

# Harrow Road GP Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



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 Harrow Road Surgery on 5 May 2016. Overall the practice is rated as requires improvement.

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

- Although there was a system in place for reporting and recording significant events, when things went wrong, reviews and investigations were not always sufficiently thorough and necessary improvements were not always made.
- Risks to patients were not always assessed or well managed including, for example, risks associated with fire safety, infection control, DBS checks for those staff who undertook chaperone duties and electrical equipment safety checks.
- Although one clinical audit had been carried out, it was not a two cycle completed audit and so the practice could not demonstrate that audits were driving improvements to patient outcomes.
- Governance arrangements and performance management did not always operate effectively. We noted that some policies were missing (such as medicines management, repeat prescribing and a legionella protocol) and that the practice was not acting in accordance with others (such as its IPC policy which required regular audits to be undertaken).
- Some staff had not undertaken mandatory staff training such as safeguarding, basic life support and fire safety awareness, staff had not received an appraisal and there were no records to demonstrate that recently employed staff had completed an induction programme.
- The practice had a business continuity plan but this did not include necessary information such as contact details for staff or a buddy practice.
- Data showed patient outcomes were comparable to the national average.
- The practice employed a mental health nurse who provided additional support to patients with mental health conditions.
- The practice was open until 8:00pm every evening which benefitted patients who could not attend during normal office hours

# Summary of findings

- The majority of patients said they were treated with compassion, dignity and respect.

The areas where the provider must make improvements are:

- Ensure that significant events are always recorded and reviewed.
- Ensure that risk assessments are undertaken to determine if staff who act as chaperones require a DBS check and that staff undertaking chaperone duties have received appropriate training to carry out the role.
- Ensure that systems and processes such as clinical audits are in place to assess, monitor and improve the quality and safety of the service.
- Undertake and implement an infection control audit for assessing and monitoring risks associated with infection control, fire and legionella and undertake any relevant actions as required.
- Put in place complete and up to date policies to support and guide staff in the provision of regulated activities including those for medicines management and repeat prescribing.
- Ensure that all staff receive appropriate training in basic life support, fire safety awareness, information governance and infection prevention and control and that all staff receive an appraisal.
- Maintain records to demonstrate that staff have completed an induction programme.
- Ensure that the practice business continuity plan contains necessary information such as contact details for staff and details of a buddy practice.

**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, as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Systems and processes to assess and manage risk to patients were not being implemented consistently. For instance, risks associated with fire safety and infection prevention and control had not been assessed for more than twelve months and safety checks on electrical equipment were out of date.
- Staff, including clinical and nonclinical staff, had not undertaken required annual training in basic life support, information governance, fire safety awareness or infection prevention and control within the past twelve months.
- DBS checks had not been undertaken for those staff who undertook chaperone duties and risk assessments had not been undertaken to ascertain whether this was necessary. Some staff who carried out chaperone duties had not been trained in the role.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Although data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average, there was limited evidence that quality improvement including clinical audit was driving improvement in patient outcomes.
- Non-clinical staff had not had appraisals or undertaken any training for two years.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice used a risk stratification tool to identify and support high risk patients and had identified 3% of the patient list as at higher risk of being admitted to hospital.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had procured new premises within the previous two years and had undertaken extensive refurbishment works to ensure the building was fully accessible, had good facilities and provided with sufficient consulting and treatment rooms to accommodate the needs of the practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was a process for identifying patients who were also carers and the practice had helped to establish a carer's support group at the surgery.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a vision but had not yet developed fully structured plans to realise this vision. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice was unable to produce policies which governed some activities including infection prevention and control, medicines management and prescribing.

# Summary of findings

- The practice told us that all staff had received inductions but there were no records to show which staff members had completed an induction or what had been covered.
- Non-clinical staff had not received annual appraisals for two years and there were gaps in several areas of training. Not all non-clinical staff had received regular performance reviews or attended staff meetings and events.
- The practice had an active patient participation group and could demonstrate actions taken in partnership with the group.

# 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 requires improvement for providing safe, effective and well-led services as there are areas where improvements should be made. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice. For example:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who were housebound could have monthly visits from a nurse and these visits included long term condition reviews, annual reviews and support with managing medicines.
- Outcomes for conditions often associated with older people were comparable to the CCG and national average. For instance, 84% of patients with hypertension had well controlled blood pressure (CCG average 81%, national average 84%).

