary tract infections, the prescribing of a particular medicine and ear irrigation. The audits had identified where improvements could be made and second cycle audits reflected that improvements had been maintained.

Effective staffing

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

- The practice had a role specific induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Staff new to the practice were shadowed for a period of time by a more experienced colleague and their performance reviewed, before being allowed to work unsupervised.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to a mixture of eLearning and face to face training. Staff were encouraged to develop and we saw an example of this where a receptionist had furthered their career and been trained as a health care support worker.
- Staff training requirements had been assessed including the training type and frequency. This was being monitored and staff were up to date with training. Mandatory training had been identified and staff were advised when any training was due. We saw evidence of planning and course dates for the future. Examples of mandatory training included infection control, information governance, fire safety and basic life support.
- The mix of clinical staff skills met the needs of patients. The role of health care assistant worker had been developed so that they could undertake new patient registration checks, NHS health checks for a variety of

age groups, blood pressure monitoring, assisting minor surgery and infection control duties. This allowed more qualified nursing staff to concentrate on patients with complex issues. Their competence was being monitored.

- Clinical staff were encouraged to undertake their continuous professional development to maintain their skills and qualifications. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.

Staff spoken with felt supported and part of a team. They told us that their appraisals were meaningful and used to identify their training and development needs. We were told that training requests were supported where they met the needs of patients or supported staff development.

Coordinating patient care and information sharing

Prior to the inspection we spoke with a health visitor, a school nurse and an employee at Age UK. They all told us that they enjoyed a positive relationship with the practice and communication was effective. Where referrals were made to them there was a satisfactory flow of information about patients to enable them to carry out their role. They were informed of safeguarding concerns where relevant and were encouraged to attend multidisciplinary meetings.

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 test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice also shared information with the 'out of hour's service' when the practice was closed. Information was relayed to the practice by this service after a consultation and this was reviewed by the GPs working at the practice.

We saw evidence that multi-disciplinary team meetings took place on a regular basis in relation to patients with palliative care needs and those at risk of an unplanned hospital admission.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Patients' consent to care and treatment was always sought 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.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

All staff spoken with were aware of Gillick competencies as they related to consent in children under the age of 16. Children attending without their parent or guardian were referred to the GPs to assess whether they had the maturity and understanding to make decisions about their care and treatment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring lifestyle advice. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79% which was in line with the national average of 82%. There was a system in place to remind patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to the Clinical Commissioning Group (CCG) averages and in some cases were higher. Flu vaccination rates for the over 65s were 76%, and at risk groups 58%. These were in line with CCG averages.

Nurses providing care and treatment were supported with detailed patient group directions and patient's specific directions.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40 to 74 years and also senior health checks. A system was in place to refer patients to a GP where abnormalities or risk factors were identified. Sexual health advice was available for patients of all ages. Smoking cessation clinics were in place.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This included privacy for mothers needing to feed their babies.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey published in July 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example:

- 84% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 90%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

All of the seven patient CQC comment cards we received were positive about the service experienced. The ten patients we spoke with were satisfied that they were

treated with dignity and respect and their confidentiality maintained. They said that the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that GPs and nurses involved them in the decision making about the care and treatment they received. They told us they felt listened to and were given sufficient time at consultations to discuss their health care needs. Patient feedback on the comment cards we received was also positive and aligned with these views.

GPs spoken with told us that although ten minute appointments were allocated this was flexible to allow them to extend the duration of the consultation so they could discuss and explain all the care and treatment options to their patients.

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

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included mental health and dementia support, carers groups and bereavement services.

