

Seymour Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Seymour Medical Centre	5
Detailed findings	6
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

(At the previous inspection on the 21 October 2015 the practice was rated as Good overall with requires improvement for the domain of safe.)

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

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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.

At the previous announced comprehensive inspection at Seymour Medical Centre on 21 October 2015 the overall rating for the practice was good with requires improvement for the safe domain. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Seymour Medical Centre on our website at www.cqc.org.uk.

We carried out a inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The staff had clear roles and responsibilities to support good governance and management. However, we found the provider had failed to meet the requirements made at the previous inspection on the 21 October 2015.

Summary of findings

- The provider had failed to carry out a review of the risk assessment to assess and mitigate against the risk of fire dated 1 August 2014 and follow all of the recommendations made. This included the recommendation for an electrical installation check of the premises. The Electricity at Work Regulations 1989, states all commercial properties should be inspected and checked every five years.
- The practice had systems in place to keep patients safe and safeguarded from abuse.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance supported by clinical pathways and protocols.
- The practice routinely reviewed the effectiveness and appropriateness of the care provided, at the practice meetings.
- Staff had the skills, knowledge, and experience to carry out their roles.
- We spoke with 13 patients who made positive comments about the practice and the GPs. We received 29 patient Care Quality Commission comment cards, 28 were positive about the service experienced.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice involved patients, the public, staff and external partners to support the service.

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

- 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:

- The provider should review the Green Book to ensure they are following the guidance regarding staff immunisations. (The Green book is issued by Public Health England and contains the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).
- The practice should review the waste management system in the patient's toilet.
- The provider should review the premises to make sure it complies with the estates, facilities alert regarding window blinds with looped cords or chains. (REF: EAF/2010/007 Issued 8 July 2010).
- The provider should ensure that vaccines are consistently stored following Public Health England Protocol for ordering and storing and handling medication.
- The practice should review the practice list to ensure that carers are correctly identified and on the carers register.
- The provider should regularly review the patient feedback and where appropriate implement a action plan in response.
- The provider should carry out clinical audits in response to patient issues identified within the practice.

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

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	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	

Seymour Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Seymour Medical Centre

The Seymour Medical Centre is situated at 266 Lea Bridge Road, London, E10 7LD. The practice provides NHS primary medical services through a Personal Medical Services contract to approximately 5,822 patients in the Waltham Forest Area. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the Waltham Forest Clinical Commissioning Group (CCG). The premises are owned by one of the partners.

The areas index of multiple deprivation is three. (The Index of Multiple Deprivation 2015 is the official measure of

relative deprivation for small areas in England. The Index of Multiple Deprivation ranks every small area in England from one (most deprived area) to 10 (least deprived area). 59% of the people from the practice are from the black and minority groups

The practice staff comprises of three full time male GPs (each doctor carries out six clinical sessions and two administration sessions a week) and a full time female practice nurse, a practice manager and a small team of non-clinical staff.

The practice opening hours were from 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. The practice including reception closed during the day between 1pm and 2pm. Extended opening hours operated on Wednesdays from 7am until 8.30pm, closing from 12.30pm to 2pm.

When the practice was closed, as a member of the local GP Federation, all the patients had access to pre-bookable weekday evening appointments from 6.30pm to 9.30pm and weekend appointments on a Saturday and Sunday from 8am to 8 pm. When this is closed patients are referred to the NHS 111 service.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

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

The provider had failed to carry out a review of the risk assessment to assess and mitigate against the risk of fire dated 1 August 2014 and follow all of the recommendations made. This included the recommendation for an electrical installation check of the premises. The Electricity at Work Regulations 1989, states all commercial properties must be inspected and checked every five years

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Staff had reviewed the appropriate policies, which were accessible to all staff. They outlined whom to go to for further guidance.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The doctors and nurse had completed level three in safeguarding for adults and children.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect. Staff provided examples of when they had raised a safeguarding alert.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). However, the recruitment policy did not include the need for satisfactory information about any physical or mental health conditions. The Green Book issued by Public Health England states that all new

employees should undergo a pre-employment health assessment. This should include a review of their immunisation needs. (The Green book which contains the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