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing safe, effective and well-led services as there are areas where improvements should be made. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national averages. For instance, 74% of patients had well controlled blood sugar levels, compared to the CCG average of 74% and the national average of 78%. Data also showed 84% had well controlled cholesterol levels (CCG average 78%, national average 81%) and 96% had had a food examination in the previous twelve months (CCG average 88%, national average 88%).
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as requires improvement for providing safe, effective and well-led services as there are areas where improvements should be made. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were comparable to national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

**Requires improvement**



## Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe, effective and well-led services as there are areas where improvements should be made. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open between 8:00am and 8:00pm daily from Monday to Friday and this benefitted patients who were unable to attend during normal office hours.

**Requires improvement**



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective and well-led services as there are areas where improvements should be made. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice staff included a mental health nurse who provided additional support to patients with learning disabilities.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe, effective and well-led services as there are areas where improvements should be made. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice had employed a mental health nurse to provide additional support patients experiencing poor mental health. The mental health nurse undertook annual health reviews, helped patients to manage their medicines, and helped patients experiencing poor mental health to access various support groups and voluntary organisations.
- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 82% and national average of 74%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented was 93% compared to the CCG average of 86% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty nine survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients said that staff were friendly and helpful and that doctors listened carefully and were very caring.

We spoke with eleven patients during the inspection. All eleven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients said they had had difficulties arranging appointments and had experienced delays waits in the waiting area although they said reception staff had made them aware of the delays when they arrived and had kept them informed of the estimated effect on appointment times.

# Harrow Road GP Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Harrow Road GP Practice

Harrow Road GP Practice provides GP primary care services to approximately 8,400 people living in Leytonstone, London Borough of Waltham Forest. The practice has a Personal Medical Services (PMS) contract for providing general practice services to the local population. Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice.

There are currently two GP partners, one female and one male. There are four salaried GPs, two female and two male. The practice provides a total of 34 GP sessions per week.

The clinical team is completed by three part time practice nurses who work the combined equivalent of one full time nurse. There is a registered mental health nurse who also undertakes the role of a healthcare assistant in addition to nursing duties and a part time health care assistant.

There is also a practice manager, a business manager and nine administrative and reception staff. The practice is registered with the Care Quality Commission to provide the

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

The practice opening hours are 8:00am to 8.00pm from Monday to Friday. Telephones are answered between 8:00am and 6:30pm daily. The practice is a member of a collaborative network of GP practices which provides bookable appointments between 9:00am and 5:00pm on Saturday and Sunday.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to two weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The out of hours services (OOH) are provided by the Partnership of East London Co-operatives (PELC). The details of the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

The practice provides a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The practice is located in a large two storey, recently converted former warehouse. The building benefits from a lift and all treatment and consulting rooms are fully accessible. On-site patient parking is available including several dedicated disabled parking bays.

# Detailed findings

The practice had not previously been inspected.

## 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 5 May 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager, nurse, and members of the reception and administration teams and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. 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). Three significant events had been recorded in the last 12 months.

However, although there was a system in place for reporting and recording significant events we noted that when things went wrong, reviews and investigations were not always sufficiently thorough and we also noted that the necessary improvements to maintain patient safety were not made. For example, one record referred to an occasion when an abnormal test result had not been communicated to a patient. The patient had received an apology but there was no evidence that the practice had identified the underlying cause of the incident or of action taken to prevent a repeat occurrence. In the other two records of significant events, we saw that patients had received written apologies and actions had been taken to prevent a repeat of the incidents.

### Overview of safety systems and processes

We looked at systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children. GPs and the mental health nurse were trained to child protection or child safeguarding level 3, practice nurses were trained to level 2 and non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required and all staff who acted as chaperones were trained for the role. The practice manager told us that the role of chaperone was normally filled by clinical staff, all of whom had up to date Disclosure and Barring Service (DBS) checks. (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). We were also told however that if no clinician was available, a number of non-clinical staff had fulfilled this role and that these staff had not received a DBS check. The practice had not undertaken a risk assessment of this decision.
- The practice manager was the infection control clinical lead although had only taken on this role in recent weeks following the departure of a member of staff who had been the infection control lead for several years. There was an infection control protocol in place but this was generic and had not been adapted to be practice specific. Staff had received infection prevention and control training in 2014 but this had not been updated since the practice had moved premises. We were told the most recent infection control audit had been undertaken in September 2014 but the practice did not have a copy of the audit or any details of actions taken as a result. We observed the premises to be clean and tidy.
- The practice had a sharps injury policy but this was not displayed in all treatment rooms. We saw a scissors protruding from the sharps bin in one clinical area but this placed properly in the sharps bin immediately we pointed this out. Staff we spoke with were able to describe what they would do if they sustained a sharps injury.
- The practice were unable to locate a medicines management policy or a prescribing policy but we saw that arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was a process for monitoring when

# Are services safe?

prescriptions were not collected. If the prescription was for a patient identified as being at high risk of hospital admission, the practice would contact the patient directly to check on their welfare.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and, for clinical staff, appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

The systems in place for monitoring and managing risks to patients and staff were not always assessed or well managed.

