

The New Medical Centre

Quality Report

264 Brentwood Road
Heath Park
Romford
RM2 5SU

Tel: 01708 478800

Website: www.thenewmedicalcentre.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The New Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The New Medical Centre on 12 January 2017. The overall rating for the practice was requires improvement. We rated the practice overall requires improvement due to lack of governance issues particularly in relation to low Quality Outcomes Framework (QOF) scores and low National GP Patient Survey scores. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for The New Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken following the January 2017 inspection was an announced comprehensive inspection on 4 October 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- Not all of the patients we received feedback from said they found it easy to make an appointment with the practice.
- Results from the National GP Patient Survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns and this learning was shared with all members of staff.
- Patients and carers of patients with life-limiting conditions had been identified by the practice and were holders of the practice 'Goldcard'. The 'Goldcard' allowed easy access to clinical services at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients rated their overall experience at the practice lower than the Clinical Commissioning Group (CCG) and national averages.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- Continuous improvement was encouraged by the partners. We saw examples of support to staff to undertake studies to gain further knowledge as well as the practice taking part in a local pilot which would help identify a potential new way of processing patient data.

The areas of practice where the provider should make improvements are:-

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, in particular with regards to addressing continuing patient concerns highlighted in the National GP Patient Survey scores.
- Continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety. However on the day of inspection, we noted that not all members of staff follow processes and practices as we identified that one of the vaccine refrigerators had been recorded as being out of range, but no explanation as to why this occurred or what action had been taken had been recorded. The inspection team received subsequent correspondence from the practice with a further explanation for the out of range temperature readings.
- Although there were systems in place to monitor the usage and the safe storage of prescription pads.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were below the Clinical Commissioning Group (CCG) and the national average. The most recent published QOF results showed the practice achieved 86% of the total number of points available compared with the CCG average of 92% and national average of 95%. On the day of inspection the practice showed us unverified data indicating that the practice had achieved approximately 98% out of a maximum of 100% of the available QOF points for the year 2016/2017
- Staff were aware of current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding in an attempt to meet the needs of its population. For example, the practice provided extended hours surgery twice a week for patients who were unable to attend the practice during normal hours.
- The National GP Patient Survey showed that patient satisfaction with how they could access care and treatment was below local and national averages.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia. The 'Goldcard' system for patients and carers of patients with life-limiting conditions allowed priority access to services at the practice for this identified group.
- Not all patient feedback we received said they found it easy to make an appointment convenient to them at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Early morning appointments with the nursing team and the healthcare practitioner were available on a Thursday and Friday morning.

Requires improvement



Summary of findings

- Patients could get information about how to complain in a format they could understand.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management and the practice had policies and procedures to govern activity.
- There was comprehensive understanding of the performance of the practice by the GP partners.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged regularly with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, a foot care clinic was offered to members of this population group
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. We saw information leaflets within the practice signposting patients to organisations who had specialised knowledge of the range of services for this population group.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- The Quality Outcomes Framework (QOF) recorded the practice as comparable to the CCG average on all three identified diabetes indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 64%, compared to the CCG average of 74% and the national average of 80%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and there was a system to recall patients for 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.

- Immunisation uptake rates for the standard childhood immunisations were mixed. The practice did not achieve the national target of 90% of vaccines for children under two years-old. However, the practice vaccine rate for children up to five years old was comparable to the national average.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.

Good



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 these populations 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, extended opening hours and patients had access to Saturday appointments through the practice participation in the local GP Federation.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone and email consultations with clinicians were available to meet the needs of this population group.
- Students on temporary return from university could access clinical services at the practice.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including with a learning disability.
- 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's 'Goldcard' system, ensured that this group of patients was able to get swift access to services at the practice.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

Good



- The practice carried out advance care planning for patients living with dementia.
- 76% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 82% and national average of 83%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record in the preceding 12 months, which is comparable to the CCG average 91% of the same and the national average of 88%.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2017. The results showed the practice was performing below local and national averages. Two hundred and forty seven survey forms were distributed and 112 were returned. This represented just over 1% of the practice's patient list.

- 59% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 41% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Comments received stated the reception staff were helpful and friendly, and that the doctors care and listen to concerns as well as providing good quality treatment.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff committed, caring and always willing to help. The Friends and Family Test undertaken by the practice between April 2017 and September 2017 revealed that 237 out 290 respondents would recommend the practice.