The practice identified people who were carers and gave them appropriate support. Patients were encouraged to identify themselves to practice staff as carers and invited to complete a questionnaire about their circumstances. They were then provided with the details and telephone numbers of organisations that could provide them with

Are services caring?

support. This information was also available on the practice website. They included local benefit agencies, the citizen's advice bureau, domestic violence support, Help the Aged and a young person's support organisation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware of the priorities of the local Clinical Commissioning Group (CCG) and planned their services to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Family planning services were available for patients including the fitting of contraceptive devices. Ante and post-natal advice and guidance were available for patients and a community midwife attended the practice twice weekly to support patients.
- The practice offered minor surgical procedures including the removal of lumps and bumps, joint injections and nail removal.
- Patients could order repeat prescriptions in person, by email and by sending a fax message to the practice.
- Patients were allocated a named GP so that continuity of care could be provided. Each GP at the practice had their own patient list.
- Patients could contact the practice for their test results and a system was in place to contact patients if an abnormal result was received.
- An interpreting service was available for those patients whose first language was not English. Staff working at the practice also spoke a variety of languages. An interpreter for the deaf or hard of hearing was available for patients requiring support.
- There were longer appointments available for patients with a learning disability or others requiring them. Urgent access appointments were available for children and those with serious medical conditions.
- Home visits were available for patients that were unable to attend the surgery in person. Each GP conducted telephone consultations with their own patients on a daily basis. An additional three hour telephone surgery took place on one day each week by one of the GPs.
- Patients with long-term conditions were reviewed regularly by qualified and experienced staff. A system was in place to recall patients who had not attended for their review.

- There was an accessible toilet for the disabled, a private room was available for parents and babies, there was a ramp and automatic doors for wheelchair users and the practice had their own wheelchair available for the use of patients.
- Multidisciplinary meetings took place with other healthcare professionals to review the care and treatment needs of frail patients or those with palliative care needs.
- A phlebotomy service was available for patients so that they did not need to attend the hospital for routine blood tests.
- A hearing aid repair service was available for patients on one day each week so that minor repairs could be carried out without the need to attend the hospital.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments could be booked between 8am and 6.30pm on weekdays only. Surgeries ran from 8.10am to 11.50am and 1.30pm to 6.20pm daily. There were no extended hours and the practice was closed at weekends.

Appointments could be booked up to six weeks in advance for GPs and urgent, same day appointments were also available for people that needed them. Text message reminders were sent to patients about their appointments. Home visits were available for patients that needed them and each day the GPs allocated time to undertake telephone consultations with patients or to provide them with advice on health concerns.

Each GP had appointments on the day for emergencies and a duty doctor was also available if there was a high demand. The practice endeavoured to see all emergencies on the same day wherever possible.

The practice was aware that the appointment availability for nurses exceeded patient demand but they were looking at ways of improving this including trying to recruit additional staff and improve their systems and processes to meet demand. We were satisfied that the practice was aware of the access issues and was trying different methods to improve the situation.

On the day of the inspection we observed the waiting room and reception area. We found that it was extremely busy and many patients were required to stand and there was a queue to reception that extended outside the door. We were told that the practice was aware that the design of the

Are services responsive to people's needs?

(for example, to feedback?)

building did not meet the demands of the practice and occasionally this occurred. In addition the practice offered a phlebotomy service (the taking of blood from a vein) for their patients and appointments were every two minutes between 11am and 12.30pm Mondays to Thursdays and this meant that the numbers of patients attending the practice during these hours increased substantially.

Outside of surgery opening hours patients were directed to the out of hour's service provided by another healthcare provider. Patients could also access medical support by dialling the NHS 111 service.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was variable as compared with local and national averages. The practice were aware of the data and had already implemented changes to improve patient satisfaction. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 76%.
- 44% of patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 74%.
- 57% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 74%.
- 53% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 65%.

The practice monitored feedback from NHS Choices, the national GP patient survey and the results from their own practice survey. They were aware that not all patients were satisfied with the services provided.

This had been discussed and the practice had put in place some changes in an effort to improve the satisfaction rates amongst patients. These included extending the availability of telephone consultations, the use of a health care support worker and monitoring demand. This was work in progress and the outcome of these changes were to be assessed in the future after they had been fully tested. Discussions were ongoing with the Patient Participation Group in relation to these improvements.

