Springfield GP Led Health 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	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Springfield GP Led Health Centre on 2 November 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 with the exception of a DBS check for one clinician, infection control, safe management of refrigerated medicines, and prevention of legionella.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 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 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:

Summary of findings

- Implement systems to effectively manage safety and mitigate risks such as legionella, infection control, and safe management of refrigerated medicines.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Implement arrangements to ensure emergency equipment remains fit for use.

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?

Requires improvement

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

- 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. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example infection control, legionella, and the cold chain for safe management of refrigerated medicines.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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, it had identified it had a relatively high population of working age women and offered a full range of contraceptive services delivered by female clinicians such as coils fitting and removal.
- 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 had facilities to treat patients and meet their needs and was about to move into new premises late 2016 or early 2017.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice did not have a website but offered online appointment booking and prescription requests through the online national patient access system.
- The practice held an immunisations clinic on Sundays to meet the needs of its Jewish patients.

Are services well-led?

Good

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

- The practice had a clear 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 practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care but some systems and processes were not implemented well enough to ensure patients were kept safe.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

The practice is rated as good for the care of 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.
- The percentage of patients with atrial fibrillation with a CHADS2 score receiving anticoagulation or antiplatelet therapy was 100% compared to 98% nationally. (CHADS2 is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation, a common heart condition).

People with long term conditions

Good

The practice is rated as good for the care of 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 national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 98% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 89%, which is similar to national average of 84%.
- A specialist diabetes nurse from the local hospital ran a diabetes care clinic weekly at the practice.
- 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.

Summary of findings

Families, children and young people

Good

- 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.
- 80% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was compared to 75% nationally.
- Childhood immunisation rates were comparable to national averages and ranged from 77% to 85% (ranged from 88% to 95% nationally) for under two year olds; and from 72% to 92% (ranged from 81% to 95% nationally) for five year olds.
- 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 81%, which was comparable to the CCG average of 82% 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 and health visitors.
- The practice was taking part in a national "Family Action" innovation to provide support to socially isolated and deprived families and hosted a "First Steps" Psychology clinic for children and young people aged 0-18 on its register and their families.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of 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 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.
- The practice did not have a website but offered online appointment booking and prescription requests through the online national patient access system.

Summary of findings

- The practice offered 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.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and 85% of these patients had received an annual health check in 2015 – 2016.
- 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 how to contact relevant agencies in normal working hours and out of hours.
- GPs held a list of the most vulnerable patients on its register as part of a local enhanced “One Hackney” multidisciplinary integrated care service. GPs visited these patients four times per year to provide them with proactive medical care and support.

People experiencing poor mental health (including people with dementia)

Good

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to national average of 84%.
- The practice had identified 83 patients on its register with a mental health condition, 88% of these patients had received an annual health check in the last 12 months.
- 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.

Summary of findings

- 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.
- The practice hosted a “First Steps” Psychology clinic, for children and young people aged 0-18 on its register and their families.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. Three hundred and seventy two forms were distributed and 112 were returned. This represented 2% of the practice's patient list.

- 82% found it easy to get through to this surgery by phone which was comparable to the national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.
- 85% said they would recommend their GP surgery to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, 24 were entirely positive about the standard of care received and the remaining card contained mixed feedback. Patients expressed they had been treated professionally and with compassion.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice friends and family test results published October 2016 showed patients satisfaction score showed 84% of patients said they would recommend the surgery.

Areas for improvement

Action the service MUST take to improve

- Implement systems to effectively manage safety and mitigate risks such as legionella, infection control, and safe management of refrigerated medicines.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service SHOULD take to improve

- Implement arrangements to ensure emergency equipment remains fit for use.

Springfield GP Led Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Springfield GP Led Health Centre

The Springfield GP Led Health Centre is situated within the NHS City and Hackney Clinical Commissioning Group (CCG). The practice provides services under an under an Alternative Provider Medical Services (APMS) contract to approximately 7,500 patients. APMS contracts are provided under Directions of the Secretary of State for Health and provide the opportunity for locally negotiated contracts and allow Primary Care Organisations (PCOs) to contract with non-NHS bodies, such as voluntary or commercial sector providers.

The practice provides a full range of enhanced services including minor surgery, child and travel vaccines, and family planning including coil fitting. 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 practice is located within a converted residential property and has three floors with all clinical treatment rooms on the ground floor. The practice had experienced delays in securing premises improvements, particularly over the last two years due to funding that was granted not being transferred and a move to a new premises being delayed.

The staff team at the practice includes two female GP partners, (one working six sessions per week and the other not doing sessions but overseeing the practice), six salaried GPs (one male working two sessions and five female working a total of 27 sessions per week, one was on leave and being covered by a female locum GP), two full time female practice nurses (one working 37.5 hours and the other 12 hours per week), a female health care assistant working 27 hours per week, two full time practice managers, and a team of reception and administrative staff working a mixture of full time and part time hours.