- The practice manager explained the non-clinical staff did not act as chaperones. The nurse and one of the doctors who acted as the chaperones had undertaken training for the role and had completed a DBS check.
- There was an effective system to manage infection prevention and control. There were systems for safely managing healthcare waste. However, we observed one of the bins in the patient's toilets was broken and neither bin indicated whether they were for sanitary products.
- The practice ensured equipment was safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The practice stated they now only used one regular locum GP on a Friday afternoon, who had been inducted into the practice.
- 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, for example, sepsis.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- The practice used referral templates to refer patients to secondary care. The referral templates we saw included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Staff monitored the patients' health to ensure medicines were being used safely and followed up on appropriately.
- The practice involved patients in regular reviews of their medicines. The practice stored vaccines in a fridge and staff monitored the minimum, actual, and maximum fridge temperatures. Although the actual fridge temperatures were in the normal range, in October and November 2017 the maximum temperature recording were above the maximum temperature recommended of 8 degrees, and written information did not show how the staff had investigated and responded to this. The practice nurse explained this was caused by not resetting the fridge.

Track record on safety

At our previous inspection on the 21 October 2015, we found that the practice did not have effective arrangements in place for monitoring risks associated with fire detection. We issued a requirement notice, which required the registered provider to ensure actions from the fire risk assessments were completed and fire smoke detection and alarm system were fitted to ensure patient and staff safety. At this inspection, we found the practice had installed smoke alarms in the building and had all portable appliances checked in October 2016. The practice manager told us they were the fire warden, staff had completed fire training and carried out a fire drill and an independent contractor had carried a check of the fire extinguishers.

However, the provider had failed to carry out a review of the risk assessment to assess and mitigate against the risk of fire dated 1 August 2014 and follow all of the recommendations made.

- For example: the practice could not provide a date for the last electrical installation check of the premises. The Electricity at Work Regulations 1989, recommends that all commercial properties should be inspected and checked every five years. In the fire risk assessment, the independent contractor assessed this as a substantial risk. (They described substantial, as considerable resources may have to be allocated to reduce the risk. If the building is unoccupied it should not be occupied until the risk has been reduced, if the building is occupied urgent action should be taken.)
- The under stair cupboard that held the gas and electricity meters had combustible materials stored in it. The independent contractor who carried out the risk assessment identified this as an intolerable risk (The independent contractor described intolerable, as the building should not be occupied until the risk is reduced). On the day of the inspection, the practice manager instructed staff to remove the combustible materials.
- The provider had failed to upgrade the glazed partitions above the doors to consultation rooms to a fire resisting type. The independent contractor assessed this as a substantial risk.

During the inspection, the practice manager arranged for independent contractors to carry out a fire risk assessment on 15 January 2018. This was submitted to the Commission on the 23 January. The risk assessment contained the same recommendations as above but did not have an action plan. Following the inspection the provider sent information to demonstrate that the fire risk assessment and the action plan had been completed and work was commencing to make improvements to the service.

The provider carried out a weekly check on the premises; however, they had failed to recognise that the premises had looped cords and chains on window blinds that could present a strangulation hazard to children in reception and in the GP consulting rooms. The practice manager immediately secured the cords in the reception area and assessed that children would always be accompanied by a

Are services safe?

member of staff in the practices offices. (The premises used to care for and treat patients comply with the estates, and facilities alert regarding window blinds with looped cords or chains. (REF: EAF/2010/007 Issued 8 July 2010)).

