

# Northcote Medical Centre

## Quality Report

2 Northcote Ave,  
Southall  
UB1 2AX  
Tel: 020 8571 3289  
Website: [www.nhs-doctors.co.uk](http://www.nhs-doctors.co.uk)

Date of inspection visit: 12 September 2017  
Date of publication: 13/12/2017

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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Northcote Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	23

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northcote Medical Centre Health Centre on 8 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report can be found by selecting the Northcote Medical Centre 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 12 September 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- Improvements had been made since our last inspection there had been some improvements. There was an open and transparent approach to

safety and a system in place for reporting and recording significant events. However we are still concerned about the lack of consistent clinical leadership at the practice.

- The practice had clearly defined and embedded systems to minimise risks to patient safety, this was an area of improvement since our previous inspection.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- However the practices patient quality outcomes were still low.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.

# Summary of findings

- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs. However, we saw that chairs in the waiting room were not comfortable particularly for elderly patients and this was also reported by some patients we spoke with.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- The provider must ensure they provide sufficient clinical leadership.
- Ensure that all patients' needs are identified and care and treatment met their needs.

In addition the provider should:

- Sustain the improvements that have been achieved from the GP national patient survey results survey and also make further improvements in areas that are still low.
- Continue efforts to recruit a fully established patient participation group (PPG) at the practice
- Consider providing chairs that are more comfortable in the patient waiting area.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

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

Requires improvement



- Unpublished Quality and Outcome Framework (QOF) data 2016/17 showed that the practice had achieved only 88% of the total number of points available for all of the clinical indicators measured. This was a decrease of 8% from the previous year.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with local figures for some aspects of care.

# Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

- The practice did not fully understand its population profile. No extended hours were offered at the practice.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were much lower compared to national averages.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make appointments and there was continuity of care, with urgent appointments available the same day.
- The practice had facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from one example reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

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

- Since our last inspection the practice had made significant improvements. However we are still concerned about the lack of consistent clinical leadership at the practice.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

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

Requires improvement



- Data showed patient outcomes were low compared to the national average. Unpublished data for 2016/17 provided by the practice showed the practice had only achieved 52 % (50/86) points in diabetes care. The principal GP told us they were aware of the low performance and will be working to make improvements.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

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

- The needs of these populations had not been fully identified. The practice did not offer extended hours for this population group.

Requires improvement



## People whose circumstances may make them vulnerable

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

- 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.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.

Good



# Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017 for the most recent data. The results showed the practice was performing in line with local averages but these were lower than national averages in most areas. Three hundred and sixty eight survey forms were distributed and 87 were returned. This represented 24% of the survey group and 5% of the practice list size.

- 73% of patients described the overall experience of this GP practice as good compared with the CCG average of 78% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 69% and to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comments and spoke with five patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that patients felt they could easily access appointments and the staff at the practice were welcoming and provided support when required.

## Areas for improvement

### Action the service **MUST** take to improve

- The provider must ensure they provide sufficient clinical leadership.
- Ensure that all patients' needs are identified and care and treatment met their needs.

### Action the service **SHOULD** take to improve

- Sustain the improvements that have been achieved from the GP national patient survey results survey and also make further improvements in areas that are still low.
- Continue efforts to recruit a fully established patient participation group (PPG) at the practice
- Consider providing chairs that are more comfortable in the patient waiting area.

# Northcote Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist adviser and an expert by experience.

## Background to Northcote Medical Centre

Northcote Medical Centre is located in Southall in the London Borough of Ealing. The practice provides care to approximately 1600 patients. According to the practice 90% of their population are of Asian ethnic origin. The practice area is rated in the fifth less deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have a greater need for health services.

The practice is registered as a sole provider with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning services and maternity and midwifery services.

The practice has a General Medical Services (GMS) contract (this is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and provides a range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning and sexual health services.

The practice has one male principal GP working a total of three sessions and employs two long term locum GPs (a male and female) working two and four sessions respectively, giving a total of nine. The rest of the practice team consists of one part time practice nurse and three

administrative staff consisting of medical secretaries and reception staff and a part time practice manager who works across two other sites that are owned by the principal GP.

