

Meanwhile Garden Medical Centre

Quality Report

The Meanwhile Garden Medical Centre,
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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		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
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 undertook a comprehensive inspection of Meanwhile Garden Medical Centre on 7 July 2015. The practice was rated as inadequate overall. Due to the inadequate rating the practice was placed in special measures. Two warning notices and two requirement notices were also issued. We then carried out an announced comprehensive inspection on 12 April 2016 to consider if all regulatory breaches in the July 2015 inspection had been addressed and to consider whether sufficient improvements had been made to bring the practice out of special measures.

At this inspection we found significant improvements had been made and overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However not all clinical staff had a knowledge of the Mental Capacity Act 2005.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure all clinical staff have an adequate knowledge of the Mental Capacity Act 2005 specifically in relation to best interest decisions and mental capacity assessments.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audit had been undertaken.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, one GP partner's knowledge of the Mental Capacity Act 2005 specifically in relation to best interest decisions and mental capacity assessments required improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice 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.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided treatment and care for a local nursing home.
- The practice participated in the Whole Systems Integrated Care programme to provide multidisciplinary care for older people returning home after hospital admission.
- However, one GP partner did not have an adequate knowledge of the Mental Capacity Act 2005 specifically in relation to mental capacity assessments and Do Not Attempt Cardiopulmonary Resuscitation decisions.

Requires improvement



People with long term conditions

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

- We found at the previous inspection that QOF performance in 2014/15 for diabetes related indicators was 45%, which was 34% below the CCG average and 44% below national average. However, at this inspection latest data (2015/16 performance) showed an improvement to 63%. The GPs were aware that diabetes performance required further improvement and told us they would continue to improve it.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- Immunisation rates were comparable to others for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 83% which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. There were 228 patients on the vulnerable register, all of whom had a documented care plan.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- The practice provided us with the latest available data which showed they had achieved 100% of QOF points for mental health related indicators in 2015/16.
- The practice had a register of 63 patients who were experiencing poor mental health. Data showed that 88% had their blood pressure checked, 82% of females had cervical smears taken and 91% had a documented care plan.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health needs and dementia. However, knowledge of the Mental Capacity Act 2005 required improvement.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and one survey forms were distributed and 88 were returned. This represented 3% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 86% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and national average of 85%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. However, although staff told us they had actively promoted them to patients none had been returned.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Latest figures from the NHS Friends and Family Test showed out of seven responses, 100% would recommend the practice.

Meanwhile Garden Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Meanwhile Garden Medical Centre

Meanwhile Garden Medical Centre is situated at Unit 5, 1-31 Elkstone Road, London, W10 5NT. The practice provides primary medical services through a General Medical Services (GMS) contract to 2,896 patients in West London (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services). The practice is part of the NHS West London Clinical Commissioning Group (CCG). The ethnicity of the practice population is mainly white with a higher than national average number of people between 20 and 60 years of age. The local area is the second most deprived in the West London CCG (people living in more deprived areas tend to have greater need for health services).

The practice team consists of a male GP partner (one whole time equivalent), a female GP partner (one whole time equivalent), a business manager, a practice manager, a practice nurse, a healthcare assistant, and two reception/administration staff. The GP partners operate a 'personal list' system whereby patients choose their preferred GP on registering at the practice. Patients can change GP at any time according to their wishes.

The practice offers a number of services including chronic disease management, family planning, maternity services, cervical screening, child and travel immunisations, joint injections, smoking cessation, chlamydia screening, phlebotomy and substance misuse services.

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

The practice opening hours are Monday to Friday 8:00hrs to 18:30hrs apart from Thursday where the practice closes at 13:00hrs. The practice provides extended hours from 9:00hrs to 12:00hrs on Saturdays. The practice closes for lunch between 13:00hrs and 14:00hrs however urgent requests are dealt with through the telephone system. When the practice is closed patients are directed to the NHS 111 service to access out-of-hours services (OOH). There is also an NHS Walk-in Centre in the locality.

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.

Detailed findings

We undertook a comprehensive inspection of Meanwhile Garden Medical Centre on 7 July 2015. The practice was rated as inadequate overall. The practice was rated inadequate in the safe, effective, responsive and well led domains and requires improvement in the caring domain. In addition, all five population groups were rated as inadequate. Due to the inadequate rating the practice was placed in special measures and two warning notices were also issued.

