

Abbey Medical Centre

Quality Report

Abbey 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?		Good	
Are services caring?		Requires improvement	
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 Abbey Medical Centre on 2 August 2016. At the practice's previous inspection in May 2015, it was rated as good for responsive services, requires improvement for effective and caring services; and rated as inadequate for safe and well led services, resulting in an overall inadequate rating. The practice was therefore placed in special measures.

The August 2016 follow up inspection considered if the regulatory breaches in the previous inspection had been addressed and whether sufficient improvements had been made to bring the practice out of special measures. Overall the practice is now rated as good.

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

- There was a clear leadership structure and staff felt supported by management.
- 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 with the exception of administrative inconsistencies regarding the practice's system for logging the outcome of cervical smear test results.
- 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 told us that that they were involved in decisions about their care and treatment and that they were treated with compassion, dignity and respect.
- 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 good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice proactively 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.

The areas where the provider should make improvements are:

- Continue to monitor its national GP patient survey results, as these showed that patient satisfaction on

how clinicians treated patients with care and concern and on how GPs involved patients in decisions about their care, were below national and local averages.

Following 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.

Good



- When we inspected in May 2015, we noted a limited use of systems to record and report safety concerns, incidents and near misses. Some staff were unclear as to how to raise or report concerns and we noted that when things went wrong, reviews and investigations were not thorough and did not include all relevant people.
- At this inspection we noted that there was an effective system in place for reporting and recording significant events. For example, four significant events had been recorded since our May 2015 inspection and we saw evidence that lessons were shared and actions 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- When we inspected in 2015, we noted that clinical audits were not being used to improve patient outcomes. At this inspection, we saw evidence that four, two cycle completed audits had taken place since our last inspection, in order to drive improvements in patient outcomes.
- We noted that historical records for cervical smears were not kept up to date and there were some discrepancies between results received and the practice's own fail safe log. When this was highlighted, the provider took immediate action to review its fail safe system and also undertook a records review. Shortly after our inspection, we were sent confirming evidence to demonstrate that patients were safe.
 - Unverified Quality and Outcomes Framework (QOF) data provided by the practice showed that as at 2 August 2016, the practice was projected to improve on the previous provider's year end QOF 2014/15 performance. For example, performance for diabetes related indicators was 75%

Summary of findings

(compared to the previous provider's year end performance of 76%). Performance for mental health related indicators was 76% (compared to the previous provider's year end performance of 68%).

- 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.
- 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 requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, the practice was aware of its performance and we saw evidence that action was now being taken to improve patient satisfaction scores.
- Patients told us that they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.
- Most of the respondents to an April 2016 PPG survey fed back that staff showed a supportive attitude and that staff interacted with patients in a respectful and considerate manner.
- 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.

Requires improvement



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 local Clinical Commissioning Group to secure improvements to services where these were identified. For example, following patients expressing appointments access concerns, in May 2016 the practice increased its late evening extended hours provision from one evening per week to three evenings per week.
- The practice also appointed two salaried GPs and a practice nurse, to increase clinical capacity and appointment availability.
- Urgent appointments were available the same day.

Good



Summary of findings

- 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. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- When we inspected in May 2015 we noted that governance arrangements did not always operate effectively due, for example, to an absence of effective systems for risk management. We also saw evidence of division between clinical and non-clinical staff which impacted on the ability to deliver high quality care.
- At this inspection, we noted that the lead GP had introduced an effective governance framework which focused on the delivery of good quality care. Clinical and non clinical staff spoke positively about how the lead GP had fostered cooperative, supportive relationships among staff. There was a clear 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.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. For example, following being placed in special measures in 2015, the practice had joined NHS England's Vulnerable GP Practices programme and had worked with an external company providing mentorship, supervision and coaching advice, in addition to governance and practice management support.

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



- 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.
- A register of patients was maintained and all patients on the register had a care plan and had been given a direct phone number to a named GP.
- Records showed that patients who had required hospital admission were discussed at multidisciplinary team meetings.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within the target range was 87% compared with 78% locally and nationally.
- 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.