The opening hours were 8:30am to 6:30 Monday- Friday, Except on Wednesdays when the practice closes at 1pm. Appointments were available from 8.30am to 11am each week day morning and from 3pm to 6pm on Monday, Tuesday, Thursday and Friday. The out of hours services were provided by an alternative provider. The details of the out-of-hours service were communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

## Why we carried out this inspection

We undertook a comprehensive inspection of Northcote Medical Centre on 8 November 2016

under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective caring and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of safe care & treatment and governance systems and informed them that they must become compliant with the law by December 2016. The full comprehensive report inspection can be found by selecting the 'all reports' link for Northcote Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Northcote Medical Centre on 12 September

# Detailed findings

2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit On 12 September 2017. During our visit we: Spoke with a range of staff including the principal GP, practice manager and administrative staff and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

At our last inspection the recording of significant events was not thorough and did not include evidence of shared learning. During the inspection on 12 September 2017 we found that there was a system for reporting and recording significant events and thorough analysis was being carried out.

- Staff told us they would inform the practice manager of any incidents and there was a paper recording form they would complete and submit to the manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident that resulted in the theft of petty cash at the practice, the practice reviewed safety and completed risk assessments that identified the need to ensure staff remained vigilant, and did not leave computers and other sensitive information unlocked.

### Overview of safety systems and processes

At our last inspection we found that the processes and practices in place to keep patients safe and safeguarded from abuse required improvements.

At the most recent inspection we found that the practice had made improvements and had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of three documented examples we reviewed we found that the GP provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, the practice nurse to level 2 and level 1 for all other non-clinical staff.
- A notice in the waiting room advised patients that chaperones were available if required. At our last inspection on 8 November 2016 we found that DBS checks had not been carried out for people carrying out chaperone duties and staff carrying out the chaperone role were not all fully trained. At our follow up inspection on 12 September 2017 we found that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The previous inspection had also identified that the practice nurse was working with an old dated DBS from another service and no risk assessment had been completed. During the inspection on 12 September 2017 we found that the practice had rectified this.

At our last inspection we found that the practice maintained some standards of cleanliness; however no spillage kits were available at the practice. During the follow up inspection on 12 September 2017, we found that the practice had spillage kits (spillage kits are seen as the most effective way to control the risks posed to staff from infections) and staff had been provided with the appropriate training to use them.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The principal GP was the infection prevention and control (IPC) clinical lead who liaised with the local

## Are services safe?

infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The inspection on 8 November 2016 found that the arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep people safe. During this follow up inspection we found that improvements had been made.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. At our last inspection we found that blank prescription forms and pads were not securely stored and there were no systems to monitor their use. During this inspection we found that the practice had a system that was being followed to ensure prescription pads were kept safe and secure.
- At our last inspection the practice had failed to produce Patient Group Directions. During this inspection the practice were able to evidence PGDs that had been adopted by the practice to allow nurse to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).
- The practice had not recruited any new staff since our last inspection. However they showed us the policy that they would follow if they were to employ new staff; to ensure that all necessary pre-employment checks had been carried out.

### Monitoring risks to patients

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

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

At our last inspection on 8 November 2016, we found that though the practice had some arrangements to respond to emergencies and major incidents improvements were required. During this inspection we found that the practice was adequately equipped to deal with medical emergencies.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 8 November 2016 we rated the practice as inadequate for providing effective services. This was because:

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- The practice was an outlier for the care of patients with diabetes and cervical smears.
- There was a lack of staff appraisals and no system to identify learning needs for staff.

These arrangements had improved when we undertook a follow up inspection on 12 September 2017. However while the practice has improved significantly, their diabetic outcomes for patients are still low, the practice had only achieved 52% (50/86) points in diabetes for the year 2016/17 and the overall exception reporting rate was still high.

The provider is now rated as requires improvement for providing effective services.

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). During our last inspection on 8

November 2016 published results showed that the practice had achieved 96% of the total number of points available. We had also identified that the practice had overall exception rate was 18%, which was relatively high compared to the clinical commissioning group (CCG) average of 11% and the national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice could not explain the reasons for this.

