

# Dr Geraldine Golden & Dr Michael Abu

## Inspection report

The Kenton Bridge 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

## This practice is rated as requires improvement overall.

(At the previous inspection in February 2015 the practice was rated as good overall but the safe domain was rated as requires improvement).

The key questions are rated as:

Are services safe? - Requires improvement

Are services effective? - Requires improvement

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr Geraldine Golden & Dr Michael Abu (locally known as Kenton Bridge Medical Centre) on 19 April 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Dr Geraldine Golden & Dr Michael Abu was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- Risks to patients were assessed and well managed in some areas, with the exception of those relating to fire safety and management of blank prescription forms.
- The practice was unable to provide documentary evidence to demonstrate that all staff had received training relevant to their role.
- There was some evidence of quality improvement activity including the clinical audit.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients we spoke with found the appointment system easy to use and reported that they were able to access care when they needed it.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw some areas of outstanding practice:

- The practice was working in partnership with a local substance misuse service and provided regular specialist clinics every second Wednesday. In the last two years, the practice had provided person centered care to 12 patients on the substance misuse register. The practice had developed person centered care plans and regularly reviewed care plans for every patient once a month during face to face appointment. We saw evidence that the practice had implemented the care plans effectively and after two years 10 patients had been removed from the register and two other patients were making steady progress on their reduction care plan due to continuity in planning and delivering patient care. Patients were able to attend weekly pre-arranged sessions with a doctor who specialises in psychology.
- The practice was offering out of hours service to 60 older patients at a local nursing home 365 days a year between 8am and 10pm without any additional funding. One of the GP partners from the practice visited the home weekly and offered a consultation for between 15 and 20 patients. The practice had a protocol in place with the nursing home and the nursing staff were able to contact the practice and request a telephone consultation or a home visit between 8am and 10pm from Monday to Sunday.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training and appraisal necessary to enable them to carry out the duties.

The areas where the provider **should** make improvements are:

- Ensure all necessary recruitment checks are in place and records kept in staff files including proof of identification, entitlement to work in the UK and Disclosure and Barring Scheme (DBS) checks.
- Ensure all staff have received formal sepsis awareness training.
- Implement quality improvement initiatives which may include clinical audit.

# Overall summary

- Ensure information about a translation service is displayed in the reception area informing patients this service is available. Ensure information posters and leaflets are available in multiple languages.
- Ensure the complaint policy and procedures are up to date and a response to complaints includes information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and an expert by experience.

## Background to Dr Geraldine Golden & Dr Michael Abu

- Dr Geraldine Golden & Dr Michael Abu (locally known as Kenton Bridge Medical Centre) is a GP practice located in Harrow in North West London and is part of the Harrow Clinical Commissioning Group (CCG). The practice is located in purpose-built premises. The location is shared with another GP practice.
- Services are provided from: The Kenton Bridge Medical Centre, 155-175 Kenton Road, Harrow, HA3 0YX.
- Online services can be accessed from the practice website: .
- Out of hours (OOH) service is provided by the Care UK.
- There are two GP partners and four locum GPs. Four GPs are male and two female, who work a total of 27 sessions per week. The practice employs two practice nurses. The practice manager is supported by a team of administrative and reception staff.
- The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 7,400 patients in the local area (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services).
- The practice population of patients aged above 65 years old between 5 to 18 years old is lower than the national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 67% of the population is composed of patients with an Asian, Black, mixed or other non-white backgrounds.
- The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

# Are services safe?

## We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The practice was unable to produce evidence that all staff had received up-to-date safeguarding and safety training appropriate to their role.
- Blank prescription forms for use in printers were not handled in accordance with national guidance as these were not recorded and tracked through the practice at all times.
- Fire safety risk assessment was out of date and the practice was unable to demonstrate that all actions required in response to current fire safety risk assessment were completed in a timely manner to address the risks identified in the risk assessment.

### Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse. However, some improvements were required.