The practice was found to be in breach of four regulations. Requirement notices were set for regulations 13 and 19 and warning notices were issued for regulations 12 and 17 of the Health and Care Social Act 2008.

When we inspected the practice in July 2015, the practice was required to take the following action:

- Introduce effective procedures for managing significant events, incidents and near misses, ensure learning is shared with all staff and safety alerts received by the practice are acted on where appropriate. Ensure effective systems are in place for safeguarding children and adults.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform including providing clinical care and treatment in line with national guidance and guidelines.
- Ensure recruitment arrangements include all necessary employment checks for all staff and document all recruitment and employment information in staff files.
- Ensure all vaccine fridges are temperature monitored and daily temperature checks recorded.
- Establish effective systems, including monitoring and regular audit of practice, to meet current guidance to ensure infection prevention and control measures are met and the cleanliness and hygiene of the practice is maintained and assured. Introduce a legionella risk assessment and related management schedule.
- Implement a system to monitor health and safety in the practice including risk assessments for fire and the general environment. Provide staff with fire safety training and carry out regular fire drills to test the fire evacuation procedures.
- Provide access to an automated external defibrillator (AED) or carry out a risk assessment to minimise risks.

- Implement a business continuity plan to ensure continuity of services in the event of a major disruption to the service.
- Proactively monitor the Quality and Outcomes Framework (QOF) performance to steer practice activity and carry out clinical audit to drive improvement in patient outcomes.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice. Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements. The service must seek and act on feedback from staff, patients and external agencies on the services provided and evaluate and improve their practice in respect of this information.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016.

During our visit we:

- Spoke with a range of staff (two GP partners, practice nurse, practice manager, business manager, health care assistant and two reception staff) and spoke with 14 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.

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?

Detailed findings

- 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

When we inspected the practice in July 2015, we found serious concerns in relation to patient safety. The system in place for reporting and recording incidents was ineffective. Systems and processes were not implemented in a way that kept patients safe including those for safeguarding, recruitment, infection control and medicine management.

At this inspection we found significant improvements had been made:

Safe track record and learning

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

- Staff understood incident reporting procedures. Incidents were logged in detail in an incident reporting book, summarised on the computer system, investigated and action taken to prevent recurrence.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident involved an abusive patient. Action taken by the practice included displaying more posters on zero tolerance as well as carrying out risk assessments on those patients should an event occur again. Learning from the incident was shared with staff in a meeting.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3, the nurse and healthcare assistant to level 2 and reception staff to level 1.

- Notices in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in July 2015, we found significant concerns in relation to the practice providing effective services. Care and treatment was not always delivered in accordance with recognised professional standards and guidelines. Clinical audit was not used to improve outcomes for patients, there was limited evidence that the practice was comparing its performance to others, and there was minimal engagement with other providers of health and social care.

At this inspection we found improvements had been made, however further improvement was still necessary:

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.
- We saw examples of where the practice had monitored adherence these guidelines through audit.

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 (2014/15) were 64% of the total number of points available with an exception reporting of 7% (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 an outlier for a number of QOF clinical targets. For example, data from 2014/15 showed:

- Performance for diabetes related indicators was 45% which was 34% below the CCG average and 44% below national average.

- Performance for mental health related indicators was 55% which was 30% below the CCG average and 38% below national average.
- Performance for asthma related indicators was 62% which was 32% below the CCG average and 35% below national average.
- Performance for chronic obstructive pulmonary disease was 60% which was 29% the CCG average and 36% below national average.

During our inspection the practice showed us evidence of their 2015/16 QOF performance. The practice had improved their performance to 89% of the number of points available. Unpublished data from 2015/16 showed that performance for diabetes related indicators had improved to 63% (the practice was aware this needed to improve further), mental health indicators 100%, asthma indicators 100%, and chronic obstructive pulmonary disease to 86%. The GPs told us they had worked collaboratively to improve QOF performance. There was an action plan in place to improve the management of long-term conditions which included text messaging to target diabetes patients who did not attend appointments.

When we inspected in July 2015, the practice was unable to demonstrate clinical audit undertaken to drive improvement in outcomes for patients. At this inspection we found the practice had taken steps to address this, however further improvements were necessary:

- We were provided with a range of audits including thyroid function monitoring of hypothyroid patients, antipsychotic medication prescribing, cancer referrals and prostate specific antigen monitoring. The cancer audit was a two cycle audit which led to the introduction of an informal checking system to ensure suspected cancer investigations and referrals were received by hospitals and subsequently actioned.

