

Shepherds Bush Medical Centre

Quality Report

336 Uxbridge Road
Shepherds Bush
London
W12 7LS

Tel: 020 8743 5153

Website: www.shepherdsbushmedicalcentre.co.uk

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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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shepherds Bush Medical Centre on 1 October 2014. The overall rating for the practice was requires improvement. The full comprehensive report on the 1 October 2014 inspection can be found by selecting the 'all reports' link for Shepherds Bush Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 20 December 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 1 October 2014. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now 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 a system in place for reporting and recording significant events.
- Effective systems were in place to minimise most risks to patient safety.
- 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.
- Patients said they felt the practice offered an excellent service and staff were kind, attentive, caring and helpful and treated them with dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients found it easy make an appointment with a GP 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.

Summary of findings

- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

The areas where the provider should make improvement are;

- Ensure the security and tracking of all prescription stationery in line with national guidance.
- Consider the implementation of environment cleaning audits.
- Review the medicines stocked for use in a medical emergency to ensure inclusion of those recommended or risk assess why not required.
- Review the health and safety arrangements to ensure that signage alerts are displayed in areas of potential risk, and that cables and IT equipment are safely stored.
- Continue to make improvements in the performance for QOF, including patient outcomes in long-term conditions, childhood immunisations and cervical screening programme to align with local and national averages.
- Continue to identify and support more patients who are carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a 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.
- 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 generally well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were comparable to local and national averages with the exception of some diabetes related indicators. The practice had implemented additional resources in an effort to improve performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar or higher than others for several aspects of care.
- Patients said they felt the practice offered an excellent service and staff were helpful, friendly, professional and caring and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they attended regular CCG meetings and reviewed performance data with other local practices.
- Patient's satisfaction with how they could access care and treatment was at or mostly higher than CCG and national averages.
- The practice had adequate facilities and was generally well equipped to treat patients and meet their needs.
- Information about how to complain was available although the complaints policy required review. Evidence showed the practice responded to issues raised and learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient reference group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- Older patients at high risk of hospital admission were identified and invited for review to create integrated care plans aimed at reducing this risk.
- The practice held monthly multi-disciplinary team meetings to discuss and manage cases of older patients with complex medical needs. These meetings were attended by members of the community nursing team, community matron and dementia nurse. The practice also held regular meetings with the community palliative care team to discuss patients receiving end of life care.
- Home visits and urgent appointments were available for those with enhanced needs.
- The practice had access to community services including the 'virtual ward' and community matron aimed at support patients at home. Older patients with complex medical needs were also referred to the Older Persons Rapid Access Clinic (OPRAC) for specialist opinion and input.
- The practice offered flu and shingles immunisation for older patients in line with national guidance. Home visits for immunisations were offered to housebound patients.
- Phlebotomy and anti-coagulation services were available in-house.

People with long term conditions

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

Good



- All patients with long term conditions were invited for structured annual health checks including medication review, blood tests and immunisations if required.
- Longer appointments and home visits were available when needed.
- The practice held monthly multi-disciplinary team meetings to discuss and manage cases of patients with complex medical needs. These meetings were attended by the members of the

Summary of findings

community nursing team, community matron, practice nurse and GPs. The practice also held regular meetings with the community palliative care team to discuss patients receiving end of life care.

- Patients with risk factors for developing long term conditions were identified through NHS Health checks and routine screening.
- Patients with long term conditions at risk of hospital admission were identified and invited for review to create integrated care plans aimed at reducing this risk.
- The practice offered flu immunisation to patients with long term conditions in line with national guidance.
- Phlebotomy, spirometry and anti-coagulation services were available in-house.

Families, children and young people

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

- There was a named GP lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice provided shared antenatal care with the local midwife team, pre-natal vaccine programme and routine post-natal care including six week mother and baby checks as separate appointments.
- Childhood immunisation rates for the vaccinations given to under two year olds for 2015/16 were below the 90% national target rate in all four of the sub-indicators. The overall achievement score was below the national average. Vaccination rates for five year olds were comparable to CCG averages. The practice had a recall system for babies and children who had not attended for their immunisation.
- Chlamydia screening was offered to patients aged 16 to 24 years of age.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had access to specialist advice from local paediatric consultants via a specific telephone number.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

- The uptake for the cervical screening programme 2015/16 was 57%, which was below the CCG average of 72% and the national average of 81%.