- The practice had systems to safeguard children and vulnerable adults from abuse. Staff we spoke with knew how to identify and report concerns. However, the practice was unable to produce evidence that all staff had received up-to-date safeguarding and safety training appropriate to their role. For example, one locum GP was not trained to safeguarding children level three, a practice nurse was not trained to safeguarding children level two and three administrative staff had not completed safeguarding children training. One locum GP, a practice nurse and three administrative staff had not completed adult safeguarding training.
- Reports and learning from safeguarding incidents were available to staff. Three out of six administrative staff who acted as chaperones were not formally trained for their role. Most staff had received a DBS check with the exception of an administrative staff member, we saw that this application was underway. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice informed us that all nursing staff had received a DBS check but the practice was unable to provide documentary evidence of a nursing staff DBS to confirm this.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Recruitment checks were carried out and the three staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment with the exception of proof of identification, including a recent photograph and entitlement to work in the UK.
- There was an effective system to manage infection prevention and control. However, the practice was not able to provide documentary evidence that a locum GP and an administrative staff member had completed infection control training.
- The practice had not always ensured that facilities and equipment were safe and in good working order. For example, on the day of inspection, the practice was not able to demonstrate that they had taken the remedial actions to address the risks identified in the fire risk assessment.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and most staff were suitably trained in emergency procedures. However, the practice was not able to provide documentary evidence that a GP partner, a locum GP and a nurse had completed the basic life support training.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Most non-clinical staff we spoke with were not sure how to identify symptoms of sepsis in an acutely unwell patient. Staff had not completed formal sepsis awareness training.

# Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines with the exception of management of blank prescription forms.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, we noted an oxygen cylinder was not secured to the wall which could result in an accident.
- The practice kept prescription stationery securely. On the day of inspection, we saw there was no system in place to monitor the use of blank prescription forms for use in printers. Blank prescription forms for use in printers were not handled in accordance with national guidance as these were not recorded and tracked through the practice at all times.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Performance for the percentage of antibiotic medicines prescribed that were Co-Amoxiclav (used to treat bacterial infections), Cephalosporins (usually prescribed for patients undergoing dialysis) or Quinolones (used to treat infections) was 16% compared to the CCG average of 13% and the national average of 9%. The practice was aware of these results and had reviewed its antibiotic

prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice was working closely with the clinical pharmacist, implemented changes, advised all clinicians to follow the prescribing protocol and completed clinical audits.

## Track record on safety

The practice had a track record on safety. However, improvements were required.

- A fire safety risk assessment had been carried out by an external contractor on 21 February 2017. According to this fire safety risk assessment it was required to undertake a review after 12 months, however this action had not been carried out. The fire risk assessment had identified a number of high risk areas and recommended actions to ensure fire safety in the premises. On the day of inspection, the practice was not able to demonstrate that they had developed an action plan to address the risks identified in the fire risk assessment.
- The practice was not able to provide documentary evidence of the fixed electrical installation checks of the premises.
- The practice informed us few days after the inspection that they were going to arrange fire safety risk assessment and the fixed electrical installation checks of the premises in May 2018.
- An asbestos survey had not been carried out.
- The practice had not carried out Disabled Access Audit or Disability Discrimination Act (DDA) Audit.
- The practice was not able to provide documentary evidence that three locum GPs, two nursing staff and two administrative staff had completed health and safety training.
- The practice was not able to provide documentary evidence that four locum GPs, a nursing staff and an administrative staff had completed fire safety training.
- There were comprehensive risk assessments in relation to other safety issues. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

## Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

## **We rated the practice as requires improvement for providing effective services overall and across all population groups.**

The practice was rated as requires improvement for providing effective services because:

- There were gaps identified in the staff training and the practice was unable to provide documentary evidence to demonstrate that all staff had received training relevant to their role.
- There was some evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.

*(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)*

### **Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had carried out 134 checks.

- The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in the hospital or through out of hours services.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were not in line with the target percentage of 90% for all four out of four immunisations measured for children under two years of age. The practice was aware of these results and had an effective recall system in place for child immunisation. The practice had maintained a register of patients with outstanding childhood immunisations. The practice explained that this was due to known challenges within the practice population and they were working closely with the local health visitors to overcome the cultural barriers and they had raised the concerns to children services as and when required. The practice had a highly transient patient population;



## Are services effective?

patients were often outside of the country for long periods and patients registering at the practice were often only in the area for short, temporary amount of time. This had an impact on the national childhood vaccination programme.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