- The practice had not undertaken a fire risk assessment and staff had not received fire safety awareness training since 2014 although records showed that a fire drill had been conducted within the past twelve months. We also saw confirmation that fire marshals had been appointed and fire alarms were regularly tested. We also noted that fire extinguishers had been serviced within the past 12 months.
- Safety checks to ensure that electrical equipment was working properly had not taken place in the past 12 months. The most recent checks had been undertaken in March 2015. Clinical equipment had been checked to ensure it was working properly.

- The practice was unable to demonstrate they had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

## Arrangements to deal with emergencies and major incidents

We looked at arrangements the practice had in place to respond to emergencies and major incidents.

- Eleven non clinical and six clinical staff had not had received basic life support training within the last 12 months although we were shown an action plan which included booked dates for updated training.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan referred to co-ordinating with other GP practices in an emergency but did not identify any specific practices and the plan did not contain contact details for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For instance we saw records of a recent Gliptins audit which was undertaken in line with NICE guidelines (Gliptins are medicines which can be used to treat Type 2 diabetes).

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. Exception reporting was in line with CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national averages. For instance, 74% of patients had well controlled blood sugar levels, compared to the CCG average of 74% and the national average of 78%. Data also showed 84% had well controlled cholesterol levels (CCG average 78%, national average 81%) and 95% had had a foot examination in the previous twelve months (CCG average 86%, national average 88%).
- Performance for mental health related indicators was above the local and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented

was 93% compared to the CCG average of 86% and national average of 88%. Ninety five percent of patients with dementia had had their care reviewed in a face to face review in the preceding twelve months (CCG average 82%, national average 84%).

- Performance for hypertension related indicators was similar to the local and national averages. For instance, 84% of patients with hypertension had well controlled blood pressure (CCG average 81%, national average 84%).

There was very limited evidence of quality improvement including clinical audit.

- One clinical audit had been undertaken in the last two years but this was not a completed two cycle audit. A clinical audit of the blood glucose management of diabetic patients had been carried out in February 2016. We saw minutes which showed that the practice had analysed the results and produced an action plan to address its findings. Records showed this audit was due to be repeated in August 2016 to complete the cycle of clinical audit.

### Effective staffing

We looked at whether staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice told us they had an induction programme for all newly appointed staff which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had not kept records of staff inductions and although we were unable to confirm that new employees had completed an induction programme, staff we spoke with were able to demonstrate knowledge of the areas covered by the programme.
- With the exception of basic life saving and infection prevention and control training, the practice could demonstrate how they ensured role-specific training and updating for clinical staff. For example we saw records showing clinicians who had a role in reviewing patients with long-term conditions including diabetes and chronic obstructive pulmonary had attended suitable training courses within the previous three months.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training in the previous twelve months, which had

# Are services effective?

## (for example, treatment is effective)

included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The practice told us that the building of, and subsequent migration to new premises had consumed significant management resources and as a consequence, annual appraisals had not taken place for the previous two years and gaps had developed in staff training. Staff we spoke with told us they had had annual appraisals prior to 2014. We were shown a detailed plan to update staff training and saw correspondence with training agencies which indicated that training dates and courses were being organised.
- Clinical staff had received ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

### Coordinating patient care and information sharing

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

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

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

The practice population included patients who lived in a residential care home for people experiencing poor mental health. We spoke with a member of the management team from the care home who told us the practice was consistently responsive to the needs of the residents. They told us that the practice tried to ensure continuity of care with the same GP whenever possible and would also contact the care home manager when a patient's annual

review was due. Patients were offered double appointments and were able to attend appointments in person, have telephone consultations or be visited at home when necessary.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice used a risk stratification tool to identify and support high risk patients and had identified 3% of the patient list as at higher risk of being admitted to hospital. Every patient identified as being at higher risk of hospital admission had a dedicated care navigator who was a member of the practice administration team. Care plans were in place for patients who needed then this included older patients, patients with long term conditions, patients experiencing poor mental health and patients in vulnerable circumstances.