Families, children and young people

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

Good



- 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. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 80% and the national average of 82%. We noted discrepancies between cervical results received and the practice's own fail safe log. When this was highlighted, the provider took immediate action to review its fail safe system and shortly after our inspection, we were sent confirming evidence to demonstrate that patients were safe.
- 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 and health visitors.

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 offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had recently increased the number of late evening appointments, so as to address the needs of working aged people and others.

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

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).

- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the 84% national average.
- 73% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) which was comparable to the respective 93% and 90% local and national averages.
- 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 a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and related to the periods January-March 2015 and July-September 2015. We noted that the new provider took on their role in April 2016.

The results showed the previous practice was performing below local and national averages. We noted that 410 survey forms were distributed and 89 were returned. This represented approximately 1% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 66% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We noted that there has been several staffing changes and that the previous lead GP no longer worked at the practice.

We saw evidence of how the new practice had sought to improve patient satisfaction scores for example by recruiting additional clinicians, by promoting on line appointment booking and also by increasing the number of late evening appointments. Staffing rotas had also been revised so as to increase phone cover during peak periods.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were positive about the standard of care received; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We spoke with four patients during the inspection. They told us they were satisfied with the care they received and thought staff were approachable, committed and caring.

The latest Friends and Family Test results (June 2016) showed that 14 of the 16 patients surveyed were either "extremely likely" or "likely" to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor its national GP patient survey results, as these showed that patient satisfaction on

how clinicians treated patients with care and concern and on how GPs involved patients in decisions about their care, were below national and local averages.

Abbey 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, practice nurse specialist adviser and a practice manager specialist adviser.

Background to Abbey Medical Centre

Abbey Medical Centre is located in the London Borough of Barking and Dagenham in East London and is part of Barking & Dagenham Clinical Commissioning Group (CCG). CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. Abbey Medical Centre has a patient list of approximately 6,500. Approximately 6% of patients are aged 65 or older (compared to the 17% national average) and approximately 30% are under 18 years old (compared to the 21% national average). Fifty one percent have a long standing health condition (compared to the 54% national average) and practice records indicate that just over 1% of patients have carer responsibilities.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises one female lead GP (8 sessions per week), two female locum GPs (providing a combined 6 sessions), two salaried GPs (one male, one female providing 13 sessions), one female advanced nurse

practitioner (4 sessions), one female practice nurse 8 sessions (commenced work September 2016), one female health care assistant (9 sessions), a practice manager and a range of administrative staff.

The practice operates a branch location at Vicarage Field Health Centre (approximately two kilometres away) which we also visited as part of this inspection. Clinical and non clinical staff work across both sites.

The two locations' opening hours are:

- Monday: 8:30am – 8pm
- Tuesday: 8:30am – 6:30pm
- Wednesday: 8:30am – 8pm
- Thursday: 8:30am – 1:30pm (main location)
- Thursday: 9am - 2pm (branch location)
- Friday: 8:30am – 7:00pm

Appointments are available at the following times:

- Monday: 9:00am - 12:30pm, 1pm-3pm, 6pm-8pm
- Tuesday: 9:00am - 12:30pm, 3pm- 6:30pm
- Wednesday: 9:00am - 12:30pm, 4pm –8pm
- Thursday: 9:00am - 12:00pm (main location)
- Thursday: 9:00am - 12:30pm (branch location)
- Friday: 9:00am - 12:00pm, 3pm-6.30pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services.

Detailed findings

Why we carried out this inspection

We inspected this location in May 2015 to ensure that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At that inspection, we noted concerns regarding emergency medicines, infection prevention and control practice, significant events reporting and the safe storage of vaccines. The location was rated as inadequate overall and inadequate for providing safe and well led services; and following publication of our inspection report in November 2015 was placed in special measures.

The inspection which took place on 2 August 2016 was a comprehensive follow up inspection to assess whether sufficient improvements had been made such that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

- Is it safe?