- According to the Public Health England data for 2016-17, the practice's uptake for cervical screening was 55%, which was below the 80% coverage target for the national screening programme. According to the unverified Quality Outcome Framework (QOF) results for 2017/18 the practice's uptake for cervical screening was 81%.
- The practices' uptake for breast and bowel cancer screening was comparable to the national average. In total 50% of patients eligible had undertaken bowel cancer screening and 69% of patients eligible had been screened for breast cancer, compared to the national averages of 55% and 70% respectively.
- The practice had taken steps to promote the benefits of bowel, breast and cervical screening in order to increase patient uptake. However, the practice had not advertised the relevant information in multiple languages in the waiting area encouraging patients to take part in the national cancer screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Data from 2016/17 showed performance for dementia face to face reviews was above the CCG average and national average. The practice had achieved 93% of the total number of points available, compared to 89% locally and 84% nationally. Exception reporting was 5%, compared to the CCG average of 5% and the national average of 7%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average (91%) and national average (90%). Exception reporting was 8% compared to the CCG average of 8% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, compared to 92% locally and 91% nationally. Exception reporting was 5% compared to the CCG average of 7% and the national average of 10%.

# Are services effective?

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

## Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for the period 1 April 2016 to 31 March 2017 were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and the national average of 97%. The overall clinical domain exception reporting rate was 12% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice did not have a comprehensive programme of quality improvement activity. In the previous inspection report published in July 2015 we asked the provider *'to make improvements and ensure audit cycles were completed to drive continual improvement'*.

During this inspection in April 2018, the practice was unable to demonstrate a significant improvement although there was some evidence of quality improvement activity including clinical audits to review the effectiveness and appropriateness of the care provided. For example,

- There had been three clinical audits commenced in the last two years, one of these was completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we saw evidence of one completed audit cycle monitoring the prescribing of Co-Amoxiclav (an antibiotic medicine used to treat bacterial infections). The aim of the audit was to assess whether the prescribing of Co-Amoxiclav was in line with local and national guidance. The initial audit in February 2017 demonstrated that 52% of prescriptions for Co-Amoxiclav were prescribed according to the guidelines. The practice took required measures and we saw evidence that the practice had carried out a follow

- up audit in February 2018 which demonstrated improvements in patient outcomes and found 71% of prescriptions for Co-Amoxiclav were prescribed according to the guidelines. This was a 19% increase.
- Where appropriate, clinicians took part in local and national improvement initiatives.
- We noted the practice did not have a rolling programme of audits or any other form of effective quality improvement process in place to ensure continuous monitoring.
- There was limited evidence that other clinicians (apart from the GP partners) took part in the quality improvement activity.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, the practice was unable to provide documentary evidence to demonstrate that all staff had completed training relevant to their role.

- Some staff had not received training that included: safeguarding children and adults, fire safety, basic life support, chaperoning, health and safety, Mental Capacity Act 2005, infection control and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We noted a nursing staff had not received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from the hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice was providing a service to patients with substance misuse problems. The practice was working in partnership with a local substance misuse service and provided regular specialist clinics every second Wednesday. This clinic was run jointly by the practice and a local substance misuse service. In the last two years, the practice had provided person centered care to 12 patients on the substance misuse register. The practice had developed person centered care plans and regularly reviewed care plans for every patient once a month during face to face appointment. We saw evidence that the practice had implemented the care plans effectively and after two years 10 patients had been removed from the register and two other patients were making steady progress on their reduction care plan due to continuity in planning and delivering patient care. Patients were able to attend weekly pre-arranged sessions with a doctor who specialises in psychology.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All but one of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. One comment card was negative which highlighted some dissatisfaction about the appointment system. Five out of 12 patients and a member of the patient participation group (PPG) we spoke with were also happy with the service. Seven out of 12 patients we spoke with were both positive and negative about the service experienced and highlighted some dissatisfaction about the long waiting time in answering the telephone calls. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- A local nursing home and two residential homes we spoke with provided excellent feedback about the service experienced.
- We saw the NHS friends and family test (FFT) results for last 10 weeks (covering the period 1 February 2018 to 13 April 2018) and 82% patients were likely or extremely likely recommending this practice.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Interpretation services were available for patients who did not have English as a first language. However, we did not see notices in the reception area, including in languages other than English, informing patients this service was available.