Unpublished data for 2016/17 provided by the practice during this inspection on 12 September 2017 showed that the practice had achieved only 88% of the total number of points available for all of the clinical indicators compared to the CCG average of 96% and national average of 95%. This represented a decrease of 8% from the previous year. The practice's exception reporting rate for 2015/16 was 18% and the current data (unvalidated) showed that the exception rate had decreased to 13% for the 2016/17 period.

- Data for 2016/17 provided by the practice showed the practice had only achieved 52 % (50/86) points in diabetes care. The principal GP told us they were aware of the low performance and will be working to make improvements.

We were unable to ascertain the improvements made in all other clinical domains as the full data had not been published and the practice could not provide this in a suitable format.

Our previous inspection had not found any evidence of quality improvement including clinical audit. During this inspection the practice were able to demonstrate evidence of audit.

- There had been three clinical audits commenced in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken included monitoring of patients on medicines for heart failure. The first cycle identified that the practice were achieving 75% of their monitoring tests. The second cycle showed an improvement and indicated that 100% of patients were receiving the required checks.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates 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.
- At our last inspection the practice had no evidence to show that the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. During this inspection we saw evidence that the practice had made improvements. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurse. All staff had received an appraisal within the last six months. The principal GP was due to be revalidated in December 2017 and had received his local appraisal in March 2017.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- From the sample of three documented examples we reviewed we found that 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 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. Information was shared between services, with patients' consent, using a shared care record. At our last inspection the practice could not demonstrate that meetings took place with other health care professionals on a regular basis. During this inspection the practice could evidence minutes of meetings with other multidisciplinary team (MDT) members and when care plans were routinely reviewed and updated for patients with complex needs. The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring

## Are services effective? (for example, treatment is effective)

advice on their diet, smoking and alcohol cessation. The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 79% and the national average of 82%. This had been an improvement from our last inspection when the practice's performance had been 66%. The practice nurse was working hard to follow up non-attenders and was also offering smear checks opportunistically.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were

failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the local and national childhood vaccination programme. The practice's performance was in line with expectations. For example the practice was meeting the national 90% target for all standard childhood vaccines offered to children by the age of two and for children aged five years the performance was around 83%.

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



# Are services caring?

## Our findings

At our previous inspection on 8 November 2016, we rated the practice as inadequate for providing caring services as there was no privacy provided during examinations due to lack of screens in examination rooms.

The practice could not demonstrate they provided information to patients regarding translation services and the practice were not aware of the areas they had performed low in during the GP national survey and the action they were to take to make improvements.

At this inspection we found that the practice had made improvements. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that patients felt they could easily access appointments and the staff at the practice were welcoming and provided support when required. Two patients we spoke with told us that the chairs in the waiting area were not comfortable; this was also observed by the inspection team.

Results from the national GP patient survey for our last inspection showed patients rated the practice much lower on satisfaction scores on consultations with nurses and GPs. During this inspection we found that these had improved.

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%. This showed an increase from 74% for this indicator.
- 74% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%. This showed an increase from 73% for this indicator.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%. This showed an increase from 87% for this indicator.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 86%. This showed an increase from 69% for this indicator.
- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%. This showed an increase from 72% for this indicator.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 85% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%. This showed a decrease from 89% for this indicator.

The practice had made improvements in most areas relating to consultations with GPs and nurses. The practice manager advised that in those areas they had made

## Are services caring?

improvements this had been as a result of feedback given by patients. Where the practice was still to make improvements we saw that they had a plan of action to do so.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey from our last inspection of 8 November 2016 showed patients had not responded positively to questions about their involvement in planning and making decisions about their care and treatment. During this inspection we found that most results were in line with local but lower than national averages for most areas. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%. This showed a decrease from 76% for this indicator.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%. This showed an increase from 65% for this indicator.
- 81% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 91%. This showed an increase from 70% for this indicator.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 85%.

However on the day of the inspection we received comment cards that highlighted patients felt involved in planning and making decisions about their care.

During our last inspection on 8 November 2016 we found that the practice could not fully demonstrate the facilities they used to help patients be involved in decisions about their care. During this inspection we found that they practice were fully aware and practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- A local patient referral system was used with patients as appropriate.

