

# Greengate 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?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greengate Medical Centre on 14 March 2016. Overall the practice is rated as requires improvement.

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

- The practice list was at or beyond the capacity of the premises and the waiting room was cramped with patients often queuing outside the door. However, the partners had taken steps to extend the premises.
- Emergency equipment and cleaning schedules were not in place but the practice was clean.
- The practice used information such as patient safety alerts, best practice clinical guidance and completed audits to improve quality and manage risk.
- The practice had a number of policies and procedures to govern activity but there were some gaps in important areas such as infection control, medicines management and elements of staff safety training.
- The practice did not have effective arrangements for receiving and acting on complaints.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had role specific skills, knowledge and experience to deliver effective care and treatment.
- Data from the National GP Patient Survey showed patients rated the practice as comparable for most areas of care except patients' access and practice nurses care.
- Patients said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- There was continuity of care, with urgent appointments available the same day and the practice had facilities to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively 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 must make improvements are:

- Implement effective arrangements for receiving and acting on complaints.
- Ensure appropriate safety training for all staff in accordance with their role including fire safety, infection control and safeguarding.
- Introduce a system for the production of Patient Specific Directions for Health Care Assistants to administer injectable medicines after specific training when a doctor or nurse are on the premises.
- Implement a system to ensure reference and DBS checks for non-clinical staff or an appropriate DBS risk

assessment. (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 areas where the provider should make improvement are:

- Monitor and improve QOF performance for people with mental health problems.
- Implement effective systems to check and maintain emergency medicines and equipment, premises and equipment cleaning and infection control.
- Review systems for managing significant events including the procedure.
- Ensure delivery of premises improvements.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

**Requires improvement**



- There were gaps in training for fire safety, infection control and safeguarding for both clinical and non-clinical staff.
- The practice was clean and tidy but there were no schedules to ensure premises or clinical equipment cleanliness was maintained, or to ensure emergency use equipment and medicines remained fit for use.
- Annual infection control audits had not been undertaken, the most recent was in February 2014 and actions were taken to address improvements identified.
- There was no system for the production of Patient Specific Directions for Health Care Assistants to administer injectable medicines after specific training when a GP or nurse are on the premises.
- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local and national averages.
- 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 with the exception of some safety critical training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice as comparable for most aspects of care. Results for the practice nurses care were lower than local and national averages, but the practice had taken steps to make and evaluate improvements.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- The practice did not have effective arrangements for receiving and acting on complaints.
- The practice premises were small and significantly cramped and patients and staff and patients told us that patients often queued outside the door. However, the partners were taking steps to improve the premises.
- 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. For example, the practice had a relatively high population of working age females and provided a weekly specialist women's health clinic.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.

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 quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure; the practice held regular governance meetings and staff felt supported by management.

Good



# Summary of findings

- The practice had a number of policies and procedures to govern activity but there were some gaps in areas such as complaints management, infection control and elements of staff safety training.
- Emergency equipment and cleaning schedules were not in place but the practice used information such as patient safety alerts, best practice clinical guidance and completed audits to improve quality and manage risk.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 92% which was comparable to 91% within the CCG and 91% nationally.
- The practice identified 160 patients that were at risk of unplanned admission into hospital such as frail elderly patients and all had a care plan in place.
- Arrangements were in place to review these patients following their attendance at accident and emergency or unplanned admission to hospital.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- 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.
- Performance for diabetes related indicators was 99% compared to the CCG average of 87% and the national average of 89%.

**Requires improvement**



# Summary of findings

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 88% compared to CCG and national averages of 84%.

## Families, children and young people

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

- 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, but there were gaps in staff child safeguarding training.
- Immunisation rates for childhood vaccines were comparable to CCG averages and ranged from 81% to 88% for under two year olds (CCG ranged from 82% to 94%), and from 72% to 96% for five year olds (CCG ranged from 82% to 94%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of patients with asthma who had a review in the preceding 12 months was 75% compared to the national average of 84%.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the national average of 82%.
- Appointments were available outside of school hours. There were no baby changing or breast feeding facilities available on the premises but the practice had plans in motion to improve the premises and there was a sign in the reception area to say it was a breastfeeding friendly area.

