

Wood Street Health Centre - Dr. Raghav Prasad Dhital

Quality Report

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Date of inspection visit: 23 February 2016
Date of publication: 17/01/2017

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Wood Street Health Centre on 23 February 2016.

Overall the practice is rated as requires improvement.

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

- Risks to patients were not robustly assessed and managed. For example the practice could not demonstrate that legionella testing had been carried out, however evidence was provided post inspection that this had been done and was the responsibility of the health centre. Basic life support training was out of date having last been completed in February 2013.
- The practice did not have adequate stocks of emergency medicine to reasonably meet expected emergency situations, there were three emergency medicines available, adrenaline, diazepam and atropine. The paracetamol was out of date.
- The oxygen masks were out of date and there was no system for checking the oxygen was full and in working order.
- There had been four clinical audits carried out in the past two years, none of which were completed audits where improvement to patient care could be demonstrated.
- Not all actions identified from the infection control audit carried out in December 2013 had been actioned and non-clinical staff members had not received infection control training.
- The children's safeguarding policy did not include details of who to contact for further guidance if staff were concerned about a patient's welfare.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However we saw that not all Patient Group Directions were signed or in date.
- Regular fire alarm testing and fire drills were carried out but staff members had not received fire training.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with a walk in clinic and urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvement are:

- Mitigate risks associated with not having emergency medicines to deal with a range of medical emergencies, develop a system for checking medicines and equipment are in date and in working order to ensure they are ready for use.
- Carry out clinical audits and re-audits to improve patient safety and outcomes.
- Mitigate risks associated with not having risk assessments for fire, legionella and infection control.

- Ensure Patient Group Directives are signed by both the GP and Nurse as well as ensuring they are in date.

The areas where the provider should make improvement are:

- Review and update the practice's procedures and policies.
- Review the child safeguarding policy to include who to contact for further guidance.
- Review the system for identifying carers to enable improved support and guidance.
- Ensure vulnerable adult training is completed by staff members.
- Review systems to ensure all mandatory training is carried out in the specified time scales.
- Maintain the business continuity plan to ensure that it meets the needs of the practice in the event of an emergency.
- Maintain a comprehensive understanding of the health and safety checks carried out by the Health Centre that are relevant to the practice.

from the Chief Inspector of General Practice

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 requires improvement for providing safe services and improvements must be made.

Requires improvement



- Patients were at risk of harm because systems and processes needed improving. Examples of areas of concern found were, safeguarding, infection control, medicine management, anticipating events and dealing with emergencies.
- Insufficient attention was given to safeguarding children and vulnerable adults. Staff could demonstrate their knowledge of safeguarding children, however the safeguarding policy did not outline who to contact for further guidance if staff had concerns about a patients welfare, and the practice could not demonstrate that vulnerable adults training had been completed.
- Non clinical staff had received no infection control training. There was an infection control audit carried out in December 2013, but not all issues found had been addressed, for example we found an unlabelled sharps bin in the nurse's room. The practice was also unable to demonstrate that legionella testing had been carried out.
- Patient Group Directions (PGD's) were not always signed and some were found to be out of date.
- The practice did not have adequate stocks of emergency medicine to reasonably meet expected emergency situations, there were three emergency medicines available, adrenaline, diazepam and atropine. The paracetamol was out of date (December 2015).
- The practice had an oxygen cylinder, however the oxygen masks were out of date and there was no system for checking that the cylinder was in working order.
- A random sample of four patients on methotrexate was looked at, three of these patients were found not to have had a blood test required for the prescribing of this medicine in the preceding three months.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Summary of findings

Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were four clinical audits carried out in the previous two years, none of these were completed audit cycles where quality improvement could be demonstrated.
- There was evidence of appraisals and personal development plans for all staff. However some mandatory training was out of date, basic life support was completed in February 2013 and there was no evidence of fire safety training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff that treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 23 patients as carers; this was below 1% of the patient list size.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent and routine walk in appointments available the same day.
- The practice had good facilities to treat patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- Arrangements for identifying, recording and managing risks and implementing mitigating actions were not robust.
- There was leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; however we found policies that were not reviewed or version controlled.
- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from patients, which it acted on. The patient participation group met twice a year.

