

Church Lane Surgery

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall.

(Previous inspection October 2014 - The practice was rated as good overall).

The key questions are rated as:

Are services safe? - Requires improvement

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Church Lane Surgery on 11 April 2018 as part of our inspection programme. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Church Lane Surgery was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- There were inconsistent arrangements in how risks were assessed and managed. For example, during the inspection, we found risks relating to health and safety of the premises and patients including fire safety arrangements, management of legionella and management of blank prescription forms.
- There was a lack of good governance in some areas.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- We found that completed clinical audits were driving positive outcomes for patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

- Patients were able to ring a duty GP directly (bypassing the reception) for a telephone consultation between 8.30am to 9am and 11.30am to 12pm Monday to Friday.
- Information about services and how to complain were available and easy to understand. However, information about a translation service was not displayed in the reception areas and there were limited information posters and leaflets available in other languages.
- Staff we spoke with on the day of inspection informed us there was a clear leadership structure and they felt supported by the management.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. However, clinical meetings were not documented.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Ensure all staff have received formal sepsis awareness training.
- Implement the system to promote the benefits of bowel cancer national screening in order to increase patient uptake.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Ensure information about a translation service is displayed in the reception area informing patients this service is available. Ensure information posters and leaflets are available in multi-languages.
- Improve access to patients with hearing difficulties.
- Ensure the most recent CQC rating is clearly displayed.

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

Population group ratings

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

Our inspection team

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

Background to Church Lane Surgery

- Church Lane Surgery is a GP practice located in Kingsbury in North West London and is part of the Brent Clinical Commissioning Group (CCG). The practice is located in converted premises.
- The practice is a part of a 23 GP consortium (Harness GP Co-operative) working together to provide greater access for patients and providing services closer to a patient's home and where possible, outside of a hospital setting.
- Services are provided from: Church Lane Surgery, 282 Church Lane, Kingsbury, London, NW9 8LU.
- Online services can be accessed from the practice website: www.church-lane-surgery.co.uk.
- Out of hours (OOH) service is provided by Care UK.
- There are two GP partners and three salaried GPs. Three GPs are male and two female, who work a total of 27 sessions per week. The practice employs a practice nurse, a health care assistant and a phlebotomist. The practice manager is supported by a team of administrative and reception staff.
- The practice provides primary medical services through a Primary Medical Services (PMS) contract to approximately 8,500 patients in the local area (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).
- The practice population of patients aged between 5 to 18 years old is higher than the national average and there is a lower number of patients aged above 65 years old compared to the national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 66% of the population is composed of patients with an Asian, Black, mixed or other non-white background. The practice informed us that the majority of patients were Sri Lankan Tamils with considerable educational and socio-economic disadvantage.
- The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

Are services safe?

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

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control. However, we noted that fabric curtains around the couches in the consultation rooms were not changed or washed since May 2017.
- The practice had not always ensured that facilities and equipment were safe and in good working order. For example, the practice was unable to provide the evidence that the fire extinguishers were checked regularly. However, the practice arranged the fire safety contractor visit after the inspection and informed us on 20 April 2018 that the fire extinguishers had been checked and certified.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. On the day of the inspection, we noted they did not have any Atropine (used to treat a slow heart rate) and Glucogel (used to treat a low blood sugar) available and there was no risk assessment as to why they were not included. The practice informed us after the inspection on 16 April 2018 that they procured both medicines and had all appropriate emergency medicines in stock.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. However, the practice did not have a paediatric pulse oximeter which could be required to enable assessment of a child patient with presumed sepsis. Most non-clinical staff we spoke with were not sure how to identify symptoms of sepsis in an acutely unwell patient. Staff had not completed formal sepsis awareness training. Sepsis management had not been discussed at a clinical meeting.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

Are services safe?

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice had not kept prescription stationery securely. On the day of the inspection, we saw there was no system in place to monitor the use of blank prescription forms for use in printers. Blank prescription forms for use in printers were not handled in accordance with national guidance as these were not recorded and tracked through the practice at all times.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice did not have a good track record on safety.