Requires improvement



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

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

- 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.

Requires improvement





# Summary of findings

- 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.
- Patients aged 40–74 had access to appropriate health assessments and checks that were followed up where abnormalities or risk factors were identified.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability.
- The practice offered longer appointments to patients with a learning disability. 69% of the 16 patients it had identified received an annual health check.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 but there were gaps in safeguarding training. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



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

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

- The practice had identified 16 patients diagnosed with dementia, 85% of whom had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was 75%, which was comparable to the CCG average of 87% and below the national average of 93%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 53% which was

Requires improvement



# Summary of findings

significantly below the CCG average of 84% and the national average of 88%. We asked staff about care planning for people with mental health problems and checked the latest data. The practice was aware of its lower rates for care planning and was on target for health checks for people with mental health problems.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 published in January 2016 showed the practice was not always performing in line with local and national averages. Four hundred and twelve survey forms were distributed and one hundred and one were returned. This represented 1% of the practice's patient list.

- 57% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 67% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).
- 64% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 66%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards and 40 were entirely positive about the standard of care received. Patients said staff were polite and helpful and that they were treated with dignity and respect. Of the remaining three an overlapping theme was waiting either to get through on the telephone or for an appointment.

We spoke with seven patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring but four expressed delays in either getting an appointment or appointments running late.

The practice's friends and family test results showed patients were happy with the care and treatment system and care they received.

## Areas for improvement

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

- Implement effective arrangements for receiving and acting on complaints.
- Ensure appropriate safety training for all staff in accordance with their role including fire safety, infection control and safeguarding.
- Introduce a system for the production of Patient Specific Directions for Health Care Assistants to administer injectable medicines after specific training when a doctor or nurse are on the premises.
- Implement a system to ensure reference and DBS checks for non-clinical staff or an appropriate DBS risk assessment. (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).

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

- Monitor and improve QOF performance for people with mental health problems.
- Implement effective systems to check and maintain emergency medicines and equipment, premises and equipment cleaning and infection control.
- Review systems for managing significant events including the procedure.
- Ensure delivery of premises improvements.

# Greengate 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 a practice manager specialist adviser.

## Background to Greengate Medical Centre

The Greengate Medical Centre is situated at 497 Barking Road, Plaistow, London, E13 8PS within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 7,300 patients under a Personal Medical Services (PMS) contract, it has a car park and the nearest London Underground station is Plaistow on the District and Hammersmith and City Lines.

The practice provides a full range of enhanced services including diabetes management, extended hours, and minor surgery. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The staff team at the practice includes two GP partners (both male, one working six to eight sessions and the other working nine sessions per week), two salaried GPs (both female working six sessions per week) and one regular male locum GP working six sessions per week, a female practice nurse working 24 hours per week, a female part time health care assistant working twelve hours per week, a practice manager, and a team of reception and administrative staff.

The practice is located over two floors within a converted residential property. The practice opening hours are between 8.30am to 7.00pm every weekday. Appointments are available all day from 8.30am to 6.30pm and include home visits, telephone consultations and online bookable appointments. Urgent appointments are available for patients who need them. On the day of inspection some online appointments were available the next day. The practice provides an on-site extended hour's service from 6.30pm to 9.00pm on Mondays, from 7.00pm to 9.00pm on Fridays, and from 9.00am to 1.00pm on Saturdays. Further (off-site) extended hours are provided through a network of local practices every weekday from 6.30pm to 9.00pm. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The practice is located in one of the most deprived areas in England. The area has a higher percentage than national average of people whose working status is unemployed (13% compared to 5% nationally), and a lower percentage of people over 65 years of age (7% compared to 17% nationally). The average male and female life expectancy for the practice was comparable to Newham CCG and national averages for males (79 years at the practice, 77 years CCG average and 79 years nationally) and females (83 years at the practice, 82 years CCG average and 83 years nationally).