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).

- Extended hour appointments were available Saturday morning appointments for patients unable to attend the practice during normal working hours. Telephone consultations with a GP were also available daily.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered health checks for new patients and NHS health checks for patients aged 40 to 74 years of age with appropriate follow-up of any risk factors identified.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

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.

- There was a named GP lead for safeguarding vulnerable adults. Staff knew how to recognise signs of abuse in vulnerable adults and children and 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, housebound patients and those with a learning disability.
- The practice offered annual health checks for patients with a learning disability with longer appointments available if required.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 100% of the 12 patients' diagnosed with dementia on the practice list had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG and national averages of 84%.
- 78% of patients' with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the last 12 months compared to the CCG average of 85% and national average of 89%.
- The practice offered dementia screening to at risk patients and opportunistic screening during consultations with referral on to local memory services if required.
- Patients with dementia were invited for annual health checks and medication reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice advised patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a psychiatric community liaison nurse who attended the practice weekly to provide advice and review complex cases with the GP if required.
- The practice referred patients experiencing poor mental health to local Improving Access to Psychological Services if required.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and showed the practice was performing in line with local and national averages. Three hundred and sixty-two survey forms were distributed and 92 were returned. This represented a response rate of 25% and 3% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 68% 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 74% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 82.5% and the national average of 85%.

- 80% 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 the national average of 79.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Comments received described staff as helpful, friendly, professional and caring and the environment clean and tidy.

We spoke with ten patients including one member from the practice Patient Participation Group (PPG) during the inspection, all of whom were satisfied with the care they received and felt the staff treated them with dignity and respect. Results from the Friends and Family Test (FFT) for September 2016 to November 2016 showed that 87% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the security and tracking of all prescription stationery in line with national guidance.
- Consider the implementation of environment cleaning audits.
- Review the medicines stocked for use in a medical emergency to ensure inclusion of those recommended or risk assess why not required.
- Review the health and safety arrangements to ensure that signage alerts are displayed in areas of potential risk, and that cables and IT equipment are safely stored.
- Continue to make improvements in the performance for QOF, including patient outcomes in long-term conditions, childhood immunisations and cervical screening programme to align with local and national averages.
- Continue to identify and support more patients who are carers.

Shepherds Bush 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 also included a GP specialist adviser, practice manager specialist adviser and an Expert by Experience.

Background to Shepherds Bush Medical Centre

Shepherds Bush Medical Centre is a well-established GP practice situated within the London Borough of Hammersmith & Fulham. The practice lies within the administrative boundaries of NHS Hammersmith & Fulham Clinical Commissioning Group (CCG) and is a member of the Hammersmith & Fulham GP Federation.

The practice provides primary medical services to approximately 3,150 patients living within one radius mile of the practice but accept patients from other areas. There is a transient patient population of approximately 30 patients joining and leaving the practice every month. The practice holds a core General Medical Services Contract (GMS) and Directed Enhanced Services Contracts. The practice is located at 336 Uxbridge Road Shepherds Bush, London W12 7LS with good transport links by bus and rail services.

The practice operates from a converted Victorian house which is leased from a previous GP partner and managed by the current GP partners. The building is set over three floors with stair access only. There are two consultation rooms in the basement, one on the ground floor and two

on the first floor. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are toilet facilities on the ground floor including those for people with disabilities. There is pre-payable off street parking in the surrounding area.

The practice population is ethnically diverse with the majority of registered patients from an Asian, Afro-Caribbean or East European background. The practice has a lower than the national average number of patients between 0 and 19 years of age and 65 years plus and a much higher than the national average number of patients between 25 and 39 years of age. The practice area is rated in the third more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (51%, 45%, and 54% respectively).