The practice helped elderly patients who were housebound by providing monthly home visits. These were usually undertaken by the mental health nurse and could include over 75 health checks, long term condition management, annual reviews and dementia screening.

The practice's uptake for the cervical screening programme was 96%, which was above the CCG average of 82% and the national average of 82%. The practice had an exception reporting rate of 31% for this indicator which was significantly higher than the CCG average of 9% and the

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

national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 89% and five year olds from 67% to 88%.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues and they could offer them a private room to discuss their needs. We observed one member of the reception team support a person who was visibly distressed.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was lower than average compared to other practices for some of its satisfaction scores on consultations with GPs and nurses.

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice employed a mental health nurse who provided additional support to patients experiencing poor mental health and patients with learning disabilities. For instance, this nurse helped patients to understand and manage their medicines and was responsible for monitoring test results for patients on medicines where this was necessary. The mental health nurse was also involved

## Are services caring?

in care planning and annual reviews of patients experiencing poor mental health and supported these patients with advice on weight management, smoking and alcohol cessation.

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

- Staff told us that interpreting and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- A British Sign Language interpreter was available for patients with hearing difficulties.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers (approximately 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice had procured new premises and had undertaken extensive refurbishment works prior to taking possession of the building in 2014. The new premises were fully accessible and provided an increased number of consulting and treatment rooms.
- The practice was open between 8:00am and 8:00pm each day from Monday to Friday which benefitted working patients and others who could not attend during normal office hours.
- There were longer appointments available for patients with a learning disability and patients who had complex conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice provided patients with the choice of seeing a female or male GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities including several disabled parking bays. A hearing loop and translation services available
- The premises had a lift which meant that all areas of the practice were fully accessible.

### Access to the service

The practice was open between 8:00am and 8:00pm Monday to Friday. The practice was a member of a local GP co-operative and hosted the hub service provided by the co-operative. This meant that appointments were available

between 9:00am and 5:00pm at weekends. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found these were handled in line with the practice procedure. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, when a patient complained that the results of a test had not been explained clearly, records showed that the practice had discussed the matter at a

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

practice staff meeting and that GPs had agreed to take greater care when explaining test results. The practice had also written to the patient apologising and providing a clear explanation of the test results.

# 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

We asked the practice about its vision to deliver high quality care and promote good outcomes for patients. The practice had recently recruited a business manager and we were told discussions about a merger with another practice were at an advanced stage. The practice told us they had moved premises eighteen months previously, having procured a former warehouse and undertaken a major refurbishment programme. The new premises were fully accessible and had provided additional consultation and treatment rooms.

We were told that the scale of the works and the process of moving to the new building led to management focus being divided between the building project and the day to day tasks of practice management and that as a result, some staff training, including mandatory training was out of date and gaps had emerged in the practices policies and procedures.

The practice had developed an action plan to provide suitable training to staff and had prioritised mandatory training.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care but the practice was unable to show us all of the policies and procedures used to underpin this framework. For instance, the practice could not locate policies which covered medicines management or information governance.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- An understanding of the performance of the practice was maintained.
- There was limited evidence of quality improvement including clinical audit used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but many of these were out of date. For instance, risk assessments for fire safety and infection control had not been undertaken since 2014.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings but these were not minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

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

# Are services well-led?

Requires improvement 

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

management team. For example, the PPG had recommended that the practice do more to support carers and this had led to the creation of a carers support group and a carers newsletter.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to:</p> <ul style="list-style-type: none"><li>• Assess the risk of, prevent, detect and control the spread of infections as well as risks associated with fire and legionella.</li><li>• Carry out a risk assessment to determine if staff who act as chaperones required a DBS check and to provide appropriate training to staff required to carry out chaperone duties.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided.</p> <p>They had failed to:</p> <ul style="list-style-type: none"><li>• Put in place complete and up to date policies to support and guide staff in the provision of regulated activities including those for medicines management and repeat prescribing.</li></ul>

## Requirement notices

- Ensure that systems and processes such as clinical audits were in place to assess, monitor and improve the quality and safety of the service.
- Ensure that significant events were always recorded and reviewed.
- Maintain records to demonstrate that recently employed staff had completed an induction programme.
- Ensure that the practice business continuity plan contained necessary information such as contact details for staff or details of a buddy practice.

This was in breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

The registered person did not do all that was reasonably practicable to ensure that persons employed received appropriate support, training, professional development and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

They had failed to:

- Ensure that all staff had received training in basic life support, fire safety awareness, information governance and infection prevention and control.
- Ensure that all staff had received an appraisal.

This was in breach of Regulation 18 (1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014