We had inspected the provider in response to concerns on 27 February 2014 under the previous regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The provider was found to be in breach of Regulation 10 (Assessing and monitoring the quality of service provision), and of Regulation 17

# Detailed findings

(Respecting and involving people who use services), and Regulation 18 (Consent to care and treatment). The previous report can be found at the following link <https://www.cqc.org.uk/location/1-544144429>

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 March 2016.

During our visit we:

- Spoke with a range of staff (GP partners, salaried GPs, practice nurse, trainee healthcare assistant, practice manager, and administrative and reception staff) 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and we saw this was the case, but there was no standard recording form available.
- There was a significant events policy and procedure but it did not include timescales for action.
- The practice carried out a prompt and thorough analysis of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, after a patients laboratory test sample label had been duplicated on two samples, all samples of the same type taken on that day were checked. The provider found that two patients' results had potentially been confused. It contacted all three patients that had the particular test that day as a precaution to apologise and request they attend for a repeat. The error was discussed at a practice meeting team and it was agreed staff must fill in all forms and labels in the presence of the patient to check details with outcomes to be reviewed at the next meeting. We checked practice meeting notes and found they were comprehensive and referenced where actions required were completed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

Most practice systems were defined and embedded systems, with processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Most arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff, but there were gaps in staff training. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's

welfare. There was a lead GP for safeguarding both adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all had received training relevant to their role. For example, four GPs had no safeguarding training for adults or children, remaining GPs including the safeguarding lead and the practice nurse were appropriately trained to level 3. Non-clinical staff were trained in safeguarding adults but most had not received safeguarding children training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).
- We observed the premises to be clean and tidy but the cleaning log had not been implemented except for the minor surgery room, kitchen and patients privacy curtains. There was no continuous single flooring in one of the clinical rooms where bloods were taken, there was also no clinical equipment cleaning schedule. The spirometer mouthpiece and other medical equipment were sterile, single use and disposable (a spirometer is an instrument for measuring the air capacity of the lungs). The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but it was not reviewed or dated and most staff had not received up to date training (both clinical and non-clinical). Infection control audits were not undertaken annually, the most recent was in February 2014 but we saw evidence actions were taken to address improvements identified as a result.
- Most arrangements for managing medicines such as emergency drugs and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and

# Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions were not in place to allow Health Care Assistants safe administration of injectable medicines such as vitamin B12 or vaccines (after specific training when a GP or nurse were on the premises).

- We reviewed four personnel files and found appropriate recruitment checks had generally been undertaken prior to employment, but there were no references or DBS checks undertaken for non-clinical staff, and the associated risk had not been assessed. Chaperones were DBS checked. Required checks had otherwise been undertaken such as proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- Some procedures were in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff were knowledgeable on fire safety and a full evacuation had been practiced in December 2015, but most staff had no fire safety training including the fire safety lead. 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 that 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.
- Most staff received annual basic life support training, and others had been trained within the last three years. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult's masks and pads available, both were in working order but neither had been checked to ensure they remained fit for use. There were no children's oxygen masks or defibrillator pads; however, the practice sent us evidence it had obtained both immediately after inspection. 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. There was no system to check emergency medicines, with the exception of adrenaline that was checked every three months. Adrenaline can be used in the event of anaphylactic shock (severe allergic reaction) or cardiac arrest (when the heart stops beating). However, the practice held an appropriate range of emergency medicines that were appropriately stored and in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 8% exception reporting. (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 1 April 2014 to 31 March 2015 showed the practice was an outlier for:

- The ratio of reported versus expected prevalence for Coronary Heart Disease was 0.28 which was lower than the national average of 0.71. However, the practice was aware of its lower prevalence rates and was in the process of checking codes used for patients in GP records were accurate. It was performing spirometry on asthma patients and smokers with a history of recurrent chest infection. (Spirometry is test used to assess how well your lungs work by measuring how much air you inhale, how much you exhale and how quickly you exhale). We also checked local data for the period 1 April 2015 to 31 March 2016 and saw that the practice had reviewed 195 patients with asthma in the last twelve months which was 72% of patients with asthma and above the 70% target.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 53% which was lower than the CCG average of 84%, and the national average of 88%.