Requires improvement



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 provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered patients an annual over 75 year old check.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- A random sample check of four patients being prescribed methotrexate, we found that three patients had not been given a blood test in the preceding 3 months, which is required for patients on this medicine
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register with a record of foot examination and risk classification in the preceding 12 months was 93% compared to a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. However the safeguarding policy did not contain details of who to contact for further guidance if staff had concerns about a patient's welfare.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 whose notes included that a cervical screening test had been performed in the preceding five years was 83% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There were extended hours appointments on Tuesday evenings until 8:00pm.
- There was a daily morning walk in clinic.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

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

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated requires improvement for people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the record was 86% compared to a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was generally performing in line with local and national averages. Three hundred and sixty two survey forms were distributed and 100 were returned. This represented 1.8% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

Due to an administrative issue the practice did not receive comment cards for patients to complete as part of this inspection.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Mitigate risks associated with not having emergency medicines to deal with a range of medical emergencies, develop a system for checking medicines and equipment are in date and in working order to ensure they are ready for use.
- Mitigate risks associated with reviewing blood test results before the prescribing of certain medicines such as Methotrexate that require this for their safe prescribing.
- Carry out clinical audits and re-audits to improve patient safety and outcomes.
- Mitigate risks associated with not having risk assessments for fire, legionella and infection control.
- Ensure Patient Group Directives are signed by both the GP and Nurse as well as ensuring they are in date.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review and update the practice's procedures and policies.
- Review the child safeguarding policy to include who to contact for further guidance.
- Review the system for identifying carers to enable improved support and guidance.
- Consider providing vulnerable adult training to all staff members.
- Review systems to ensure all mandatory training is carried out in the specified time scales.
- To review and update the business continuity plan to ensure that it meets the needs of the practice in the event of an emergency.

Wood Street Health Centre – Dr. Raghav Prasad Dhital

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 and a practice nurse specialist adviser.

Background to Wood Street Health Centre - Dr. Raghav Prasad Dhital

Wood Street Health Centre is located in a purpose built health centre with one other practice and community services in a residential area with good transport links. The practice is a part of Waltham Forest Clinical Commissioning Group.

There are 5700 patients registered at the practice, the practice has approximately 4% more than the national average number of patients aged 25 to 39 years old.

The practice has two male GP partners carrying out 12 sessions per week, two regular female locums carrying out eight sessions per week and one practice nurse carrying out nine sessions per week. The practice has a practice manager and seven reception and administration staff members.

The practice operates under a Personal Medical Services (PMS) contract (a contract between NHS England and general practices for delivering personal medical services. This contract allows the flexibility to offer local services

within the contract) and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice is open Monday to Friday from 9:00am to 6:30pm; the phone line is open from 9:00am. Appointment times are as follows:

Monday 9:00am to 1:50pm and 2:00pm to 5:30pm

Tuesday 9:30am to 1:20pm and 2:00pm to 8:00pm

Wednesday 9:00am to 1:00pm and 4:00pm to 6:00pm

Thursday 9:00am to 1:00pm Closed

Friday 9:00am to 1:00pm and 3:00pm to 5:00pm

The out of hour's provider covers calls made whilst the practice is closed.

Wood Street Health Centre operates regulated activities from one location. The practice is registered with the Care Quality Commission to provide maternity and midwifery services, family planning, treatment of disease, disorder and injury and diagnostic and screening procedures.

This location had previously been inspected under the previous inspection methodology and was found at that time to be meeting the standards. .

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016. During our visit we:

- Spoke with a range of staff including GP's, nurse, practice manager and reception/administration staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a 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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a completed significant event about a patient who threatened violence to the GP because they were not happy with information that was included in a report, which led to the police being called. We saw that this was discussed at a practice meeting where zero tolerance was reiterated and staff members reminded how to respond when threatened by patients.

Overview of safety systems and processes

The practice systems and processes to keep patients safe and safeguarded from abuse were not robust.

- Arrangements were in place to safeguard children from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies did not outline who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP 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 training

relevant to their role. GPs, nurse and practice manager were trained to child protection or child safeguarding level 3 and non-clinical staff members had either level one or level two. The practice could not demonstrate that vulnerable adults training had taken place. However post inspection the practice signed up to an online training company where vulnerable adults training was available and had plans for staff to complete the training.

- A notice in the reception area advised patients that chaperones were available if required. Only clinical staff acted as chaperones and had all received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but non-clinical staff had not received training. An infection control audit was undertaken in December 2013 and we saw evidence that action was sometimes taken to address any improvements identified as a result. For example the vaccine fridge temperature was now taken daily but the sharps bin seen in the nurse's room was not labelled.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not robust (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However we looked at a random sample of four patients and found that three out of four being prescribed methotrexate, which requires regular blood monitoring had no blood test documented in accordance with NICE guidelines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, these were not all signed or in

Are services safe?

date. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment except references for some staff. For example, proof of identification, qualifications were found in all staff files. The practice did not carry out checks through the Disclosure and Barring Service for non-clinical members of staff; however these staff members had signed a document stating that they had no criminal record, there was no risk assessment carried out to mitigate the risks against this.