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 August 2016. During our visit we spoke with a range of staff including the lead GP, the practice manager, a salaried GP, receptionists, a practice nurse; and also spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

When we inspected in May 2015, we noted a limited use of systems to record and report safety concerns, incidents and near misses. Some staff were unclear as to how to raise or report concerns and we noted that when things went wrong, reviews and investigations were not thorough and did not include all relevant people. We asked the provider to take action.

At this inspection we noted that there was an effective system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Four significant events had been recorded since our May 2015 inspection and we saw evidence that lessons were shared and action taken to improve safety in the practice.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice's incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- 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 thorough analyses of significant events involving all staff teams. For example, records showed that following our 2015 inspection (where we identified concerns regarding the safe storage of vaccines) staff had logged and discussed the incident; and then developed new protocols to minimise the chance of reoccurrence.

Staff told us that openness and transparency about safety was encouraged; and that they understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. For example, a receptionist spoke positively about how learning from significant events was

routinely discussed at team meetings and used to improve patient safety. They told us that following an incident whereby a patient had left their sharps bin in the waiting area, a new protocol had been introduced for checking the waiting area at the end of each surgery.

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. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. At this inspection we noted that both policies were in place, up to date and accessible; and that arrangements reflected relevant legislation and local requirements. 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. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were all trained to child protection or child safeguarding level 3 and practice nurses to level 2.

- Notices in the waiting area and consultation rooms 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.
- At our May 2015 inspection, we noted that infection control audits were not undertaken and that cleaning schedules for ear syringe, nebuliser and spirometry equipment were not in place. At this inspection, we noted that an audit had taken place following our 2015 inspection and saw evidence that action had been taken to address the identified concerns. For example, worn, fabric seating in the waiting room (identified as an infection control risk at our May 2015 inspection) had been replaced. Cleaning schedules were also in place and we noted that the practice maintained appropriate

Are services safe?

standards of cleanliness and hygiene. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.

There was also an infection control protocol in place and staff had received up to date training. We noted that Legionella risk assessments had taken place within the last 12 months for both locations (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. We saw evidence that 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.
- We also noted that Patient Group Directions were on file; allowing practice nurses to administer medicines in line with legislation. The practice's Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- When we inspected in May 2015, we identified concerns with the arrangements for safely managing and storing vaccines. For example, one of the practice's two vaccines fridges did not have a temperature log book and both fridges were overdue their annual calibration by two months. We also noted that the practice did not have a policy regarding the safe storage and management of vaccines. We asked the provider to take action and notified Public Health England of our concerns.

At this inspection we noted that the practice had introduced a written protocol for the safe storage and management of vaccines. We also noted that fridge temperatures were being recorded, that they were within the required temperature range and that both fridges had been calibrated within the last 12 months.

- We reviewed three 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

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.
- 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.
- We noted that in April 2016, the lead GP had introduced a risk management policy. A risk register had subsequently been established to identify and mitigate against risks, for example, associated with the use of GP locums

Arrangements to deal with emergencies and major incidents

When we inspected in May 2015, we noted that the practice had a limited range of emergency drugs available and that a defibrillator was not on the premises or easily accessible. There was no evidence that these decisions had been based upon an assessment of the risk involved. We also noted that there was no system in place for checking emergency drug expiry dates. We asked the provider to take action.

Are services safe?

- At this inspection, we noted that 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 treatment rooms at both locations.
- Both locations had defibrillators available on the premises and oxygen with adult and children's masks. The branch location was based in a health centre shared with a dental practice. We noted that the health centre had a single defibrillator which was shared between the two health care providers. Abbey Medical Centre staff

showed us how they would access the defibrillator in the event of an emergency and we also noted that risks associated with shared access had been added to the Abbey Medical Centre's risk register.

- Emergency medicines were easily accessible to staff in and staff knew of their location. However, at the main location, the room in which emergency medicines were stored was unlocked. This was immediately secured and we received an assurance that this was simply an oversight. All the medicines we checked at both locations were in date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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. Records showed that staff had access to and discussed NICE guidelines (for example regarding diabetic care) and used this information to deliver care and treatment that met patients' needs.

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 (relating to the previous practice) were 95% of the total number of points available with 6% exception reporting. 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.