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them to raise concerns. The practice had recorded eleven significant events in the last 12 months. The clinical team discussed the incidents at their three monthly clinical meetings.
- 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. For example, the practice found staff had wrongly changed a patients name without the patient's acknowledgement. Following this the practice has implemented a process that ensured two members of staff must always check any changes of patients names.
- Following the CQC inspection in 2015 there was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing from June 2016 to June 2017 was 0.96%, which was comparable to the CCG average of 0.8% and the national average of 0.98%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The GPs had carried out clinical audits as recommended by the CCG. However, we did not see any evidence of clinical audits carried out in response to issues identified within the practice that would help to improve the quality of care provided.

Older people:

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services.
- The practice followed up on older patients discharged from hospital on the day they received the information. This helped to ensure that staff updated patient care plans and prescriptions to reflect any changed needs.
- The practice worked closely with the Integrated Care Management (ICM) team, comprising of the community matron, district nurses, occupational therapist, physiotherapist, social worker, dietician, psychologist and healthcare assistants. The lead GP met with the

team monthly to discuss patients under the integrated care management team, the majority of whom were over 75 years old. Working with the team helped to prevent hospital admissions.

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.
- Staff responsible for carrying out the reviews of patients with long term conditions had received specific training.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 75%, which was comparable to the CCG average of 74% and the national average of 79%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 69%, which lower than the CCG average of 79% and the national average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 74% which was lower than to the CCG average of 82% and the national average of 83%.
- The GPs explained that the lower than the CCG and national averages because the population group was often transient due to housing issues. The practice had recognised that they needed to commence inviting patients earlier in the year for their assessment to ensure that all were captured in the annual QOF figures.
- The practice encouraged patients to be experts in their care, by providing them with self-care information or directing them to relevant sources of information. In addition, they made use of local resources for patients with particular long term conditions. For example, exercise on prescription at the local gym.
- The staff provided patients with chronic obstructive airways disease rescue packs that allowed treatment to be commenced promptly in the event of an exacerbation.

Are services effective?

(for example, treatment is effective)

- The practice provided weight management, diet, exercise and smoking cessation advice was provided to all patients with long term conditions.

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 slightly lower than the target percentage of 90%, with three areas having a range of 87% to 89% in 2015/2016. In response the practice had improved in 2016/2017 to 90% and would use any visits by parents and children to the surgery to remind and encourage them to be vaccinated.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. At the initial appointment the practice took the opportunity to introduce health promotion. For example, smoking cessation advice, exercise, mental wellbeing, and weight management.

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

- The practice's uptake for cervical screening was 79%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

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 and those with a learning disability.
- The practice nurse carried out annual health care review for patients with a learning disability, where they focused upon the patient's mental and physical health, nutrition, screening and vaccinations.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92%; (CCG 94%; national 91%). In addition, the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 95%; (CCG 96%; national 95%).
- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 87% and the national average of 84%.
- 87% 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 of 93% and the national average of 90%.
- The GPs had access to email advice from one of the local consultant psychiatrists in relation to any patient with mental health needs.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided at the practice meetings. Where appropriate, clinicians took part in local and national improvement initiatives.

The published Quality Outcome Framework (QOF) results for 2016/2017 were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96%. The overall exception reporting rate was 15% compared with the CCG average of 10% and a national average of 9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) In the previous 12 months about 541 patients had left the practice and 670 had joined. The number of patients moving in and out of the area may have affected the practices exception rate.

Are services effective?

(for example, treatment is effective)

The GPs explained that the above was due to housing issues and that the population group were transient and some only remained in the area for a year. In addition, they had recognised that they needed to commence inviting patients earlier in the year for their assessment to ensure that all were captured in the annual QOF figures.

- Staff monitored the QOF performance and responded to any issues.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles. For example, 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 training. 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, appraisals and support for revalidation.
- The practice nurse had completed diplomas in diabetes, asthma and had further training in chronic obstructive airways disease.
- The doctors had completed the revalidation process.
- All staff had access to E-learning to ensure that they completed the necessary training.

Coordinating care and treatment

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

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients.

- The practice referred patients to the integrated care team and the rapid response team to help prevent hospital admissions.

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.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral was 50% which was comparable to the CCG average of 54% and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their 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. The practice supported exercise on prescription.