The New 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 and a practice manager specialist adviser.

Background to The New Medical Centre

The New Medical Centre is located in a residential area of the London Borough of Havering. The practice is located on two floors of purpose-built premises. There is free parking on the streets nearest to the practice, and the practice has parking bays for disabled patients at the front of the practice. The nearest bus stop is approximately three minutes' walk from the practice.

There are approximately 9700 patients registered at the practice. Statistics show low income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 45-49 and 65-69. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. 53% of patients have a long-standing health condition compared to the CCG average of 51%.

Care and treatment is delivered by three partner GPs (two female and one male) who deliver 27 clinical sessions weekly. There are two practice nurses (female) who deliver fifteen sessions weekly. The practice also employs an

advanced nurse independent prescriber (female) who delivers five sessions per week and a healthcare practitioner (female) who delivers four sessions per week. Twenty administrative and reception staff work at the practice and are led by a full-time practice manager.

The practice reception opening times are:-

- 8am - 1pm, 2pm – 6:30pm (Monday, Thursday, Friday)
- 8am -1pm, 2pm – 8pm (Tuesday, Wednesday)

Clinical sessions are as follows:-

- 8:30am - 12pm, 2pm - 5:30pm (Monday)
- 8:30am - 12pm, 2pm - 5:30pm, 6:30pm - 7:45pm (Tuesday),
- 8:30am - 12pm, 2pm – 5:30pm, 6:30pm - 7:45pm (Wednesday)
- 8:30am - 12pm (Thursday)
- 8:30am – 12pm, 2pm - 5:30pm (Friday)

The practice offers extended hours surgery on Tuesday and Wednesday evening. In addition, the nursing team provides extended hours surgery on a Thursday and Friday morning between the 8am - 8:30am. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are nationally agreed between the General Medical Council and NHS England. The practice is registered to provide the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services

Detailed findings

- Family planning

NHS Havering Clinical Commissioning Group (CCG) is the practice's commissioning body.

Why we carried out this inspection

We undertook a comprehensive inspection of The New Medical Centre on 12 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in January 2017 can be found by selecting the 'all reports' link for The New Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection of The New Medical Centre on 4 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 4th October 2017.

During our visit we:

- Spoke with a range of staff (three GP partners, a practice manager, a practice nurse, and a healthcare practitioner) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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?

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 12 January 2017, we rated the practice as good for providing safe services.

At our follow up inspection on 4 October 2017, we saw evidence that not all staff followed practice procedure to ensure that medicines kept at the practice was done so safely, however the inspection team were given a satisfactory explanation to why this had not occurred. As result of the inspection on 4 October 2017, the practice remains rated good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and significant events. The practice carried out an analysis of the significant events. There was evidence that safety records, patient safety alerts, incident reports and significant events were discussed with the practice team as a whole. This was achieved for the administration and reception team members through the cascade of information via nominated individuals within each team, who received a brief from the practice manager regularly.
- We saw evidence that lessons were shared between the GP partners and the practice manager and action was taken to improve safety in the practice. For example, we viewed a significant event where the practice was contacted by a patient who was querying why they had been prescribed a medicine they had not previously

received. Following investigation, it was noted by the practice that a consultant letter for another patient requesting the practice to issue a prescription for named medicines had been filed incorrectly, which led to the prescription being issued to the wrong patient. As a result of this event, all clinicians were reminded to double check a patients name and date of birth before issuing prescriptions, and that the scanning ensured that scanned correspondence was attached to the correct patient record.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs, nurse prescriber and practice nurses were trained to child protection or child safeguarding level 3, and all other staff to level 1.
- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

Are services safe?