We noted that the lead GP had taken on their role in April 2016. Latest unverified data provided by the practice as at 2 August 2016 showed:

- Performance for diabetes related indicators was 75% (compared to the previous provider's latest published 2014/15 performance of 76%).
- Performance for mental health related indicators was 76% (compared to the previous provider's latest performance of 68%).
- Performance for asthma related indicators was 100% which was equal to the previous provider's latest performance.
- Performance for chronic obstructive pulmonary disease (or lung disease) was 81% (compared to the previous provider's performance of 90%).

This provider was not an outlier for any QOF (or other national) clinical targets and it was projected that its year end 2016/17 performance would see an improvement on the previous provider's latest published performance.

We noted that since our last inspection in May 2015, the provider had undertaken a range of quality improvement activity so as to improve patient outcomes. For example, a Clinical Governance Policy had been introduced in order to improve the quality of services and safeguard high standards of care. The policy required that the practice undertake regular clinical audit so as to review and refine its clinical performance as necessary; and we saw evidence that four, two cycle completed audits had taken place since our last inspection in order to drive improvements in patient outcomes.

For example, in January 2016, the practice undertook an audit of patients being prescribed Disease-Modifying Antirheumatic Drugs (DMARDs) for the treatment of rheumatoid arthritis and other inflammatory conditions. Adverse effects are not uncommon in patients taking DMARDs and regular monitoring can reduce the risk of potentially serious side-effects and detect reactions at an early stage. The audit therefore looked at whether, in accordance with NICE guidelines, patients prescribed DMARDs were being adequately monitored.

The first cycle of the audit highlighted that 11 of the 34 patients being prescribed DMARDs were not being monitored in accordance with NICE guidelines. The findings were discussed at a clinical meeting and were attributed to factors such as a lack of awareness amongst clinicians regarding what to monitor and how frequently; and a reluctance on the part of patients to attend for repeat tests.

Following the first cycle of the audit, a number of actions were agreed including updating clinicians' knowledge, circulating a list of patients on DMARDs to all clinicians and ensuring that patients prescribed DMARDs were informed of their potentially serious side-effects and the need for regular blood monitoring. A repeat audit in April 2016 highlighted that all of the 37 patients being prescribed DMARDs were being monitored in accordance with NICE guidelines.

Are services effective?

(for example, treatment is effective)

We also saw additional evidence of how clinical meetings enabled clinicians to reflect on performance and agree new targets. For example, prior to our inspection, we noted that the ratio of reported versus expected prevalence of Chronic Obstructive Pulmonary Disease was lower than the local CCG average. Records showed that this issue had been discussed at a June 2016 clinical meeting and that an audit was scheduled for December 2016 to further investigate and take appropriate action as necessary.

We also noted that between April 2016 and July 2016, the lead GP had undertaken prevalence exercises for blood pressure, cancer and learning disabilities which had all resulted in increases in the number of identified patients from these groups.

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 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 example, for staff reviewing patients with long-term conditions and those using spirometry equipment.
- 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. We noted that the lead GP had taken on the location in April 2016 and that there had been recent changes in practice management personnel. We were told that appraisals would take place by December 2016. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

- Staff received training that included: safeguarding, fire safety awareness 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.
- When we looked a selection of patient records we noted that 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 weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

When we inspected in 2015, we noted that the practice did not have a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. For example, the practice lacked a written protocol for acting on abnormal blood test results when the patient's GP was on annual leave or otherwise unavailable. At this inspection, we noted that a written protocol had been introduced and saw evidence that the protocol was being effectively applied.

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.

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 80% and the national average of 82%. We looked at systems in place for monitoring cervical smear results. We noted that the practice kept a paper register of the approximately 270 cervical smear tests taken between January 2015 – July 2016. However, 82 entries did not specify a result or recall date information. When we brought our concerns to the attention of the practice, they told us that the clinical records of the 82 patients would immediately be reviewed and shortly after our inspection,

we were sent confirming evidence to demonstrate that patients were safe. We were also advised that the practice had improved its systems for monitoring results, that the incident had been logged as a significant event and that an additional practice nurse had joined the practice to increase clinical capacity and help improve uptake for the cervical screening programme.