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

The practice team comprises of two male GP partners who collectively work a total of 13 clinical sessions per week. They are supported by one full time practice nurse, a practice manager and five administration staff. A mental health nurse and a health trainer employed by external organisations attend the practice weekly.

The practice opening hours are from 9am to 1pm and 3pm to 6.30pm Monday to Friday with the exception of Thursday when the practice closes at 1pm. Consultation times in the morning are from 9.30am to 1pm Monday to Friday and in

Detailed findings

the afternoon from 3.30pm to 6.30pm Monday, Tuesday, Wednesday and Friday. Extended hour appointments are offered from 10am to 12pm on Saturday morning. Pre-bookable appointments can be booked up to three weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, child health surveillance and contraception and family planning.

Why we carried out this inspection

We undertook a comprehensive inspection of Shepherds Bush Medical Centre on 1 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for providing effective, responsive and well led services.

We issued requirement notices to the provider in respect of staff training, patient safety, medicines management, and assessing and managing the quality of service provision. The full comprehensive report following the inspection on 1 October 2014 can be found by selecting the 'all reports' link for Shepherds Bush Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Shepherds Bush Medical Centre on 20 December 2016. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 20 December 2016.

During our visit we:

- Spoke with a range of staff including the principal GP, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Detailed findings

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

At our previous inspection on 1 October 2014, we rated the practice as inadequate for providing safe services as some arrangements in respect of significant events, national patient safety alerts management, staff chaperone training and emergency provisions required improvement.

These arrangements had improved when we undertook a follow up inspection on 20 December 2016. The practice is now rated as good for providing safe services.

Safe track record and learning

When we inspected the practice, on 1 October 2014, we found that an effective system was not in place for the reporting and recording of significant events, as the practice was unable to demonstrate that the findings from them had been shared with all relevant staff. At this inspection we saw evidence of significant event discussion at practice team meetings.

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

- Staff told us they would inform the practice manager of any incidents and there was a serious incident notification form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of the significant events and showed us the outcomes of five incidents that had occurred in the previous year, including one which was initially submitted as a complaint.

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, following an issue with referrals not reaching a local hospital clinic for older patients, the event was discussed and changes made to the practice referral process to ensure receipt at the service.

When we inspected the practice on 1 October 2014 we found that there was no formal procedure in place to respond to national patient safety alerts. At this inspection we saw that the practice had implemented a policy and formal process for the circulation and management of patient safety alerts received including those from the Medicines & Healthcare products Regulatory Agency (MHRA).

Overview of safety systems and processes

When we inspected the practice, on 1 October 2014, we found that although there were processes and practices in place to keep patients safe, we found some areas of concern in relation to chaperone training, medicines stock management and responding to medical emergencies. At this inspection we found that these issues had been addressed by the practice.

The practice had clearly defined 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 and there was a system to highlight vulnerable patients on their records. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level 3 and administration staff to level 1.
- When we inspected the practice on 1 October 2014, we found that some staff who undertook chaperone duties had not received training in the role. At this inspection we saw records to demonstrate that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS A notice in the consultation rooms advised patients that chaperones were available if required.
- We observed the premises to be visibly clean and tidy but in need of refurbishment. The practice nurse was

Are services safe?

the infection control clinical lead, there was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit conducted internally in November 2016 identified that there was no written schedule for the cleaning of non-disposable dignity curtains which the practice had since rectified. Cleaning schedules for the practice environment were in place however, there were no cleaning records to validate that cleaning tasks were completed by the external contracted company or when a deep clean was scheduled. We found that some cleaning equipment was incorrectly stored for example, colour coded mop heads not placed in the correct corresponding buckets and were dirty in appearance. We were told that the practice raised any concerns as they arose with the cleaning contractor, but did not formally audit cleaning standards.

- When we inspected the practice on 1 October 2014, we found that there were no stock records maintained for the management of medicines stocked by the practice. At this inspection we found that 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 but there was no system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse 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 where applicable. For example, proof of identification,

references, qualifications and registration with the appropriate professional body. Appropriate checks through the Disclosure and Barring Service had been undertaken for all members of staff.