### Patient and carer support to cope emotionally with care and treatment

Our last inspection on 8 November 2016 found that the practice had not implemented a system that alerted if a patient was a carer. The practice also failed to provide the numbers of patients they had identified as carers. During this inspection we found that improvements had been made.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (1.5 % of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 8 November 2016, we rated the practice as good for providing responsive services. At our follow up inspection on 12 September 2017 we found the practice requires improvement for providing responsive services.

### Responding to and meeting people's needs

- The practice did not offer its population needs extended hours to suit patients of working age who might have found it difficult to 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities and interpretation services available.

### Access to the service

The opening hours were 8:30am to 6:30 Monday- Friday, Except on Wednesdays when the practice closed at 1pm. Appointments were available from 8.30am to 11am each week day morning and in the afternoon from 3pm to 6pm on Monday, Tuesday, Thursday and Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were much lower compared to national averages.

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 85%. This showed a decrease from 73% for this indicator.
- 80% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 68% and the national average of 71%. This showed a decrease from 88% for this indicator.
- 76% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 84%.
- 70% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

The practice were aware of the areas they still required to make improvements in and were working with the patients to make improvements.

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

The practice had a system to assess:

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

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system.

We looked at one complaint received in the last 12 months and found that this was satisfactorily handled, whether these were satisfactorily handled, dealt with in a timely

way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 7 November 2016, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found that arrangements had improved when we undertook a follow up inspection of the service on 12 September 2017. However whilst we were reassured with current improvements, we are still concerned about the lack of clinical leadership at the practice.

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

### Vision and strategy

Our previous inspection on 8 November 2016 found that the practice did not have a vision to deliver high quality care and promote good outcomes for patients. No strategy and business plans were in place to reflect the values of the practice and how these were monitored. During this inspection we found that the provider and staff all shared a common vision of providing high quality care to patients. The practice had a business plan in draft to support their current needs and they were planning to join the practice with the providers' other local practice to ensure resources were adequately managed to provide good quality care to patients.

### Governance arrangements

Our last inspection on 8 November 2016 had found numerous concerns with the governance arrangements at the practice.

- The practice held no clinical governance meetings, and the systems of learning, sharing and making improvements following Significant Events Analyses (SEA) were not effective.
- Though the practice had most key policies, there were no systems in place to ensure these were being followed and monitored. There was no programme of quality improvement monitoring including continuous clinical and internal audit in place to monitor quality and to make improvements. Some risks were assessed but systems were not implemented well enough.

During this inspection we found that;

- Practice specific policies had all been reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice had started to be maintained. However the practice still had improvements to make in delivering patient quality outcomes.
- Practice meetings including governance meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was being used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

At our last inspection on 8 November 2016 we were concerned with the leadership of the practice. The provider could not provide sufficient managerial oversight and direction. Secondly the practice manager had been recently promoted but could not demonstrate they had the knowledge and capacity to lead effectively.

During this inspection we found that the practice had made some improvements. The principal GP told us they were aware of the need to provide clear clinical leadership. The principal GP advised us that they shared their time between two of their other locations.

During the last inspection in November 2016 we were concerned about the capacity of the practice manager to perform their role adequately. During this inspection we found that practice manager could demonstrate that they were receiving appropriate support from the principal GP and the local network to efficiently deliver in their role. However they also worked across the two sites operated by the principal GP.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This

# Are services well-led?

Requires improvement 

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

included support training for all staff on communicating with patients about notifiable safety incidents. The principal GP encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the management 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

At our last inspection we found that the practice did not have a patient participation group (PPG) and could not demonstrate other systems they had in place to get patient views.

- During this inspection we found that the practice were using the NHS Friends and Family test, complaints and compliments received to inform them of their performance and identify areas that required improvements. The practice manager told us they had still not established a fully operational PPG, currently the practice only had one member; efforts were being made with the support of the GP locality.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

Our previous inspection of 8 November 2016 had found no evidence of a focus of learning. During this inspection we saw that the practice had endorsed continuous learning within the practices culture. As a result there was work in progress to learn from other practices within the locality who were fully established.



## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have systems in place to ensure that adequate governance and monitoring systems were in place.</p> <p>The registered provider did not ensure that they provided sufficient clinical leadership.</p> <p>The registered person did not ensure the care and treatment of service users met their needs.</p> <p>The Quality and Outcomes Framework (QOF) outcomes were below average when compared to local and national averages.</p>