- On the day of the inspection, the practice did not have satisfactory fire safety procedures in place for monitoring and managing risks to patient and staff safety. We found a fire safety risk assessment had not been carried out. Staff we spoke with on the day of inspection informed us that the electronic fire detection and alarm system was not in working order. We observed one of the manual call points (used to raise the fire alarm in the event of an emergency) on the second floor was not installed properly. The staff we spoke with informed us they were carrying out fire drills by shouting 'fire' in the premises. One member of staff informed us the practice was carrying out weekly fire drills and the second staff informed us the practice was carrying out monthly fire drills.
- Emergency lighting was not installed at the premises and it was not determined whether this was required via a risk assessment.
- A fire safety checklist was completed which failed to identify the issues we found during this inspection.
- The practice informed us their plans to improve disabled access through the rear fire exit had been

delayed. There was no documented fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. The practice had not carried out Disabled Access Audit or Disability Discrimination Act (DDA) Audit.

- After the inspection the practice acted proactively and arranged the fire safety contractor visit on 17 April 2018. The practice informed us on 20 April 2018 that the electronic fire detection and alarm system was working properly.
- An internal Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out on the day of inspection by one of the practice's staff. However, it did not include the control measures required to reduce the risk of an outbreak. For example, we saw a shower cubicle in the premises which was never used and the risk assessment failed to identify an action plan to manage the risk. The practice was not carrying out regular water temperature checks in the premises. The assessment was completed on a template which was designed to be used within a domestic setting and did not include a professional validity certificate. There was no evidence available to demonstrate that the legionella risk assessment was carried out by a competent person.
- The practice had carried out a variety of other checks to monitor the safety of the premises such as gas safety checks and the fixed electrical installation checks of the premises. However, the practice was unable to provide documentary evidence of control of substances hazardous to health (COSHH) risk assessment and an asbestos survey was not carried out.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff had not used appropriate tools to assess the level of pain in patients with a learning disability.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had carried out 49 checks.
- The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in the hospital or through out of hours services.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above (in two of the four areas the practice scored over 95%).
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was below the national average. In total 41%

Are services effective?

of patients eligible had undertaken bowel cancer screening and 65% of patients eligible had been screened for breast cancer, compared to the national averages of 55% and 70% respectively.

- The practice had taken some steps to promote the benefits of bowel, breast and cervical screening in order to increase patient uptake. However, the practice had not advertised the relevant information in multi-languages on their website and/ or displayed on the notice boards in the waiting area encouraging patients to take part in the national cancer screening programme.
- The practice was working in partnership with the local specialist hospital. The practice was planning to develop a list and proactively contact eligible patients to promote the benefits of bowel cancer screening in order to increase patient uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 66% NHS health checks had been completed for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to

‘stop smoking’ services. There was no formal monitoring system for following up patients experiencing poor mental health and patients with dementia who failed to collect their prescriptions in a timely manner.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Data from 2016/17 showed performance for dementia face to face reviews was above the CCG average and national average. The practice had achieved 91% of the total number of points available, compared to 85% locally and 84% nationally. Exception reporting was 8%, compared to the CCG average of 3% and the national average of 7%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average (92%) and national average (90%). Exception reporting was 13% compared to the CCG average of 8% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, compared to 93% locally and 91% nationally. Exception reporting was 4% compared to the CCG average of 7% and the national average of 10%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for the period 1 April 2016 to 31 March 2017 were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and the national average of 97%. The overall exception reporting rate was 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice.

Are services effective?

Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had undertaken four clinical audits, two of these were full-cycle audits in the last year.