Monitoring risks to patients

Most 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 and a poster was displayed which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 (COSHH), infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the latest legionella risk assessment completed in December 2016, had recommended for hot water pipes to be insulated which had been undertaken. A health and safety risk assessment had been completed in June 2016 however, we observed wires, cabling and information technology equipment stored in the cleaning cupboard and wiring around reception posing a potential trip hazard. There was no signage to alert people of a low ceiling height in the stairway leading to the basement of the premises.
- 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

When we inspected the practice, on 1 October 2014, we found that staff had not received annual basic life support training and the practice did not have access to a defibrillator for use in a medical emergency or a formal risk assessment to mitigate the need for one.

At this inspection we found that the practice had adequate arrangements in place to respond to emergencies and major incidents.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, it was noted that signage to alert where oxygen was stored in the practice was not displayed in the correct place.
- 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. However, it was observed that the practice did not keep a stock of recommended emergency medicine for the treatment of acute pain.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency.
- The practice had a business continuity plan in place for major incidents such as power failure, building damage and telephone system loss. The plan included emergency contact numbers for staff and relevant organisations.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 October 2014, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff training required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 20 December 2016. The practice is now rated as good for providing safe services.

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 and audits.

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 for 2015/16 were 80% of the total number of points available compared to the CCG average of 90% and the national average of 95%. Clinical exception reporting was 6%, which was below the CCG average of 12% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015/16 showed:

Practice performance for key diabetes related indicators were mainly below local and national averages. For example,

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 57%; compared to the CCG average of 75% and national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 65%; compared to the CCG average of 73% and national average of 78%. Exception reporting was 4% (10/259) compared to the CCG and national rates of 12% and 9% respectively.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 64%, compared to the CCG average of 77% and national average of 80%. Exception reporting was 3% (8/259) compared to the CCG and national rates of 13%.

The practice was aware of the diabetes indicators they needed to improve upon and considered that lower performance may be attributed to some patients' non-compliance with recommended treatment options or adhering to preventative advice. They told us that they referred their patients to educational services if diabetes was not well controlled. The practice had recently begun work around the diabetes dashboard which aims to improve the quality of care for diabetic patients. This involved running a diabetic clinic on a weekly basis and completing diabetic care plans for patients, enabling a more structured approach to their care.

Performance for mental health related indicators 2015/16 was comparable to CCG and national averages. For example;

- 78% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to the CCG average of 85% and national average of 89%. Exception reporting was 2% compared to the CCG and national rates of 12% and 13% respectively.
- Exception reporting was 17% compared to the CCG and national rates of 7%.

Are services effective?

(for example, treatment is effective)

74% of patients on the register with hypertension had a blood pressure reading measured in the last 12 months that was 150/90mmHg or less; compared to the CCG average of 80% and national average of 83%.

- 80% of patients with asthma on the register who have had asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions; compared to the CCG average of 75% and national average of 76%.
- 88% of patients, on the register, with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to the CCG average of 85% and the national average of 90%.

When we inspected the practice, on 1 October 2014, there was no evidence of any two cycle clinical audits to demonstrate quality improvement in patient outcomes.

At this inspection there was evidence of quality improvement including completed clinical audits.

- There had been seven clinical audits completed in the last two years, four of which were completed audits where the improvements made were implemented and monitored. For example, the practice conducted an audit into management of high blood pressure to ensure patients were receiving medications in accordance with NICE guidelines. The audit identified 274 patients receiving two or more medicines for high blood pressure and 23 of these were receiving a combination of medicines not indicated for blood pressure control. Following initial results these patients were invited in for medication for review and the prescription changed to adhere to NICE guidelines if appropriate. The audit results were also discussed in the practice meeting to ensure clinical staff were up to date with current best practice guidelines. Subsequent re-audit showed there had been improvement in prescribing with the number of patients receiving the combination of medicines not indicated for control of blood pressure reduced from 23 to five.
- The practice participated in local audits, national benchmarking and peer review.

- Findings were used by the practice to improve services. For example, the practice reviewed performance data, such as hospital admissions and prescribing figures, and compared them with local practices to identify areas for improvement and share learning.

