

# Albion Health Centre

## Quality Report

333 Whitechapel Road,  
London E1 1BU  
Tel: 020 7456 9820  
Website: [www.albionhealth.nhs.uk](http://www.albionhealth.nhs.uk)

Date of inspection visit: 19 July 2016  
Date of publication: 26/10/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	10
Background to Albion Health 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	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Albion Health Centre on 19 July 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- The practice had a number of policies and procedures to govern activity. However, their children's safeguarding policy did not contain up to date guidance.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, they said waiting times were long.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should improve are:

- Ensure that all staff receive regular appraisals.

# Summary of findings

- Ensure improvements are made to address patient access and waiting times.
- Review systems to ensure policies are up to date with current guidance.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.

**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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found the children safeguarding policy was not up to date with current guidance.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable to others for some aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information for patients about the services was available in easy to read format.
- There were translation services available and many of the reception staff could speak Bengali which was the most spoken language by patients in the practice.
- The practice had identified relatively few carers who might need extra support.

# Summary of findings

## Are services responsive to people's needs?

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

- Results from the national GP survey showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages. For example, 54% of patients said they could get through easily to the practice by phone compared to the CCG average for 67% and the national average of 73%.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they had identified that their prescription services needed improving and were working with the CCG to better manage this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

**Requires improvement**



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active. However, not all staff had had their appraisal in the past 12 months.
- There was governance framework, which supported the delivery of good quality care. However, we found the practice had not carried out a fire risk assessment.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as good for older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

The provider was rated as good for people with long term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 70% of people with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 72% for CCG average and 78% for national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The provider was rated as good for families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice nurse was the lead for children's immunisations in the network and supported other practices to improve their childhood immunisation up take.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The provider was rated as good for working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had been recognised as a 'Young people friendly practice'.
- 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 whose circumstances may make them vulnerable**

The provider was rated as good for people whose circumstances may make them vulnerable.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and however the children's safeguarding policy was not up to date with relevant agency contacts.

**Good**



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

The provider was rated as good for people experiencing poor mental health (including people with dementia).

**Good**



# Summary of findings

- Performance for dementia related indicators was lower than the national average. For example, 64% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 87% for CCG average and 84% for national averages. The practice were able to provide us with unverified data which showed they had achieved 82% of care plans for 2015/16.
- Performance for mental health related indicators was lower than the national average. For example, 67% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 83% for CCG average and 88% for national average. The practice were able to evidence unverified data which showed they were performing at 91% for 2015/16.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff 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 on January 2016. The results showed the practice was performing comparable to or below the local and national averages. Four-hundred and ten survey forms were distributed and 83 were returned. This represented 0.9% of the practice's patient list.

- 54% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 65% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards of which 27 were positive about the standard of care received. Patients said they felt the practice offered a good service and some staff were helpful, caring and treated them with dignity and respect. Two comment cards said they did not feel all the GPs were always caring and five comment cards said that reception staff could be rude and did not always take time to listen to patients properly.

We spoke with three members of the patient participation group (PPG) and three patients during the inspection. All patients said they were satisfied with the care they received but said not all staff were approachable and caring.

## Areas for improvement

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

- Ensure that all staff receive regular appraisals.
- Ensure improvements are made to address patient access and waiting times.
- Review systems to ensure policies are up to date with current guidance.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.

# Albion Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Albion Health Centre

Albion Health Centre is located in Tower Hamlets. The practice is situated inside a grade two listed building by English Heritage, providing GP services to approximately 8,960 patients. Services are provided under a General Medical Services (GMS) contract with NHSE London and are part of the Tower Hamlets Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The practice is staffed by four GP partners and one salaried GP. One of the GP partners was the chair of the Locality Commissioning Group. There are two male GPs and three female GPs. The GPs provide 40 sessions between Monday to Saturday. The practice employs one part time nurse independent prescriber and two part time practice nurses and two part time healthcare assistants. There is one phlebotomist. There are six reception staff, two administrative staff and one practice manager. The practice is an approved teaching practice, supporting undergraduate medical students.

The practice was open between 8.00am and 6.30pm Monday to Friday, with the exception of Thursday when the

practice is closed at 1.00pm. Appointments were from 9.00am to 12.00pm every morning and 3.00pm to 6.00pm daily. Extended hours appointments were offered between 9.00am and 1.00pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The out of hours service was provided by the local Hub, which was available Monday till Friday nights 6.30pm to 8.00am and on the weekends from 6.30pm on Friday till 8.00am on Monday. All the details were available on the practice website.