Monitoring risks to patients

Risks to patients were assessed but not robustly managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety however the provider was not assured that portable appliance testing last carried out in January 2014 and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) testing had been completed. However evidence was provided post inspection that this had been done and was the responsibility of the health centre. The practice had up to date fire risk assessments and carried out regular fire drills. We saw evidence by the end of inspection that portable appliance testing booked to be carried out that within a week.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We saw certificates showing basic life support training was carried out in February 2013.
- There were emergency medicines available in the treatment room, however only adrenaline, diazepam and atropine were available; we found expired paracetamol with the date December 2015. The practice had not assessed how they would respond to reasonably expected emergencies requiring other medicines.
- The practice did not have a defibrillator available on the premises but we saw that one was ordered by the end of the inspection. Oxygen with adult and children's masks were available, however the masks expired in 2013 and there was no system for checking that equipment was in working order. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, we saw that contact details were out of date to include staff members that no longer worked at the practice and some staff members were not included. However post inspection we were told that this plan had been updated and copies given to all staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with an exception report rate of 6% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification documented in their records in the preceding 12 months was 93% compared to a national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example, 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed comprehensive care plan documented in their record in the preceding 12 months compared to a national average of 88%.

The practice did not evidence quality improvement through the use of clinical audit.

- There had been four clinical audits carried out in the last two years, none of these were completed audits where the improvements made were implemented and monitored.

Information about patients' outcomes was used to make improvements such as: the partners ensured that there was a female GP available daily at the practice to give patients choice about the gender of the GP that they see.

Effective staffing

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

- The practice had an informal induction programme for all newly appointed staff, which consisted of newly appointed staff members shadowing a more senior member of staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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. For example:

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

- Smoking cessation advice was available on the premises and a dietician was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available, offering opportunistic testing and displaying posters around the practice. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccine given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 77% to 87% compared to a CCG average of 81% to 87% and five year olds from 50% to 87%, compared to a CCG average 63% to 87%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We spoke with three patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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.

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 to the CCG average of 80% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a walk in clinic each morning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday to Friday from 9:00am to 6:30pm; the phone lines were open from 9:00am. Appointment times were as follows:

Monday 9:00am to 1:50pm and 2:00pm to 5:30pm

Tuesday 9:30am to 1:20pm and 2:00pm to 8:00pm

Wednesday 9:00am to 1:00pm and 4:00pm to 6:00pm

Thursday 9:00am to 1:00pm Closed

Friday 9:00am to 1:00pm and 3:00pm to 5:00pm

The out of hour's provider covered calls made whilst the practice was closed.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, one GP ran a walk in clinic every morning and urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the responsible person who handled all complaints in the practice.
- We saw that information was available in the practice leaflet to help patients understand the complaints system

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we saw a complaint from a patient about treatment costs for surgery that they had abroad, we saw that the patient was responded to in a timely way and the practice gave a

Are services responsive to people's needs?

(for example, to feedback?)

detailed account to NHS England. We saw minutes of meetings where this was discussed with the whole practice, where it was agreed that the practice could not have done anything differently.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients, however systems and processes did not always support this.

- The practice had a mission statement and staff knew and understood the values.

Governance arrangements

The practice had a governance framework which was not robust enough to support the delivery of the strategy and good quality care.

- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions were not robust.
- Practice specific policies were implemented and were available to all staff; these however were not always reviewed or version controlled.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. The PPG met twice a year and submitted proposals for improvements to the practice management team. For example, the PPG requested that the practice initiate online prescriptions, which they did.
- The practice had gathered feedback from staff through practice meetings and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice had not signed all Patient Group Directives and some were out of date.</p> <p>The provider had no processes in place to mitigate the risks associated with not having the appropriate emergency medicines in the practice, or a process for checking these medicines were in date. Oxygen masks were out of date and there was no system for checking the cylinder was full and in working order.</p> <p>The provider failed to mitigate risks found within their infection control audit.</p> <p>The provider failed to mitigate risks associated with prescribing certain medicines without having viewed patient's blood test results.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have adequate systems or processes in place to ensure that risks were assessed, monitored, improved or mitigated</p>

This section is primarily information for the provider

Requirement notices

The provider had not completed clinical re-audits to improve patient safety and outcomes.

The provider did not ensure that all policies and procedures to govern activity were practice specific or always up to date.