We checked patient record and data held at the practice for the period 1 April 2015 to 31 March 2016 and found 39% of patients had an agreed care plan in place. We asked staff about care planning and care for people with mental health problems and they provided us with data for the period 1 April 2015 to 31 March 2016 that indicated relevant health checks had been undertaken and the practice was above or near target; such as 88% for blood pressure testing and 94% for cervical cytology (smear) testing. Both targets were 90%

The practice was not an outlier for any other QOF performance measures.

Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was 99% compared to the CCG average of 87% and the national average of 89%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 88% compared to CCG and national averages of 84%.
- Performance for mental health related indicators was 75%, which was similar to the CCG average of 87% and below the national average of 93%.

### Clinical audits demonstrated quality monitoring and improvement.

- There had been six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. Information about patients' outcomes was used to make improvements. For example, the practice had conducted an audit to review circumcision procedures including consent, and preparation, after care and a patient's satisfaction and feedback survey. Fifty patients were reviewed and 100% were satisfied with all aspects of care with no post procedure complications identified, therefore a second cycle was not required.
- The practice participated in local audits, national benchmarking, and peer review.



# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve by reducing over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance. For example, recent action taken as a result included a two cycle audit to reduce broad spectrum antibiotic use.

### Effective staffing

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

- There was no evidence of staff induction on staff files but staff were knowledgeable in important areas such as fire safety and confidentiality. We saw the practice had a new induction programme that was about to be implemented.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those undertaking minor surgery and reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had mostly accessed appropriate training to meet their learning needs and cover the scope of their work, but there were gaps in fire safety, safeguarding and infection control training. Staff received ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had an appraisal within the last 12 months.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients at high risk of unplanned admission to hospital. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

## Are services effective?

(for example, treatment is effective)

test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Immunisation rates for the vaccines given to under two year olds and five year olds were comparable to CCG averages and ranged from 81% to 88% (CCG ranged from 82% to 94%) for under two year olds; and ranged from 72% to 96% (CCG ranged from 82% to 94%) for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.

Forty of the 43 patient Care Quality Commission comment cards we received were entirely positive about the service experienced. Of the remaining three an overlapping theme was waiting either to get through on the telephone or for an appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect by the GPs, however satisfaction scores for nurses were below local and national averages.

For example:

- 78% said the GP was good at listening to them, compared to the CCG average of 83% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 79%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).

- 68% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).
- 15% said the last nurse they spoke to was poor or very poor treating them with care and concern (CCG average 6%, national average 2%).
- 70% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

We asked staff about lower GP patient survey scores for practice nurses and they had conducted a patient's satisfaction survey between January and February 2016 and received 58 patient responses. The practice analysed results for patients experience of nurses care that showed 80% of patients said the care experienced was excellent, good or very good, 16% said it was fair and 4% said it was poor. They also analysed results for health care assistants that showed 84% of patients said the care experienced was excellent, good or very good, 14% said it was fair and 2% said it was poor. We also saw that staff attitude and approach had been discussed at relevant meetings.

### 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were comparable with local and national averages for GPs and lower nurses. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 61% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average of 85%).

## Are services caring?

- 12% said the last nurse they saw was poor or very poor at involving them in decisions (CCG average 6%, national average of 3%).

The practice's January and February 2016 survey indicated that patient's experience of practice nurses care had improved and was generally positive.

Staff told us that translation services were available for patients who did not have English as a first language and saw notices in the reception areas informing patients this service was available. Staff spoke 15 different languages between them.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 of the practice list as carers, which is 1% of the patient population. 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. 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. For example, the practice had a relatively high population of working age females and provided a weekly specialist women's health clinic.