Information about patients' outcomes was used to make improvements. For example, the practice engaged with local enhanced services to identify patients at risk of hospital admission and invited them in for review to create integrated care plans aimed at reducing the risk. These patients were discussed regularly at multi-disciplinary team meetings and care plans updated as required.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as 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, the practice nurse had completed chronic obstructive pulmonary disease (COPD) nurse training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which 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 meetings with other practice nurses.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received annual appraisal.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and infection control. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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

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.
- The practice documented consent for procedures using a consent form template in the patient's electronic record system.

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.
- In house smoking cessation advice was available from the practices smoking cessation practitioner.
- The practice's uptake for the cervical screening programme 2015/16 was 57%, which was similar to the CCG average of 72% and below the national average of

81%, with an exception reporting rate of 8% compared to the CCG rate of 8% and national rate of 6.5%. The practice was aware and endeavoured to improve their cervical screening uptake rates through active call and re-call of non-attendees. They considered that lower achievement rates may be attributed to cultural beliefs and refusal by patients to cervical screening. The practice actively and opportunistically encouraged patients to attend screening and audited uptake and refusal rates. The latest audit in December 2016 demonstrated a cervical screening uptake rate of 62% which was 3 % higher than the previous audit in October 2016 in which 12 patients were found to have refused. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The practice uptake 2015/16 for female patients aged 50 to 70 years of age screened for breast cancer in the last 36 months was 56%, which was similar to the CCG average of 59% and below the national average of 72%.
- The practice uptake 2015/16 for patients aged 60 to 69 years of age screened for bowel cancer in the last 30 months was 26%, which was below the CCG average of 42% and national average of 58%.

Childhood immunisation rates 2015/16 for the vaccinations given were lower compared to national averages. The practice did not achieve the 90% national expected coverage of immunisations given to children up to two years of age in all of the four areas measured. Data showed that;

- 77% of children aged one had received the full course of recommended vaccines.
- 53% of children aged two had received pneumococcal conjugate booster vaccine.
- 47% of children aged two had received haemophilus influenza e type b and Meningitis C booster vaccines.
- 59% of children aged two had received Measles, Mumps and Rubella vaccine.

Are services effective?

(for example, treatment is effective)

Immunisation rates for five year olds were mainly comparable to CCG and national averages. For example:

- Measles, Mumps and Rubella dose one vaccinations for five year olds was 93%, compared to the CCG average of 86% and the national average of 94%.
- Measles, Mumps and Rubella dose two vaccinations for five year olds was 63%, compared to the CCG average of 65% and the national average of 88%.

The practice operated a patient reminder and re-calls system to encourage immunisation uptake and advised the community health visiting team to follow up with parents when no response was made.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years of age. 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

At our previous inspection on 1 October 2014, we rated the practice as good for providing caring services. At our follow up inspection on 20 December 2016 we also found the practice was good for providing caring services.

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

All of the 28 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, friendly, professional and caring and treated them with dignity and respect.

We spoke with one member of the patient reference group (PRG). 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 published July 2016 showed that most patients felt they were treated with compassion, dignity and respect. Results were mostly in line or above local and national averages. For example:

For example:

- 94% 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%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 92%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85.5% 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 or above local and national averages with the exception of those related to nurse consultations which were below CCG and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to CG average of 80% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 90%.
- 70% 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% national average of 85%.

Are services caring?

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

Staff told us that translation services were available for patients who did not have English as a first language. The practice team spoke a range of languages, including those spoken by some of the practice's population groups including Bengali, French, Polish, Russian, Gujarati, Urdu and Punjabi.

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 had a generic system on registration that asked if a patient was also a carer and the practice's computer system alerted GPs to those identified. The practice had identified 27 patients as carers (0.9% of the practice list). Patients identified as carers were offered flu immunisations and referral to local support services if required. 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. This 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

At our previous inspection on 1 October 2014, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of patient access to on-line services and information about making a complaint required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 20 December 2016. The practice is now rated as good for providing safe services.