- The senior partner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Following the January 2017 inspection, we noted that all printers in clinical rooms had been upgraded with a lock so that only clinical staff and the practice manager could access the prescription forms stored within each printer.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice). The healthcare assistant was trained to administer vaccines and medicines and patient specific directions (PSD) from a prescriber were produced appropriately (a PSD is a written instruction usually given by a GP allowing a medicine to be administered to a patient, once that patient has been assessed by the GP).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept did not always keep patients safe. The inspection team

noted that a vaccine refrigerator in one of the practice nurses rooms had been recorded as being out of the recommended range (2-8 degrees) on three separate occasions, without a detailed explanation being recorded. We spoke to the practice manager regarding this as the practice nurse in question was not on site. The practice manager was not aware that the fridge had been recorded as being out of range. She told us this was not practice policy and that all staff that come into regular contact with vaccine refrigerators have been made aware of the cold chain policy, which details what to do in the event of a refrigerator going out of range, including making the practice manager aware of the issue. The day subsequent to our inspection, the inspection team received contact from the practice having spoken with the practice nurse responsible for the fridge. They confirmed that the out of range readings were due to the refrigerator door being left open whilst new vaccines were being placed on the shelves. We were told that the nurse in question had been spoken to about the failure to follow practice procedure in this circumstance by both the practice manager and the senior partner.

- The practice held a supply of emergency medicines. These were located in an area of the practice where staff knew of their location. All clinical rooms had an anaphylaxis kit and the medicines we checked were in date.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- **Monitoring risks to patients**

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available. All staff received annual basic life support training.
- The practice had a comprehensive business continuity plan 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

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing effective services as some of the practice Quality Outcomes Framework (QOF) scores were more than 10% lower than the CCG and national averages.

These arrangements had improved when we undertook a follow up inspection on 4 October 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 (2015/2016) were 86% of the total number of points compared with the CCG average of 92% and national average of 95%. The practice exception reporting rate for the same period was 9% compared with CCG average and national averages of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). On the day of inspection, the practice was able to show improvement in their unpublished overall QOF score for the year 2016/2017. From the unverified data provided by the practice, we saw that the practice had achieved approximately 98% out of a maximum of 100% of the available QOF points.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was below CCG and national averages. For example, the percentage of patients with diabetes, on the practice register, whose last measured cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 64% compared to the CCG average of 74% and the national average of 80%. The exception rate was 11% compared to the CCG and national average of 13%.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 76% compared to the CCG average of 82% and the national average of 84%. The exception rate was 4% compared to the CCG average of 5% and the national average of 7%.

The practice told us that they hoped that the introduction of the additional practice nurse and nurse practitioner would help the practice to achieve better QOF achievement in the future in the area of diabetes.

There was evidence of quality improvement including clinical audit:

- The practice provided us with evidence of three clinical audits over the past 12 months, two of which were completed audits. We viewed an audit looking at patients diagnosed with type two diabetes and a hba1c score of 64mmol and over, and whether medication prescribed has been successful in the hba1c control of type two diabetics or whether a change in medication was required to assist control hba1c levels. Hba1a is a term used when referring to the measurement of blood glucose levels in diabetic patients. The practice identified 27 patients for the audit, all of which had prescribed medication, a recent hba1c test and had an action plan noted within their patient record. All 27 latest hba1c tests was used as a marker of success. If the identified patient's hba1c test results were lower at the end of the review than at the beginning, it would prove beneficial to review and amend medication (if possible) to help reduce hba1c levels. Of the 27 patients at the end of the review, it was recorded that four patients did not benefit from the review which included non-participation, whilst 23 patient's hba1c levels had reduced as a result of the review.

Are services effective?

(for example, treatment is effective)

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 relevant staff. 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 and relevant forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. 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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. For example, one of the practice nurses was able to talk through how the practice access local community services such as specialist nursing functions for patients.

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 discharged from hospital.

Information was shared between services, with patients' consent. Meetings took place with other health care professionals in the local Integrated Care Management (ICM) team on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

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

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 82% and the national average of 81%. The practice exception rate in this clinical area was 11% compared to the CCG average of 6% and the national averages of 6%. The practice told us that being able to offer appointments outside of working hours had contributed to the high uptake at the practice.

Childhood immunisation rates for children under 24 months were lower when compared to the national

Are services effective?

(for example, treatment is effective)

averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in any of the areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.4 compared to the national average of 9.1. For children up to five years old, the practice vaccine rate for MMR dose one was 91%. This was comparable to the CCG average of 86% and the national average of 94%. On the day of inspection, the practice told us that they were contacting and inviting the parents of patients aged two and under to attend vaccine catch-up sessions. Opportunistic vaccines (subject to consent) were also administered to patients whose records indicated they had not received a vaccine, if they were being seen by clinical staff at the practice.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening

test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing caring services as the practice had not made sufficient effort to identify carers within the patient list.