The practices opening hours are between 8:00am to 8.00pm every weekday and 10.00am to 6.00pm on Saturday and Sunday, it closes for lunch between 1.00pm and 2.00pm daily but the phone lines remain open for urgent calls. GP appointments are available from 8.00am to 8.00pm every weekday and from 8.00am to 1.00pm and 2.00pm to 6.00pm on Saturdays and Sunday. Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them. The practice does not formally provide an extended hour's service because it is already open for extended hours under its APMS contract. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one

represents the highest levels of deprivation and level ten the lowest. The practice area has a lower percentage of people over 65 years of age (4% compared to 17% nationally). The average male and female life expectancy for the practice is 79 years for males (compared to 78 years within the Clinical Commissioning Group and 79 years nationally), and 84 years for females (compared to 82 years within the Clinical Commissioning Group and 83 years nationally). Locally held demographic data showed 28% were Orthodox Jewish, 25% Asian: Indian, Bengali, Pakistani (most Gujarati speaking), 18% of mixed race, 7% African, 6% Eastern European, 6% Spanish and Portuguese speaking and 10% from other ethnic minority groups.

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 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.

The provider had not been inspected previously.

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 2 November 2016.

During our visit we:

- Spoke with a range of staff (GP partners, a salaried GP, a practice nurse, practice manager, health care assistant, and reception and administrative 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.

Requires improvement

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 that 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, after a patient with a specific symptom had attended the practice and a prompt referral in specific circumstances had been made. It was a rare case and the practice identified its safety netting had been very good. Practice staff met to discuss the event, raise clinician's awareness and highlight what went well to further embed prompt referrals for any patients presenting with these specific symptoms.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse but other arrangements for safety had gaps:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible 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 and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1.
- There was no notice in the waiting room advising patients that chaperones were available if required but there were notices in all the treatment rooms and the practice printed off notices for the waiting room on the day of inspection. 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 generally 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 worked jointly with the practice manager to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit was undertaken in July 2014 and several actions had not been completed to address improvements identified, such as replacing sinks and taps, and removing wallpaper and painting walls in clinical rooms with washable paint. There were some toys in the reception area but staff were not able to tell us the last time they were cleaned. Staff told us clinical equipment was cleaned before and after use and it was visibly clean but there was no documentary evidence of equipment cleaning. However, we found the practice had been repeatedly notified it had either gained funding for premises improvements or new premises were secured for it to move into but had experienced on going delays. The practice was due to move to new temporary premises in December 2016 and had contacted its landlord to make improvements in the interim but this had not occurred. Immediately after inspection the practice sent us evidence its clinical and

management staff had carried out a comprehensive infection control audit that included identification of risks with timescales actions and delegated responsible staff to complete actions.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found eight influenza vaccines that were frozen into the back of a medicines refrigerator. We brought this to the attention of the practice manager who immediately quarantined the vaccines, called the manufacturer, established the vaccines were unfit for use and disposed of them. We checked the remaining three medicines refrigerators in the practice and found the temperature readings on the two thermometers for each refrigerator did not tally, and the second thermometer reading had not been checked or recorded. The practice immediately stopped the administration of all refrigerated medicines, quarantined them, and contacted the manufacturers for advice and NHS England for notification purposes; they also contacted Public Health England (PHE). The practice instigated an investigation under their significant events protocol to better understand the incident and improve arrangements for storing refrigerated medicines. We spoke with staff responsible for administering vaccines to establish what they would do on finding a vaccine temperature out of range/ frozen and they were clear they would not use the vaccines and were able to explain appropriate actions they would take to ensure patients safety. Immediately after inspection the practice sent us its significant events analysis for the refrigerated medicines incident which was thorough and showed appropriate actions were taken to prevent recurrence.
- 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 and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) 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 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 (PSD) from a prescriber. A PSD is a written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed personnel files and found appropriate recruitment checks had mostly 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. However, there was no evidence of a DBS check for a health care assistant. We asked the management team about this and they showed us evidence the check was applied for in March 2015 but had been returned due to an incomplete application that had not been followed up. Several staff DBS checks were over three years old including clinicians and the practice was in the process of implementing a system to ensure checks were repeated. Immediately after inspection the practice sent us evidence it had applied for a DBS check for the health care assistant.

Monitoring risks to patients

Risks to patients were assessed and well managed with the exception of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 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. 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, but a legionella risk assessment or evidence of water safety testing was not available. We saw evidence the practice had requested relevant legionella safety information from their

landlord and that documentation the practice was provided with was contradictory and incomplete. Immediately after inspection the practice sent us evidence an external contractor had undertaken a legionella premises check and relevant water sample analysis and was awaiting the results.

- 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 that were in working order with adult and children's masks. Staff told us this emergency equipment was checked daily but there was no evidence to show systems were in place to ensure it remained fit for use. 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 included emergency contact numbers for staff.

Good

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.
- The practice monitored that these guidelines were followed through audits.

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 100% of the total number of points available, with 10% 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 QOF clinical target:

- The ratio of reported versus expected prevalence for Chronic Heart Disease (CHD) and Chronic Obstructive Pulmonary Disease (COPD). However, staff told this was due to the practice having a relatively young population and provided data evidence from 2015 showing its prevalence rates were higher than within the CCG (1.1% for COPD compared to 0.9% within the CCG, and 2.9% for CHD compared to 2% within the CCG).

The practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2014 - 2015 showed:

- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 98% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 89%, which is similar to national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 85% compared with a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 19 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice undertook an audit to ensure prescribing of medicines used to control blood sugar level for people with diabetes was in line with NICE best practice guidelines. In the first audit cycle the practice analysed prescribing for 12 patients with diabetes for one element of best practice guidance and found 90% were in line and this was better than the CCG average of 76%. The practice took steps to raise GP awareness and implementation of NICE guidelines and in the second cycle, 100% of the 12 patients with diabetes prescribing was in line with the same element of this guidance, which represented a 10% improvement.
- The practice participated in local audits, national benchmarking and peer review and research. Findings were used by the practice to reduce over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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.
- 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 access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% 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 ensuring 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 were comparable to national averages and ranged from 77% to 85% (ranged from 88% to 95% nationally) for under two year olds; and from 72% to 92% (ranged from 81% to 95% nationally) for five year olds.

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

Good

Are services effective?

(for example, treatment is effective)

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.

Good

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.

Twenty four of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced, and the remaining card contained mixed feedback. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We received feedback from one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said the practice was open and honest. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the national average of 89%.
- 90% said the GP gave them enough time compared to the national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% said they found the receptionists at the practice helpful compared to 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 comparable to local and national averages. For example:

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

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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.

Good

Are services caring?

The practice had identified 236 patients as carers (3% of the practice list) and the practice offered influenza immunisations to carers and 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 letter of condolence or 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.

Good

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, it had identified it had a relatively high population of working age women and offered a full range of contraceptive services delivered by female clinicians such as coils fitting and removal.

- The practice does not formally provide an extended hours service because it was already open for extended hours under its APMS contract for working patients who could not attend during normal opening hours.
- The practice had 33 patients on the register with a learning disability, 67% of these patients had received an annual health check in the last 12 months.
- 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 as well as those only available privately.
- There were interpreter services available but there was no disabled toilet or hearing loop. Staff told us these facilities would be available in the new premises and we saw evidence that both Makaton and British Sign Language (BSL) interpreters was available through the interpreting service. Staff also explained they had been able to communicate with deaf or hard of hearing patients by using clear facial expressions and speech, using written communication or a private room where they could speak more loudly in private.
- The practice was not planning to install a lift because all the clinical treatment rooms were on the ground floor and it was due to move to new premises.
- The practice held an immunisations clinic on Sundays to meet the needs of its Jewish patients.
- The practice hosted a "First Steps" Psychology clinic, for children and young people aged 0-18 on its register and their families.

Access to the service

The practices opening hours were between 8:00am to 8.00pm every weekday and 10.00am to 6.00pm on Saturday and Sunday, it closed for lunch between 1.00pm and 2.00pm daily but the phone lines remained open for urgent calls. GP appointments were available from 8.00am to 8.00pm every weekday and from 8.00am to 1.00pm and 2.00pm to 6.00pm on Saturday and Sunday. Appointments included home visits, telephone consultations and online pre-bookable appointments. Urgent appointments were available for patients who needed them. 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 comparable to local and national averages.

- 94% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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 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 manager who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a complaints poster in the reception area.

We looked at examples of verbal complaints and two written complaints received in the last 12 months and found these were dealt with satisfactorily in a timely way and with openness when dealing with the complaint. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice contacted a patient who was unhappy about the way their test results were managed, it apologised to the patient and the complaint was

Good

Are services responsive to people's needs?

(for example, to feedback?)

investigated and a significant events process was completed. Meetings were held with relevant staff and the practice created a new work flow chart and changed its systems to prevent recurrence.

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, it was not displayed in the waiting areas but staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good 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 available to all staff and implemented with the exception of the cold chain policy for refrigerated medicines.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Most arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place with the exception of a DBS check for one member of clinical staff not being carried out, legionella, safe management of refrigerated medicines, and actions outstanding from the infection control audit due to delays in the practice moving premises.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. 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 held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held.
- 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 through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. The practice used patients' feedback to make improvements. For example, it had undertaken its own survey and used results to improve cleaning and patient's online access.
- The practice had gathered feedback from staff through staff social events and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and us they

Are services well-led?

Good

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

felt involved and engaged to improve how the practice was run. For example, the practice adopted a PGD for patient's receiving Meningitis ACWY vaccines following a staff suggestion to replace the system of individual prescriptions being issued to patients which had been less convenient for them.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had appointed a pharmacist as part of an NHS England pilot programme to improve arrangements for patient's medicines reviews. The practice was also part of a "One Hackney" pilot scheme to provide more co-ordinated and joined up local multidisciplinary services for vulnerable patients.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate infection control including clinical equipment cleaning, or legionella risks to the health and safety of service users. Arrangements were not in place to assure the safe management of medicines such as refrigerated medicines. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider had failed to maintain all the information required in respect of persons employed or appointed for the purposes of a regulated activity. This was in breach of Regulation 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.