Patients spoken with on the day of our inspection were generally satisfied with the appointment system, although some had experienced that they had found it difficult to get through on the phone, appointments running late and difficulties in obtaining an appointments with a nurse and a GP of choice. One particular patient told us that they had received a letter advising them of a date in June when a vaccination was due for their child but were unable to obtain an appointment with a nurse until October. This was discussed with the practice on the day of the inspection and they were aware of the shortage of nursing staff at the practice.

Listening and learning from concerns and complaints

The practice had a 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 and there was oversight by a nominated GP.

We saw that an information leaflet was available in the waiting area to help patients understand the complaints system and forms were available for patients to complete if they wished to put the matter in writing. Information on how to make a complaint could also be found on the practice website. Staff we spoke with were aware of the process to follow if they wished to make a complaint and a lead for complaints had been identified.

The practice recorded and analysed all complaints. They were discussed with the nominated GP to ensure that the investigation, action taken and response was appropriate. Staff spoken with told us that where the complaint was relevant to their role, they were notified about it and the learning cascaded to them. Reception staff told us that they were encouraged to resolve the more minor issues without referral and to record the issues identified accordingly.

We looked at six of the complaints that had been received in the last 12 months and found that they had been satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complaint. Where improvement areas had been identified they had been actioned to improve the quality of care.

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

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a statement of purpose which outlined their objectives. These included providing exemplary clinical care to their patients, being courteous and respectful to patients, involving them in decisions about their care and treatment, offering services to vulnerable patients including the homeless and ensuring staff had the appropriate skills and training to deliver their services.

The philosophy of the practice was to provide the best care to every patient through integrated clinical practice, education and community partnerships.

We spoke with 11 members of staff on the day of our inspection and all displayed an awareness of the values and objectives of the practice. The practice worked as part of a team and was achieving consistently high levels of performance. They told us they were kept informed about any issues and changes at the practice and that their views were sought before implementing them.

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 and how they linked to the vision of the practice.
- A range of policies and procedures were in place at the practice to provide standards and support for staff. They were readily available to all staff on computers within the practice. All staff spoken with were aware of their location and how to access them.
- Clinical leads had been identified at the practice for areas such as palliative care, infection control, diabetes, mental health, information governance, safeguarding and recruitment and performance was regularly monitored.
- The practice assessed and monitored the services they provided through a timetable of audits that identified areas for improvement.

- There were clear arrangements for identifying, recording and managing risks to patients and staff and steps had been taken to mitigate them.
- Clinical audits took place to ensure services were effective and to identify where the practice could improve. These included minor operations, cytology, medicines, ear irrigation and osteoporosis.

We found that governance arrangements were effective and were used to identify improvements to the services provided.

Leadership, openness and transparency

The practice had identified lead GPs for key roles within the practice and they were supported by other clinical and administration colleagues. These included information governance, practice performance, infection control and safeguarding. The partner GPs and other staff in managerial roles were responsible for oversight of the practice.

Those in leadership roles were visible in the practice and staff spoken with told us that they were approachable and always took the time to listen to their colleagues. We found that there was a culture of openness and honesty and staff were able to raise any issue without fear of recrimination. Staff told us they were involved in discussions about how to run and develop the practice and were provided with opportunities to improve the services delivered by the practice.

We found that there was a range of different meetings held at the practice including those for clinical, managerial, nursing and reception staff. The practice had a 'discussion box' available for staff to use prior to any meetings. This was used to write down agenda items or topics they wished to discuss.

We looked at the minutes of these meetings and found that safety issues, significant events and complaints were discussed and shared with staff, including the learning from them. There was a system in place so that staff absent from any meeting had access to the minutes and were required to sign them as read and understood. Meetings were being held regularly and detailed minutes were being recorded. Where areas for improvement had been identified these had been actioned in a timely manner.

We did find however, that when a full staff meeting occurred, minutes were not being recorded but we were

Are services well-led?

Good 

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

satisfied, after speaking with a cross section of staff members that relevant issues had been discussed with them and their ideas sought. The practice told us they would record the minutes of these meetings in the future.