These arrangements had improved when we undertook a follow up inspection on 4 October 2017. The provider is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could request to be treated by a clinician of the same sex.

All of the 36 patient Care Quality Commission comment cards we received were positive about the care received from the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five of the comment cards mentioned that it was sometimes difficult to get an appointment which suited them.

We spoke with three patients including two members of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and that their dignity and privacy was respected by all staff. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the latest published National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local practices for some its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern, which was the same as the CCG average, but lower than the national average of 85%.
- 73% of patients said that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern compared with the clinical commissioning group (CCG) average of 89% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.

Are services caring?

- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG of 89% and the national average of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

We spoke with the practice regarding the low patient satisfaction survey scores from patients regarding the nursing team. We were told that this was an issue that the practice was aware of and that they were currently in the process of providing training to members of the team.

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

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

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers, which showed a great improvement on the list of carers identified at the last inspection; however this figure is still less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced 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

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing responsive services as the practice although aware of their low national GP survey results, did not have a plan of action on how to address the low scores.

These arrangements had slightly improved when we undertook a follow up inspection on 4 October 2017. The provider remains rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:-

- The practice offered extended hours on a Tuesday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours. Early morning appointments with the nursing team and the healthcare practitioner were available on a Thursday and Friday morning.
- 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.
- On line appointment booking and repeat prescription requests were available through the practice website.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Patients and carers of patients with life-limiting conditions had been identified by the practice and were holders of the practice 'Goldcard'. The 'Goldcard' initiative was devised by the practice to ensure that this group of patients was able to get swift access to services at the practice. The practice had a 'live' list of patients and their carers who were 'Goldcard' members.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Students on temporary return from university could access clinical services at the practice.
- The practice website had the facility to be translated into approximately 100 languages.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had a lift to enable all patients to access the upstairs consultation rooms.
- The practice offered email consultations via the practice website.
- The practice was a member of a local GP federation, giving patients at the practice the opportunity to see a GP or nurse outside of normal working hours and at the weekend.

Access to the service

The practice was open between 8am - 1pm and 2pm - 6:30pm on Monday, Thursday and Friday. Extended hours appointments were offered on a Tuesday and Wednesday evenings between 6:30pm and 8pm. Appointments were from 8:30am to 12pm every morning and 4pm to 5:30pm with the exception of Thursday afternoon when clinical sessions finished at 12pm. Pre-bookable appointments could be booked up to six weeks in advance; urgent appointments were also available for patients that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 35% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 73% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG of 81% and the national average of 84%.

Are services responsive to people's needs?

(for example, to feedback?)

- 60% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 41% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 40% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

We spoke with the practice at this inspection regarding the continuing low patient satisfaction scores from the national GP survey and they informed us that they will continue to engage with patients to improve these scores via the PPG and through addressing comments received in the practice.

Patients told us on the day of the inspection that they had no problems obtaining appointments when they needed them.

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. A leaflet was available at reception which detailed the practice procedure in relation to patients making a complaint.

We looked at one of the 28 complaints received in the last 18 months and found that this was dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we viewed a record of a complaint regarding the practice treatment of a patient by a member of the patient's family. The complaint was first registered by the family member via a telephone call to the practice, and followed up with a visit to the practice. The practice recorded on each occasion that the practice had interaction with the family member that members of staff were shouted at by the relative. When the relative arrived on site, they were directed to speak with the practice manager. The relative continued shouting despite the practice manager trying to establish the circumstances leading to the complaint. Having made no progress, the practice manager asked the patient's relative to leave the practice, as their behaviour was causing distress to practice staff and waiting patients. After the departure of the relative, the practice manager phoned the patient to discuss their concerns and the issue was resolved during the telephone call. As a result of the complaint, the practice reviewed their guidance relating to abuse towards staff and found that in this instance the practice acted in accordance with its policy and procedure.

The practice partners and the practice manager conducted an annual complaints meeting, which is held in February of each year to look at the complaints received during the previous 12 months. The purpose is to identify any further improvements that could be made further to the initial response and actions taken by the practice.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing well-led services as the practice partners could not display that they had a comprehensive understanding of all functioning areas of the practice, in particular in relation to overall low QOF results.