The practice provided its latest childhood immunisation data and we noted that as of 2 August 2016, childhood immunisation rates for the vaccinations given to under two year olds was 95% and for five year olds was 92%. Local CCG averages were not available.

We noted that the practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 29 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 that staff were helpful, caring and treated them with dignity and respect.

Comment cards also highlighted that reception staff responded compassionately when they needed help and provided support when required. When we asked a receptionist how they ensured that patients with a learning disability were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

The national GP patient survey results were published in January 2016 and related to the periods January-March 2015 and July-September 2015. We noted that the new provider took on their role in April 2016.

Results from the national GP patient survey showed that patients' satisfaction scores on consultations with GPs and nurses were below local and national averages. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.

- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 95%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

On the day of the inspection, we discussed these findings with four members of the patient participation group (PPG). They also told us they felt they were treated with concern and listened to and supported by staff. They also felt that they had sufficient time during consultations.

Patient feedback from the 29 comment cards we received was also generally positive and aligned with their views.

We were also shown the results of an April 2016 PPG survey which asked patients a set of questions relating to the compassion of staff. We noted that nine out of the fourteen patients surveyed (64%) had "agreed" or "strongly agreed" that staff showed an encouraging, sensitive and supportive attitude. We also noted that ten out of fourteen had fed back that staff interacted with patients in a respectful and considerate manner.

When we discussed the national GP patient survey results with the lead GP, they highlighted that two new salaried GPs had recently been appointed and that an additional practice nurse would also shortly commence work at the practice; and expressed confidence that patient satisfaction would improve across all clinical areas.

Care planning and involvement in decisions about care and treatment

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

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.

Are services caring?

- 59% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

When we discussed these findings with patients, they told us they felt involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received was positive and also aligned with these views.

We were also shown the results of an April 2016 PPG survey which asked patients a set of questions relating to their experience of being involved in decisions about their care and treatment. We noted that seven out of the eleven patients surveyed (64%) had “agreed” or “strongly agreed” that they felt supported to make decisions about their care and treatment.

When we discussed the national GP patient survey results with the lead GP, they highlighted that two new salaried GPs had recently been appointed and that an additional practice nurse would also shortly commence work at the practice; and expressed confidence that patient satisfaction would improve across all clinical areas.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign 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 and told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified just over 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with its local Clinical Commissioning Groups (CCGs) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Monday, Wednesday and Thursday evenings from 6:30pm-8pm for working patients, carers and others 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.
- 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 interpreting services available at both locations.
- The practice could accommodate gender specific GP consultation requests at both locations.
- Patients were treated on the ground floor at both locations.
- On line appointment booking and repeat prescription facilities were available via the practice web site.

Access to the service

The two locations' opening hours are:

- Monday: 8:30am – 8pm
- Tuesday: 8:30am – 6:30pm
- Wednesday: 8:30am – 8pm
- Thursday: 8:30am – 1:30pm (main location)
- Thursday: 9am - 2pm (branch location)
- Friday: 8:30am – 7:00pm

Appointments are available at the following times:

- Monday: 9:00am - 12:30pm, 1pm-3pm, 6pm-8pm
- Tuesday: 9:00am - 12:30pm, 3pm- 6:30pm

- Wednesday: 9:00am - 12:30pm, 4pm –8pm
- Thursday: 9:00am - 12:00pm (main location)
- Thursday: 9:00am - 12:30pm (branch location)
- Friday: 9:00am - 12:00pm, 3pm-6.30pm

Outside of these times, cover is provided by an out of hours provider.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The national GP patient survey results were published in January 2016 and related to the periods January-March 2015 and July-September 2015. We noted that the new provider took on their role in April 2016.

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

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them but highlighted that it was sometimes difficult to access the practice by telephone.