The practice used a variety of other means of communication to keep staff informed and involved in the day to day running of the practice. These included a monthly breakfast meeting for clinicians, weekly management emails and nursing staff emails.

Staff were committed to maintaining standards and providing safe and effective care for their patients. The performance of the practice over the last three years demonstrated that there was effective leadership in place and this contributed to the consistent results they had achieved. Staff were complimentary about the leadership at the practice and felt part of a team.

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

The practice encouraged and valued feedback from patients. The practice website provided a facility for patients to provide feedback about the services provided.

The practice had gathered feedback from patients through the Patient Participation Group (PPG), also known as the Friends of Lister House. This was an active group with a membership of approximately 20 patients which met on a quarterly basis and they submitted proposals for improvements to the practice and helped design the patient survey. There were also over 100 members of a virtual patient group that submitted ideas and feedback on-line. The practice website was used to encourage patients to join the PPG and to keep them updated. Minutes of meetings and the results of the practice surveys were available to read on the website.

On the day of the inspection we met with five representatives of the PPG. They told us that they were involved in providing feedback to the practice about the services provided including identifying areas for improvement. They told us that they had an effective relationship with the practice and that GPs and other practice staff attended the meetings.

Examples of improvements identified as a result of feedback from the PPG included increasing PPG membership to include a diversification of the PPG profile, increasing the use of technology to enable shorter repeat

prescription processing time, the purchase of equipment through fundraising and changing the music playing in the reception area. Historic improvements included the installation of a new telephone system and re-decoration of the practice.

The practice monitored the results from the national GP patient survey and the comments on the NHS Choices website and this feedback, along with other sources of information enabled the practice to identify where they could improve.

The practice had their own patient survey. The results of the survey were displayed in the waiting room and on the practice website. The practice had undertaken surveys on an annual basis and we looked at the last three that had taken place, the most recent one having been undertaken in December 2014. This involved 500 questionnaires being distributed to patients with 292 completed replies being received. Thought had gone into the different type of patients that attended the practice and consequently, replies had been received from a variety of population groups and ethnic backgrounds to ensure that a broad spectrum of views had been sought.

It was evident from the survey results that an effective analysis had taken place and comparisons made with previous results. The outcome of the most recent survey identified that further improvements were required in relation to their telephone response, queues at reception and the physical environment. Areas where improvements had been made on previous years included the way patients were treated by the receptionists and being able to see a GP quickly. An action plan was in place to achieve the necessary improvements.

Results from the NHS Friends and Family test revealed that the majority of patients were either likely or very likely to recommend the practice. Forms were available for patients to complete in the waiting room and on the practice website.

The practice maintained a patient compliments book. This contained positive feedback about the GPs, nursing and reception staff.

The practice gathered feedback from staff through team meetings, appraisals and informally. Staff told us they

Are services well-led?

Good 

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

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.

The practice also used an external organisation to conduct an internal staff satisfaction survey. The results of this survey reflected a staff satisfaction rate of 87%.

Innovation

The practice worked with a local organisation to identify where they might improve. This included sharing good practice amongst local practices to improve the services for their patients and improve health care including integration with other healthcare providers.

We were told that the practice had been short listed in an innovation category for the national GP awards in 2014 for the development of the health care support worked role.

The practice had a number of community partnerships to provide additional support for their patients. These included;

- An art project where they worked with a local artist to help promote health and well-being linked to physical activities through the use of art work displayed in the practice.
- A project called 'Let's get moving' that promoted physical activity for patients who wished to lose weight.
- A pilot project called 'Smart Life' which encouraged older patients to maintain their independence and by volunteers supporting them by attending appointments with them and signposting them to support services.
- Providing work experience opportunities for medical students studying at a London university.
- Liaison with an external organisation providing support for victims of domestic violence.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found non-clinical staff undertaking chaperoning duties had no risk assessments in place and Disclosure and Barring Service (DBS) checks had not been undertaken at the time of our inspection. This did not ensure appropriate safeguards were in place to protect patients.</p> <p>This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	