The practice has a higher than national average population of people aged 20 to 40 years and a lower than average population of people aged 45 to 85 years and over. Approximately 30% of the practice population is between the ages of 20 to 40 years. Approximately 60% of the practice population are of Bangladeshi origin. Life expectancy for males was 73 years, which is lower than the CCG average of 77 years and less than the national average of 79 years. The female life expectancy in the practice is 82 years, which is the same as the CCG average and one year lower than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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.

Albion Health Centre has previously been inspected under the previous inspection method in December 2013 and was found to be non-compliant. The provider was re-inspected in April 2014 and was found to be compliant.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 July 2016. During our visit we:

- Spoke with a range of staff (receptionist, nursing staff, practice manager and GPs) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that a clinician had had a needle stick injury and had failed to follow the needle stick injury policy in a timely way. When it was brought to the management team they did follow the policy however they found it was out of date. As a result we saw that the needle stick injury policy had been updated and posters were in the clinical rooms. We also saw that the policy was discussed at the GP network meeting and with all the staff in the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. The adult's safeguarding policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, we found that the children's safeguarding policy was not up to date and did not have further details of

appropriate contacts. There was a lead member of staff for safeguarding. The GPs attended monthly safeguarding meetings with the health visiting team and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to a minimum of level 2.

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however, this had not been reviewed since 2008 and contained out of date contact details. Staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however; there were no systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of

## Are services safe?

medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster practice which identified local health and safety representatives. On the day of inspection, we did not see evidence of a fire risk assessment. However the practice provided evidence post inspection that the risk assessment had been completed and all other fire safety arrangements were in place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 in place for major incidents such as power failure or building damage. The plan did not have an up to date current staff list and did not have their contact details.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 85.8% of the total number of points available. The practice provided us with unverified data which showed they were achieving 91% of the total points in 2015/16. The practice was not an outlier for exception reporting in any clinical domain. (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).

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 70% of people with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 72% for CCG average and 78% for national average.
- Performance for mental health related indicators was lower than the national average. For example, 67% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 83% for CCG average and 88% for national average. The practice were able to evidence unverified data which showed they were performing at 91% for 2015/16.
- Performance for dementia related indicators was lower than the national average. For example, 64% of patients

diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 87% for CCG average and 84% for national averages. The practice were able to provide us with unverified data which showed they had achieved 82% of care plans for 2015/16.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, 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, a recent audit was carried out on skin lesions in minor surgery. The practice carried out an audit for three months where the doctors did not use a marker pen to indicate the correct site on the skin prior to making the incision into the skin. The results showed that 25% of the excisions made during this period were incomplete. The audit was carried out again over another 3 month period, using a marker pen. Results showed that the method the doctors were using had improved the rate of incomplete excisions to 8.7%. As a result, the doctors and nurses have agreed to continue using a marker pen prior to make excisions and have also planned to re-audit this next year.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, we saw evidence of asthma, spirometry and diabetes updates in the last 12 months.
- 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



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at CCG meetings.

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. All staff had appraisals, however not all had been up dated in the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, 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.
- 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had completed training on Mental Capacity Act.

- 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.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

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

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by 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 screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% and five year olds from 55% to 97%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received 46 patient Care Quality Commission comment cards and 27 we received were positive about the service experienced. Patients said they felt the practice offered a good service and some staff were helpful, caring and treated them with dignity and respect. Two comment cards said they did not feel all the GPs were always caring and five comment cards said that reception staff could be rude and did not always take time to listen to patients properly.

We spoke with three members of the patient participation group (PPG) and three patients. They also told us they were satisfied with the care provided by the practice but said not all staff were approachable and caring.

Results from the national GP patient survey published in January 2016 showed patient satisfaction scores were mixed when compared to local Clinical Commissioning Group and national averages. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.

- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed when compared to the local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Staff told us that they could speak a number of languages, including Bengali, which was one of the main languages spoken by patients at Albion Health Centre.
- Information leaflets were available in easy read format.

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



## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered 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

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was piloting the Resilience project with the support of the CCG. This was a project to identify areas the practice could improve in and the practice identified their prescription processes including repeat prescriptions was an area they needed to manage better. The reception staff told us that there was now two dedicated reception staff that were responsible for all repeat prescriptions from ordering to filling. We were also told that any issues identified with prescriptions were recorded in a log book to be discussed in an update meeting with the CCG to help review their process.