We asked the practice how they ensured that the appointments system was easy to use and supported people to make appointments. The lead GP told us that the practice had recently appointed two salaried GPs and introduced additional late evening extended hours on Wednesday and Thursday evenings to improve clinical capacity and appointments availability. We were also told that NHS Choices on line appointment booking and repeat prescriptions facilities were advertised in the practice reception, so as to reduce the number of incoming phone calls. Additional staff had also been made available to answer the phones during peak periods.

The practice had a system and protocol in place to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

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.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation according to clinical need.

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.

Records showed that 14 complaints had been received since April 2016. We looked at a selection of complaints and found that these were dealt with in a timely and open manner. We saw evidence that lessons were learnt from individual concerns and complaints.

For example, records showed that a patient complained that when they had phoned the practice to make an appointment for their baby, they were advised by reception to attend a local walk in centre. We saw that the complaint had been that same day at a team meeting and that staff were subsequently reminded that if there were no available appointments and the parent/carer was anxious, then they should seek guidance from a doctor.

Are services well-led?

Good 

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

Our findings

Vision and strategy

When we inspected in May 2015, we noted that the practice's vision and values were not well developed and did not encompass key elements such as compassion, dignity and equality. Consequently, when we spoke with staff they were unclear how their role contributed towards an overall vision and strategy for the practice.

At this inspection, we noted that the practice's vision and values were clearly displayed in consultation rooms, waiting areas and staff areas and we saw evidence that staff understood how their roles contributed towards delivering the practice's vision.

Governance arrangements

When we inspected in May 2015, we noted that governance arrangements did not always operate effectively due to, for example, confusion about roles and responsibilities and an absence of effective systems for identifying, capturing and managing risk. We also noted that clinical meetings were infrequent and that their minutes lacked sufficient detail to be able to monitor and improve patient outcomes.

At this inspection, we noted that the lead GP had introduced an effective governance framework, which focused on the delivery of good quality care. For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, regularly reviewed and available to all staff. For example, we noted that since our last inspection, the practice had introduced policies for the safe storage of vaccines and a protocol for processing abnormal blood test results when the patient's GP was on annual leave or otherwise unavailable.
- A comprehensive understanding of the performance of the practice was maintained. Clinical meetings took place regularly and were routinely minuted. For example, we saw minutes highlighting that clinicians were aware and proposing action regarding the practice's low prevalence of COPD.

- A Clinical Governance Policy had been introduced and we saw that, in accordance with the policy, a programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- A risk register had been introduced which identified and monitored risks and implemented mitigating actions. For example, regarding the branch location's shared use of an AED machine and use of locums at both locations.
- Governance and performance management arrangements were proactively reviewed.

Leadership, openness and transparency

When we inspected in May 2015, we saw evidence of division between clinical and non-clinical staff which had impacted on the practice's ability to improve patient outcomes and provide high quality care. We asked the provider to take action.

At this inspection, we saw that the non clinical practice management team had been restructured and that the lead GP strove to motivate all staff to succeed. Clinical and non clinical staff spoke positively about how the lead GP encouraged cooperative, supportive relationships among staff so that they felt respected, valued and supported.

Staff also told us that the lead GP promoted an inclusive culture at the practice and that she always took the time to listen. They also spoke positively about how she delivered effective clinical and managerial leadership which supported the delivery of good quality care.

We saw several examples of how she demonstrated the experience, capacity and capability to run the practice and of how she prioritised safe, high quality and compassionate care.

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 lead GP 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.

Are services well-led?

Good 

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

- 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 they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- They said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- For example, a receptionist spoke positively about how a suggestion to improve the administration of repeat prescriptions had been considered and then agreed by the GPs.

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 complaints received. The PPG met regularly, carried out patient surveys and routinely submitted proposals for improvements such as suggestions for improving appointments access.
- The practice had gathered feedback from staff through regular, minuted staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

We noted that following being placed in special measures in 2015, the practice had joined NHS England's Vulnerable GP Practices Programme and had worked with an external company providing mentorship, supervision and coaching advice, in addition to governance and practice management support.

We saw that this collaborative learning approach had enabled staff to reflect and focus on continuous improvement at all levels within the practice; which in turn promoted the delivery of high quality, person-centred care.