We issued a requirement notice in respect of this issue and found arrangements had significantly improved when we undertook a follow up inspection of the service on 4 October 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients.

- The practice had a mission statement which was known by staff at the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values of the practice and the practice partners and manager were able to speak to us about future plans for the practice.

Governance arrangements

The practice had a governance framework to support the delivery of good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Each partner led in clinical areas such as palliative care, dementia and asthma. The practice nurses had lead for long-term conditions such as diabetes, where they worked alongside one of the partners to deliver care in these areas.
- Practice specific policies were available to all staff. These were updated and reviewed regularly.
- On the day of inspection, the partners were able to articulate an understanding of the performance of the practice, which they were unable to do at our inspection in January 2017. There was still a segregation of duties conducted by the practice management team and the GP partners, however it was evident through discussions held with various partners during the inspection that they were more involved with the running of the

practice overall, including administrative governance. The frequency of meetings held in the practice had increased since our last inspection. Clinical staff had recently introduced weekly lunch meeting to replace the quarterly meetings that were previously held monthly. The administrative team had introduced the 'cascade information model' for members of staff who work part-time to ensure that they are kept up to date with important practice information. In addition, the introduction of a staff notice board allowed for minutes of meetings to be placed on the board to be viewed by all members of staff. There was now a monthly meeting between the senior GP partner and the practice manager to discuss administrative and financial issues relating to the practice. In the patient waiting area, the practice continued to display the number of 'did not attend' appointments for the prior month.

- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There was some evidence from the minutes of all staff meetings we viewed that it allowed for lessons to be learned and shared following significant events and complaints. For example, we saw minutes where the administration/reception staff were due to receive training from the practice nurses on how to identify when patients were due a cervical screening test. This training was to occur due to a number of patients who booked in for a test only to find when they were seen by a practice nurse that they were not due for a test. The practice continued to hold an annual complaints meeting, where the partners and the practice manager reviewed the complaints received during the past 12 months.
- The practice had a 'buddy' practice within the locality, which would provide practical assistance in the event of an emergency which prevented the practice location being able to open.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to members of staff.

The provider was aware of and had systems 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

Are services well-led?

Good 

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

wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice attended a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the service delivered by the practice. For example, following the attendance and completion of a foot health practitioner's course by a member of the administration team, she identified that the skills acquired on the course would be beneficial to elderly patients and patients at risk of developing diabetes. These patients received an invitation from the practice to undertake a foot check and to discuss any issues they may have concerning their feet. As a result of a successful uptake of the invitation, the practice has now permanently implemented this initiative, naming it the 'footcare pathway'. A regular foot care clinic is held by the foot care practitioner, who consults with both the GP partners and the nursing staff if any potential areas for concerns are identified during the foot check.

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

The practice encouraged feedback from patients and staff. It proactively sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG were very active, arranged external speakers to come to the practice and give talks to patients and staff alike on relevant topics. In addition, the group produced quarterly newsletters and submitted proposals for improvements to the practice management team. The PPG held fundraising events throughout the year for the purchase of equipment used within the practice.
- Through the NHS Friends and Family test, as well as complaints and compliments received at the practice.
- Staff through ad-hoc discussions, appraisals and team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The advance nurse practitioner accommodates requested visits by housebound patients and ensures that all these patients receive seasonal vaccines. As stated earlier in the report, the practice holds foot care clinics run by a member of the administration team who recently qualified as a foot care practitioner. One of the two practice nurses was studying to become an advance nurse prescriber and was being mentored to do so by one of the GP partners. In addition, the healthcare practitioner had recently started a course to allow them to qualify as a nurse.

We saw further evidence of the practice looking to enhance services provided by way of their participation in a pilot for a new system of discharge summaries. This involved engagement with local and national hospitals to ensure that discharge summaries for patients are received by the practice and uploaded to patient notes as soon as practicable after the patient is discharged from hospital.

A number of staff at the practice had recently been accredited as health champions by the Royal Society for Public Health and were using the skills acquired on this course to help identify and direct patients who may require non-clinical help to services that could support them such as the local social services team, carers trust or Age UK.