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

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Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect, and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We spoke with 13 patients who made positive comments about the practice and the GPs. We received 29 patient Care Quality Commission comment cards, 28 were positive about the service experienced.

The July 2017 annual national GP patient survey results, where 364 surveys were sent out and 111 were returned. This represented about 2% of the practice population. The results showed that the practice scored lower than other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients who responded 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%.
- 76% of patients who responded said the GP gave them enough time compared with the CCG average of 82% and the national average of 86 %.
- 87% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 93% and the; national average of 96%.
- 68% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 82% and the national average of 86 %.
- 86% of patients who responded said the nurse was good at listening to them, compared with the CCG average of 87% and the national average of 91%.
- 86% of patients who responded said the nurse gave them enough time, compared with the CCG average of 87% and the national average of 91%.

- 87% of patients who responded said they had confidence and trust in the last nurse they saw, compared with the CCG average of 92% and the national average of 95%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern;, compared with the CCG average of 85% and the national average of 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful, compared with the CCG average of 84% and the national average of 87%.

The practice had reviewed these finding and the GP's had recognised that they needed to make sure they listened to the patient's and treated them in a caring way. However, the practice had not implemented a detailed action plan.

On the day of the inspection, we spoke with 13 patients, received 29 comment cards, and we received only two negative comments about the practice staff.

In addition, the practice collated and reviewed the responses to the friends and family questionnaires in the practice meetings. We saw in the practice meeting minutes for October 2017 it was reported that, 25 patients had completed the family and friends questionnaires, between July and September, all but one was positive about the staff at the practice.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. The practice also had multi-lingual staff.
- 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.

Are services caring?

The practice had identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients as carers (approximately 0.5% of the practice list). The practice staff described the register as a work in progress.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. The staff then followed this up by either a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients had a mixed response what questions about their involvement in planning and making decisions about their care and treatment.

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.
- 67% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 75% and the national average of 82%.

- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 85% and the national average of 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared with the CCG average of 79% and the national average of 85%.

The practice had reviewed these findings and the GP's had recognised that they needed to make sure they discussed the patients diagnosis and provide choices, and ensure the patient fully understood the actions that needed to be taken. The 13 patients we spoke with on the day of the inspection and 28 patient comment cards we received did not raise this as an issue.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice was located in older premises. The staff explained that the premises, due to size and age, affected the number of services that they could offer. For example, although the practice had disability access following a change by the local authority in permissions to park on the roadside, patient parking was restricted to two spaces.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had a hearing loop in reception. In addition, the practice had two consulting rooms on the ground floor and one on the first floor, patients who had difficulty in using stairs were seen on the ground floor.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at 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 practice prioritised telephone call back requests from elderly patients.
- The practice used the community rapid response team for patients with an acute medical need that could be managed by intensive treatment within their own home. This helped to avoid hospital admissions.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and check their medicines needs were being appropriately met. Staff reviewed multiple conditions at one appointment, and consultation times were flexible to meet each patient's specific needs. Staff offered patients with long-term conditions longer appointments if needed.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice was enrolled on a pilot for 'Changing health' that uses smartphone technology to engage with newly diagnosed patients with diabetes to provide them with resources to help them understand and manage their condition.
- The practice took part in the local CCG initiative 'MyGP' App that allowed patients to use the app to manage their appointments and upload blood pressure readings.

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.
- Staff offered all parents or guardians calling with concerns about a child under the age of 18 years a same day appointment when necessary.
- The staff promoted smoking cessation for antenatal patients.

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

- Staff had identified the needs of this population group and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice referred patients to the social prescribing scheme (This service helped people with employment, training, housing, and financial difficulties.)
- As a member of the GP federation, all the patients had access to pre-bookable weekday evening appointments from 6.30pm to 9.30pm and weekend appointments on a Saturday and Sunday from 8am to 8pm.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice enabled homeless patients to register at the practice. They were encouraged to provide an address of a family member or friend, however if this was not possible, the practice address was used.