The practice participated in local benchmarking (benchmarking is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area). Data showed the practice had outcomes that were comparable to other practices in the area in regard to referral rates to secondary care, outpatient attendances and prescribing rates.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

Consent was not always sought in line with relevant legislation and guidance.

- Although staff had received training in relation to consent, not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One GP partner did not have an adequate knowledge of the Mental Capacity Act 2005 and best interest decisions. Where a patient's mental capacity to consent to care or treatment was unclear, the GP could not demonstrate that they would be able to assess a patient's capacity. The GP partner told us that GPs do not assess mental capacity, psychiatrists do. They also said that they would let the relatives decide on a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision.
- When providing care and treatment for children and young people, staff were able to describe how to assess capacity to consent in line with relevant guidance.
- We saw examples of written consent in patient notes, for example when carrying out joint injections.

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.
- A smoking cessation advisor was available at the practice.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 83% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring female sample takers were 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.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 93% and five year olds from 66% to 90%.

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. Data showed the practice had achieved 29% of eligible health checks in 2015/16 which was significantly above the CCG target of 15%. Data showed the practice was the highest achiever for the number of health checks in the CCG.

Are services caring?

Our findings

When we inspected the practice in July 2015, we found concerns in relation to the practice providing caring services. We found that patients rated the practice lower than others for some aspects of care. Not all patients felt cared for, supported and listened to. Information for patients about the services was available but not everybody would be able to understand or access it.

At this inspection we found improvements had been made:

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.

- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. 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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (4% 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

When we inspected the practice in July 2015, we found concerns in relation to the practice providing responsive services. We found the practice had not reviewed the needs of its patients, there was limited engagement with the Clinical Commissioning Group to discuss service improvements. Information about how to complain was limited.

At this inspection we found significant improvements had been made:

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. For example, the practice was participating in the CCG Whole Systems Integrate Care Program (Integrated care is about joining up the range of different health and social care services patients may receive to ensure they experience it as one seamless service, with their needs placed at the centre).

- The practice offered extended hours on a Saturday from 9.00hrs to 12.00hrs for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice including visits to a local care home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Blood pressure monitors were available in the waiting areas.
- Online services were available including appointment booking and repeat prescription requests.
- There was a primary care navigator who assessed patients' needs and liaised with voluntary and social care services.

- A weekly methadone clinic was provided in collaboration with a drug referral worker.

Access to the service

The practice was open between 8.00hrs and 18.30hrs Monday to Friday apart from Thursday where the practice closed at 13:00hrs. Appointments were from 8.00hrs to 13.00hrs every morning and 14.00hrs to 18.30hrs daily (not Thursday). The practice was closed between 13.00hrs and 14.00hrs however urgent requests were dealt with through the telephone system. Extended hours appointments were offered every Saturday from 9.00hrs to 12.00hrs. In addition to pre-bookable appointments that could be booked up to two days in advance, urgent appointments were also available for people that needed them. A walk-in service was also run on a daily basis. The practice directed patients to the NHS 111 service to access out-of-hours services (OOH) which included Thursday afternoons. There was also a local NHS Walk-in Centre.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 86% and national average of 73%.

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

Listening and learning from concerns and complaints

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

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

We looked at eight complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from

Are services responsive to people's needs?

(for example, to feedback?)

individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the

quality of care. For example, a patient complained about delayed hospital test results. The patient received an apology and learning from the complaint shared with staff in a meeting.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in July 2015, we found concerns with the leadership of the practice. There was no vision for the practice and no clear leadership structure. Staff were not proactively supported by management. Policies and procedures to govern activity had not been reviewed consistently. There was little evidence of practice meetings and the practice had not sought feedback from staff or patients and did not have a patient participation group. Staff had not received regular performance reviews.

At this inspection we found significant improvements had been made:

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and this was confirmed by the meeting minutes we reviewed.
- 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 and submitted proposals for improvements to the practice management team. For example, as a result of feedback the practice had implemented online appointment booking and repeat prescription requests.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: Where a person lacks mental capacity to make an informed decision, or give consent, clinical staff did not demonstrate sufficient knowledge to ensure they would act in accordance with the requirements of the Mental Capacity Act 2005 specifically in relation to best interest decisions and mental capacity assessments. Regulation 11(1)