- Patients were also told about the multi-lingual staff who might be able to support them. However, the practice had limited information available in multiple languages. The practice informed us they had contacted clinical commissioning group (CCG) requesting multi-language leaflets or notices and were waiting for further information.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 111 patients as carers (1.5% of the practice patient list size) and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice informed us they had a high transient population which could be the reason of a low number of carers.
- Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.
- All 12 patients and a member of the patient participation group (PPG) we spoke with informed us that GPs had involved them in decisions about their care and treated them with care and concern.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the Evidence Tables for further information.**



# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice had identified two groups of patients who required additional services; these were students from a local university and patients with substance misuse problems. The practice had identified physical and health care needs of students as being of a high priority.
- 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, the practice was negotiating to move the practice to a new location with more space and additional consulting rooms.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.
- The facilities and premises were appropriate for the services delivered. However, space was limited and the practice was sharing the waiting areas with the other service.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The practice website included a translation facility.
- The practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.
- The practice had installed a multilingual touch screen check-in facility to reduce the queue at the reception desk.
- The practice installed an automatic floor mounted blood pressure and weight monitor in the premises for patients to use independently.
- The practice sent text message reminders of appointments.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- A dedicated enhanced practice nurse (EPN) was employed by the practice who was offering a holistic health and social care service to all housebound patients. Patients who required additional support were referred to the virtual ward team where more intensive support was available.
- A local nursing home was registered with the practice. The nursing home offered a service to 60 older people, some of whom have a diagnosis of dementia. One of the GP partners from the practice visited the home weekly and offered a consultation for between 15 and 20 patients. In addition, the practice was offering out of hours service to this nursing home 365 days a year between 8am and 10pm without any additional funding.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.



# Are services responsive to people's needs?

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours every Monday and Thursday from 6.30pm to 7pm.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Pre-bookable appointments could be booked up to three weeks in advance.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable or below the local and national averages. (Please refer to the Evidence Tables for further information).

The practice had carried out an internal survey in January 2018, analysed the survey results and took steps in response to areas where improvement had been identified. For example,

- The practice had increased a GP session in February 2018 and was in discussion with another female GP to start from July 2018.
- The practice was in the process of recruiting three new reception staff (equivalent to 40 hours per week) and ensured us that minimum three reception/ administrative staff were answering the telephone calls during the peak hours.
- The practice had installed a multilingual touch screen check-in facility. The practice was working in collaboration with the patient participation group (PPG) to educate and encourage patients to use touch screen check-in facility to reduce the queue at the reception desk, which meant more reception staff would be available to answer the telephone calls.
- The practice was encouraging patients to register for online services, however, only 10% patients were registered to use online services.
- We checked the online appointment records and noted that the next pre-bookable appointments with named GP was available within two weeks for a locum GP and within three weeks for a GP partner. We noted that the next pre-bookable appointment with any GP was available within one week. Urgent appointments with GPs or nurses were available the same day.
- Most of the 46 comment cards we received and 12 patients we spoke with were satisfied with appointment booking system and were able to get appointments with their preferred GP when they needed them. However, seven out of 12 patients we spoke with provided neutral feedback and highlighted some dissatisfaction about the long waiting time in answering the telephone calls. A member of the patient participation group (PPG) we spoke with was also happy with the access to the service.

Results from the internal survey in January 2018 demonstrated improvements. For example:

## Are services responsive to people's needs?

- 89% of patients said they could get through easily to the practice by phone.
- 91% of patients described their overall experience as good, very good or excellent.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had a system in place for handling complaints and concerns. However, improvements were required.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- However, two different complaint policy and procedures were available. One procedure was not in line with recognised guidance because it did not include correct information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The second procedure was in line with recognised guidance but it did not include the details of the person responsible at the practice for dealing with

complaints. Both procedures did not include the name of the author and they were not dated so it was not clear when they were written or when they had been reviewed.

- We looked at four out of 15 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice informed us they had organised a customer service skills training to improve staff skills.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**We rated the practice and all of the population groups as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need relevant to their role. Most staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. This included appraisal and career development conversations.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a focus on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Practice specific policies were available.
- There was no system in place to monitor the use of blank prescription forms.

## Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, some risks related to fire safety were not always managed appropriately.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.



# Are services well-led?

- There was some evidence to demonstrate that clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients' staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the Evidence Tables for further information.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Fire safety risk assessment was out of date and the practice was unable to demonstrate that all actions required in response to current fire safety risk assessment were completed in a timely manner to address the risks identified in the risk assessment. The practice was unable to provide documentary evidence of the fixed electrical installation checks of the premises. The practice was unable to demonstrate that they always followed national guidance on management and security of blank prescription forms.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: The practice was unable to provide documentary evidence to demonstrate that all staff had received training suitable to their role, that included: safeguarding children and adults, fire safety, basic life support, chaperoning, health and safety, Mental Capacity Act 2005, infection control and equality and diversity. The practice was unable to demonstrate that all nursing staff had received an appraisal within the last 12 months.</p>