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 attended regular CCG led meetings with other local practices and reviewed performance data, including prescribing figures and unplanned admissions, to identify areas for improvement and share learning.

When we inspected the practice on 1 October 2014 patients did not have access to any online services as the practice did not have a functional website. At this inspection we found that the practice had developed a website with the inclusion of a number of accessible services.

- Appointments could be booked or cancelled on-line and repeat prescriptions requested if patients had signed up to do so.
- Extended hour appointments were available including Saturday morning appointments for patients unable to attend the practice during normal working hours. Telephone consultations with a GP were also available daily.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- 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.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and translation services were available. There was no hearing loop available, however staff told us they would assist patients with hearing difficulties when required.

Access to the service

The practice was open from 9am to 1pm and 3.30pm to 6.30pm Monday to Friday with the exception of Thursday when the practice closed at 1pm. Consultation times in the morning were from 9.30am to 1pm Monday to Friday and in the afternoon from 3.30pm to 6.30pm Monday, Tuesday, Wednesday and Friday. Extended hour appointments were offered from 10am to 12pm on Saturday morning. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 89% of patients were satisfied or fairly satisfied with the practice's opening hours compared to the CCG average of 80% national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.
- 88% of patients said the last appointment they got was convenient compared to the CCG average of 88% and the national average of 92%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 61% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

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. All home visit requests were logged by reception staff which were then considered and

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

When we inspected the practice on 1 October 2014, although the practice complaints procedure included information on the timescales for the acknowledgement, investigation and outcome of complaints, the same information was not included in the complaints leaflet available to patients.

At this inspection we found that the practice had an effective system in place for handling complaints and concerns and that patient information on the complaints process was consistent with practice policy.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system, for example, in the practice complaints/comments leaflet and on the practice website.

We looked at two formal complaints received in the last 12 months and found they were satisfactorily handled, in a timely way with a written or verbal apology if appropriate. Lessons learned from complaints were documented on the practice complaints register and complaints discussed at the practice team meeting to share learning. For example, following a complaint that an unwell patient had not been seen promptly the event was discussed with all practice staff and highlighted the importance to accommodate patients who were unwell and may need to be seen ahead of booked appointments.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 1 October 2014, we rated the practice as requires improvement for providing well-led services as some arrangements in relation to business strategy and seeking patient feedback required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 20 December 2016. The practice is now rated as good for providing well-led services.

Vision and strategy

When we inspected the practice on 1 October 2014, the practice could not demonstrate a formalised business strategy to support the vision and aims of the practice future direction.

At this inspection we saw that there was a comprehensive business plan in place which set out the practice goals, aims and objectives along with the strategy to achieve them.

The practice vision which was to deliver high quality care and promote good outcomes for patients. They aimed to provide high quality, safe and effective care and services, delivered by helpful, friendly and dedicated clinician and staff members in a safe and clean environment.

Staff we spoke with were positive about the purpose of the practice and their role in achieving this.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, regularly reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were effective arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. However, there were aspects of health and safety in the practice environment that needed to be reviewed.

Leadership and culture

On the day of inspection the GP partners demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us that the practice prioritised safe, high quality and compassionate care. Staff told us the GP partners were approachable and took the time to listen to 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 or written apology.
- The practice kept 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.
- 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, by the GP partners and practice manager. Staff were involved in discussions about the practice development and were encouraged to identify opportunities to improve the service delivered by the practice

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

When we inspected the practice on 1 October 2014, the practice did not have a patient participation group (PPG). At this inspection we saw that the practice had formed a PPG in February 2016 and had held two meetings with them since inauguration

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the PPG, Friends and Family Test (FFT), practice website and through surveys and complaints received. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the PPG. For example, the PPG recommended that the practice should make use of the unused basement area and as a result the practice now accommodated two new services in the basement space. We were told that a health trainer provided services twice a week and a mental health nurse specialist once a week in the evening.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had plans to recruit a female GP and a health care assistant to expand the services provided. They also intended to improve the practice environment with the replacement of privacy curtains and window blinds to strengthen infection control and to improve the cosmetic appearance of the premises interior to enhance patient experience.