The practice premises were small and the waiting room was significantly cramped, some of the chairs in the reception area were torn. Patients and staff told us that patients often queued outside the door. However, the partners were aware and had secured funding and sought planning permission to extend the premises. We saw records of the planning permission application and confirmation of funding for the project that was undergoing a feasibility test.

- The practice offered extended hours from 6.30pm to 9.00pm on Mondays, from 7.00pm to 9.00pm on Fridays, and from 9.00am to 1.00pm on Saturdays for working patients who could not attend during normal opening hours. Further (off-site) extended hours were provided through a network of local practices every weekday from 6.30pm to 9.00pm.
- 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 vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was planning to improve access by extending the premises.

### Access to the service

The practice core opening hours were between 8.00am to 6.30pm every weekday except Mondays and Tuesdays when the doors closed for lunch between 1.00pm to

2.00pm but the telephone lines remained open. Appointments were available all day from 8.30am to 6.30pm except on Mondays and Tuesdays during lunchtime. Appointments included home visits, telephone consultations and online bookable appointments. Urgent appointments were available for patients who needed them. On the day of inspection some online appointments were available the next day. The practice provided an onsite extended hour's service from 6.30pm to 9.00pm on Mondays and Thursdays, and from 9.00am to 1.00pm on Saturdays. Further (off-site) extended hours were provided through a network of local practices every weekday from 6.30pm to 9.00pm. Patients telephoning when the practice was closed were transferred automatically to the local out-of-hours service provider.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 57% of patients said they could get through easily to the surgery by phone which was comparable to the CCG average of 61% and below the national average of 73%.
- 44% of patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

We asked staff about the lower score for patient's access via the telephone. A new telephone system had been installed that informed patients of a queuing system and staff told us performance was monitored monthly.

The practice had conducted a patient's satisfaction survey during January and February 2016 and received 58 patients' responses. Results indicated 66% of patient's experience of getting through on the telephone was excellent, very good or good, 25% said it was fair and 9% said it was poor.

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

### Listening and learning from concerns and complaints

The practice system for handling complaints and concerns was not always effective.

# Are services responsive to people's needs?

(for example, to feedback?)

- The practice was in the process of reviewing its complaints policy and procedure, for example to include timescales for response.
- There was a designated manager who handled all complaints in the practice.
- There was a small complaints poster in the reception area and complaints recording sheet to help patients understand the complaints system.

We looked at 13 complaints received in the last 12 months, two in detail and one had not been acknowledged for six

days, remained unresolved since February and had been escalated. The other showed the patient was contacted and a message left to requesting they contact the practice, but there was no response to the complainant's letter and the complaint had lapsed for three months. Subsequent records showed the patient remained unhappy and the complaint remained unresolved. There was no system to review or analyse complaints trends or action taken as a result to improve the quality of care.

# 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 and staff knew and understood the values.
- The practice had a strategy and supporting business that were monitored and reflected the vision and values.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were generally implemented and were available to all staff, but policies and procedures such as complaints needed improvement and staff induction had not been implemented.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were generally effective but there were gaps in safety critical areas such as staff training, infection control and required Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse are on the premises.

### Leadership and culture

On the day of inspection the partners in the practice 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 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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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 and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and surveys. There was a PPG which had only met annually but submitted proposals for improvements to the practice management team. For example, the practice had arranged longer appointments for patients with diabetes to allow more time to complete the checks. It also changed the process to speed up processing of urgent prescriptions.
- The practice had gathered feedback from staff through staff meetings, appraisals and generally through day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and that their ideas are fully taken into account at practice meetings. Staff told us they felt involved and engaged to improve how the practice was run.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured staff infection control, fire safety and safeguarding training in accordance with their role.</p> <p>The provider did not have a system for production of Patient Specific Directions for Health Care Assistants to administer injectable medicines after specific training when a doctor or nurse are on the premises.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not have an effective system in place for handling and responding to complaints and concerns.</p> <p>This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>