- The practice used information about care and treatment to make improvements. For example, we saw evidence of an audit cycle monitoring impact of care planning on unplanned admissions.
- The aim of the audit was to reduce the number of unplanned admissions by effective care planning. The initial audit in 2015-16 demonstrated 44 unplanned admissions in the previous year. The practice took required measures and implemented effective care planning programme to reduce the number of unplanned admissions. The practice was able to demonstrate the significant improvements in patient outcomes since the initial audit. We saw evidence that the practice had carried out follow up audit in 2016-17 which demonstrated 22 unplanned admissions in the previous year. This was a significant reduction in the number of unplanned admissions. The practice had collected patients' feedback which reflected that patients felt more empowered and confident in managing their health conditions.

Where appropriate, clinicians took part in local and national improvement initiatives.

- It was working closely with the medicine optimisation team and their performance for the daily rate of prescribing of all antibacterial medicines and the percentage of antibiotic medicines were below the local and the national averages.
- The practice had maintained 80% and above in flu vaccination and was one of the top eight practices in the local CCG.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by the audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Are services effective?

they were referred, or after they were discharged from the hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat patients.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Two patients and two members of the patient participation group (PPG) we spoke with were also happy with the service. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- The practice shared the NHS friends and family test (FFT) results and 89% patients were likely or extremely likely recommending this practice.

Involvement in decisions about care and treatment

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

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

- Patients were also told about the multi-lingual staff who might be able to support them. However, the practice had a 55% Asian patient list size but limited information was available in multiple languages.
- Staff communicated with patients in a way that they could understand, for example, staff were helping patients to understand the letters they had received by post.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (0.28% of the practice patient list size) and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice informed us they had a lower number of the elderly population compared to the national average and high transient population which could be the reason of a low number of carers.
- Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, most of the staff spoke two languages English and Tamil. The practice informed us that the majority of patients were Sri Lankan Tamils with considerable educational and socio-economic disadvantage. Staff at the practice commented that their understanding of this community assisted them to understand and support patients' needs.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice informed us that planning permission had been granted to extend the premises (a consultation room and a storage space) and building work was due to start in the near future.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a disabled toilet and baby changing facility. However, a hearing loop was not available and the rear fire exit did not have a ramp to ensure the emergency evacuation of patients with mobility problems.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice website was well designed, clear and simple to use. The practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration. However, the practice website did not include a translation facility.
- The practice sent text message reminders of appointments and test results.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours every Monday from 6.30pm to 8.45pm.
- In addition, the patients at the practice were offered extended hours appointments through a locality hub Monday to Friday until 8pm, Saturday and Sunday from 3pm to 8pm at three local locations. This extended hours service was offered in collaboration with Harness GP access hub and funded by the local CCG.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

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

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

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

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice was open from 8am to 6.30pm Monday to Friday. The practice offered a range of scheduled appointments to patients from 8.30am to 5.30pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments, online appointments and urgent appointments were also available for patients that needed them. Pre-bookable appointments could be booked up to three weeks in advance.
- Patients reported that the appointment system was easy to use.

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

The practice had analysed the national GP patient survey results and developed an action plan in response to areas where improvement had been identified. For example,

- The practice had recruited an additional GP and was in discussion with another female GP to start from July 2018.
- Patients were able to ring a duty GP directly (bypassing the reception) for the telephone consultation between 8.30am to 9am and 11.30am to 12pm Monday to Friday.
- In addition, patients were able to ring for the telephone consultation with a GP three days per week via reception staff between 8.30am to 9.30am.
- We checked the online appointment records and noted that the next pre-bookable appointments with named GP was available within two to three weeks. We noted that the next pre-bookable telephone consultation appointment with any GP was available within one week. Urgent appointments with GPs or nurses were available the same day.
- The practice had recruited additional reception staff and ensured that minimum three reception staff were answering the telephone calls during the peak hours.
- The practice had installed a multilingual touch screen check-in facility. The practice was working in collaboration with the patient participation group (PPG) to educate and encourage patients to use touch screen check-in facility to reduce the queue at the reception desk, which meant more reception staff would be available to answer the telephone calls.
- The practice was encouraging patients to register for online services, however, only 6% patients were registered to use online services.
- The two PPG members and two patients we spoke with on the day informed us they were satisfied with the appointment booking system and access to the service. All of the 18 comment cards we received were positive about the service experienced.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had reviewed a

Are services responsive to people's needs?

referral processing protocol to ensure referrals were sent to the correct hospitals. The practice had reminded all clinical and non-clinical staff to make sure all prescriptions were signed before giving it to the patients.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice informed us they were in discussion with two GPs to join the practice as GP partners.