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 staff encouraged patients to contact a self-referral service for counselling (IAPT Improving access to psychological therapies) operated by the local CCG.

Timely access to the service

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 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 local and national averages. This was supported observations on

the day of inspection, talking with 13 patients and the CQC patient comment cards completed. Three hundred and sixty four surveys were sent out and 111 were returned. This represented about 1.9% of the practice population.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 80%.
- 68% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of 58% and the national average of 71%.
- 70% of patients who responded 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 68% and the national average of 76%.
- 75% of patients who responded said their last appointment was convenient, compared with the CCG average of 73% and the national average of 71%.
- 67% of patients who responded described their experience of making an appointment as good, compared with the CCG average of 68% and the national average of 73%.
- 69% of patients who responded said they don't normally have to wait too long to be seen, compared with the CCG average of 47% and the national average of 48%.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seventeen complaints were received in the last year. Patients had made nine complaints about the staff's attitude, the practice had responded to this by reviewing how they communicate with the patients and how to provide better information. We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way. The practice held a detailed log of the complaints

Are services responsive to people's needs? (for example, to feedback?)

- 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 manager explained that following a complaint regarding staff attitude, the staff had discussed how the staff could improve the patient's perception of service.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing a well-service because:

Staff had clear roles and responsibilities to support good governance and management. However, we found the provider had failed to act fully and meet the requirements made at the previous inspection on the 21 October 2015. In addition, we did not see any evidence that the practice had a audit system in place to improve the quality of patient care when issues were identified within the practice.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They 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.

Vision and strategy

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

- There was a clear vision and set of values. The practice staff described it as a 'family practice'.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They described them as offering a kind and responsive service
- 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.

Culture

The practice had a culture of 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.
- 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The nurse was considered a valued member of the practice team.
- 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

- Although the staff had clear roles and responsibilities to support good governance and management we found the provider had failed to act fully and meet the requirements made at the previous inspection on the 21 October 2015. We found that the practice did not have effective arrangements in place for monitoring risks associated with fire detection at the last inspection. Following this inspection, we issued a requirement notice, which required the registered provider to ensure actions from the fire risk assessments were completed and fire smoke detection alarm systems were fitted to ensure patient and staff safety.

At the January 2018 inspection, we found the provider had not carried out some of the recommendations in the fire risk assessment of August 2014 and had not reviewed the risk assessment to ensure that the decisions not to follow the recommendations made were safe.

Are services well-led?

Requires improvement 

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

- We did not see any evidence that the practice had a audit system in place to improve the quality of patient care when issues were identified within the practice.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established some policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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 MHRA alerts, incidents, and complaints.
- 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 provider had quarterly practice meetings and monthly clinical meetings
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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 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 the service.

- There was an active patient participation group (PPG). A member of the PPG explained that the provider listened to their recommendations and acted upon them. For example, the PPG had suggested texting patients to remind them of their appointments and the practice had implemented this.
- The practice monitored and reviewed the findings of the friends and family questionnaire at practice meetings.
- The practice had a suggestion box in reception so that patients could make their views known.
- However, following the receipt of negative patient feedback in the GP survey the practice had not implemented a detailed action plan.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- 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.
- The staff discussed the need to improve the practice premises to help them meet patients needs.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>This was because:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <p>We found the provider had failed to act and meet the requirements made at the previous inspection on the 21 October 2015. Where we issued a requirement notice, which required the registered provider to ensure actions from the fire risk assessments in August 2014 were completed and a fire smoke detection, alarm system was fitted to ensure patient and staff safety.</p> <p>We did not see any evidence that the practice had a audit system in place to improve the quality of patient care when issues were identified within the practice.</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Enforcement actions

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found you are not ensuring care and treatment is provided in a safe way to patients.</p> <p>This was because we found you had not reviewed the fire risk assessment and had not carried out all of the recommendations set out in the 2014 risk assessment.</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.</p>