- The practice offered extended hours on Saturdays between 9.00am and 1.00pm, in particular for working patients who could not attend during weekdays.
- There is an extended hour's hub which allows patients to have access to a seven day service across four hubs from 6.00pm to 10.00pm between Monday to Friday and 8.00am to 8.00pm on Saturday and Sunday. Patients can access appointments by calling the practice.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was baby clinic every Wednesday between 1.00pm and 3.00pm. There was an antenatal clinic with the health visitor every Monday and Tuesday by appointment. A Bengali speaking advocate was available on Tuesdays.

- Appointments and prescriptions can be booked and ordered online. The practice has an electronic prescription service (EPS).

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, with the exception of Thursday when the practice is closed at 1.00pm. Appointments were from 9.00am to 12.00pm every morning and 3.00pm to 6.00pm daily. Extended hours appointments were offered between 9.00am and 1.00pm every Saturday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The out of ours service was provided by the local Hub, which was available Monday till Friday nights 6.30pm to 8.00am and on the weekends from 6.30pm on Friday till 8.00am on Monday.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average for 67% and the national average of 73%.
- 60% of patients said they always or almost always see or speak to the GP they preferred compared to the CCG average 70% and the national average of 76%.

The practice was aware of the results and said they were working with the PPG to make improvements. People told us on the day of the inspection that they were not always able to get appointments when they needed them. They told us that they found it difficult to get through to the practice telephones and waiting times at the surgery were long. This supported comments made by patients on the CQC comments card, who stated waiting times for appointments could be over 30 minutes. We did not see evidence from the practice to show action was being taken to improve patient access and to reduce waiting times. People also told us that there were on going issues with repeat prescriptions, including prescriptions not being ready on time, items requested not on the prescription and replaced with items not required. Patients told us that the practice would often say that it was a fault with the EPS

# Are services responsive to people's needs?

(for example, to feedback?)

system. Patient who did use EPS said that they would go to the pharmacy to collect the prescription and would find items missing and would have to come back to the practice to order the prescription again. The practice told us that they were aware of the situation and were working closely with the local pharmacy and CCG to improve the management of prescriptions.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

We looked at 15 complaints received in the last 12 months and we saw there had been 18 complaints submitted to the NHS Complaints team in 2014/15, which were all upheld. We found that the majority of the complaints were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints. For example, we saw that there had been a number of complaints about the long waiting times to see the clinicians. As a result, we were told that the clinicians regularly sent messages to the reception staff to keep them up to date with how late their clinics are running and also the estimated time of delay is written on a whiteboard in the waiting area to indicate to patients what the current waiting time for each GP is. However, on the day of inspection patients told us that this did not resolve the long waiting times they faced. On the day of inspection we did not see evidence of any further action that the practice were taking to reduce waiting times.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which staff told us was discussed in practice meetings. Staff were clear about the vision and their responsibilities in relation to it.
- The practice did not have a supporting business plan to reflect the vision and values.

### Governance arrangements

The practice had a governance framework, which supported the delivery of the strategy and good quality care. However, there were areas in which this could have been improved:

- Practice specific policies were implemented and were available to all staff. However, we found a number of policies did not have up to date information although records showed that they had been reviewed regularly. For example, practice records showed the children's safeguarding policy had been reviewed in January 2015 but we found it contained guidance from 2006 and did not have up to date contact details of safeguarding leads.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had not carried out a fire risk assessment and the infection control protocols were last updated in 2008.
- A comprehensive understanding of the performance of the practice was maintained through practice meetings. Reception staff had responsibility of re-calling patients to attend review appointments and therefore could demonstrate their understanding of QOF and the practice performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff did have records of appraisals, however not all staff had an up dated appraisal in the last 12 months.

### Leadership and culture

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We saw PPG meetings were held quarterly, however attendance was low. The PPG had carried out patient survey during

# Are services well-led?

Good 

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

December 2015 and January 2016 and we saw an action plan had been identified by the practice and the PPG. For example, the practice identified that people were not satisfied with the way repeat prescriptions were processed. We saw the practice had arranged a meeting in May 2016 with the local pharmacy team and the PPG to discuss how they could work together and use the electronic prescription services (EPS) to help improve the ongoing issues with repeat prescriptions. However, patients we spoke to on the day of inspection said they were still waiting longer than 48 hours to receive their repeat prescriptions and that prescriptions continued to have errors on them.

- The practice had gathered feedback from staff through. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and we saw the practice nurse was a lead in the network for helping other practices improve their child immunisations. The practice had also been awarded the accreditation for ensuring healthcare services are young people friendly and won the award for 'Young Person Friendly Practice' October 2012 to October 2015. The practice has reapplied for the accreditation this year and was waiting for further news.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures 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 provider failed to act on feedback from patients on the services provided, in particular around access and waiting times, for the purpose of continually evaluating and improving services.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>