Vision and strategy

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

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The practice had a governance framework, however, monitoring of specific areas required improvement, for example:

- There was no formal monitoring system for following up patients experiencing poor mental health and patients with dementia who failed to collect their prescriptions in a timely manner.
- There was no system in place to monitor the use of blank prescription forms for use in printers.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, we noted that fabric curtains around the couches in the consultation rooms were not changed or washed since May 2017.
- The practice did not have appropriate emergency medicine in stock.
- Clinical meetings were not documented.
- On the day of the inspection, we noted that the ratings poster of previous CQC inspection was not displayed in the premises. The practice manager informed us they

Are services well-led?

had displayed the ratings posters in the premises but they were not able to find it. However, the practice had displayed the ratings poster in the waiting area before we left the premises.

- We noted the practice's website was not up-to-date. It did not include the correct link to the previous published CQC inspection report. The patient participation group (PPG) meeting minutes were not shared since 22 March 2015. The practice's website did not include any information regarding the extended hours appointments offered in collaboration with Harness GP access hub.
- Policies were available to all staff. There was a clear staffing structure and most staff had received training relevant to their role.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Managing risks, issues and performance

There were processes in place for managing risks, however, improvements were required.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, management of health and safety issues including poor monitoring of fire safety procedures, COSHH risk assessment and the management of legionella risk were not always managed appropriately.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had reviewed their opening hours and displayed 'do not attend' (missed appointments) figures in both English and Tamil languages in the waiting area.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. We met two representatives of the PPG who told us the practice was responsive to ideas and feedback from patients. For example, the practice had installed multilingual check-in screen, reviewed the appointment booking system and introduced online appointments following feedback from the PPG.

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, we noted staff attended regular training sessions organised by the Harness GP consortium.
- We saw clinical staff had attended asthma and wound care training.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- We saw the assistant practice manager had started their employment in the practice as a receptionist and was supported to grow, develop and secure promotion.
- The practice informed us they were the first practice to introduce a direct GP contact for patients (bypassing the reception) for a telephone consultation between 8.30am to 9am and 11.30am to 12pm Monday to Friday.
- The practice had enrolled to take part in video conferencing pilot with other local practices in the network.
- The practice had enrolled to take part in the tele-consultations pilot with other local practices in the network.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The practice was unable to demonstrate that they had adequate health and safety related risk assessments and processes were in place to ensure the safety of the premises and patients. The practice was unable to provide evidence of a comprehensive fire safety risk assessment of the premises carried out by a competent person. The practice was unable to demonstrate that they always followed national guidance on management and security of blank prescription forms.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective governance, assurance and auditing processes to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: There was a lack of good governance in some areas and we found breaches of regulation that had not been identified by the practice prior to inspection, which demonstrated that governance monitoring procedures were not always carried out consistently and effectively. The practice was unable to demonstrate they had an effective monitoring system for following up patients experiencing poor mental health and patients with dementia who failed to collect their prescriptions in a timely manner. The legionella risk assessment did not include the control measures required to reduce the risk</p>

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Requirement notices

of an outbreak and failed to identify risks we found during this inspection. The practice had not ensured that clinical meetings were documented. The practice did not have a paediatric pulse oximeter which could be required to enable assessment of a child patient with presumed sepsis. The practice did not have all the emergency medicines usually found in the GP practice and there was no risk assessment as to why they were not in the stock.