

# Brunswick 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?

Requires improvement



Are services responsive to people's needs?

Good



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 on 22 November 2016. Overall the practice is rated as requires improvement.

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

- The practice had systems for reporting and recording significant events, and for processing patient safety alerts. However, there was insufficient evidence that all incidents were recognised and treated as significant adverse events, with appropriate reflection and learning.
- Patient Group Directions, allowing nurses to administer medicines in line with legislation, had not been signed, authorised and validated by an appropriate person within the practice.
- The practice made significant use of locum GPs and this had a negative impact on continuity of care and possibly on patients' perception of consultations with

GPs. Results from the GP patient survey were below average for this aspect of care. Results of the provider's own ongoing patient survey indicated that patient satisfaction was improving.

- 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.
- Current data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages.
- Patients told us that access to the service was usually good, although there were sometimes delays getting routine appointments. Patients were positive in their response regarding the availability of urgent appointments.
- Information about how to complain was available and easy to understand. Comments and complaints were analysed and improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- 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 was aware of and complied with the requirements of the duty of candour.

However, there were areas of practice where improvements are required.

The practice must: -

- Ensure that all safety and other significant incidents are recognised and treated as significant adverse events, with appropriate investigation and reflection, and learning from the events being disseminated to all staff.
- Ensure that Patient Group Directions, allowing nurses to administer medicines in line with legislation, are signed, authorised and validated by an appropriate person within the practice.

In addition, the practice should: -

- Continue with efforts to improve continuity of care and patients' satisfaction with GP consultations.
- Continue with plans to review the provider's governance policies to cover local issues and implement them fully at the practice.
- Take steps to increase the frequency of patient participation group (PPG) meetings. It should encourage more participation from younger patients who are not well-represented on the PPG, despite making up a significant proportion of the patient list.

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.

**Requires improvement**



- The practice had systems for reporting and recording significant events, and for processing patient safety alerts. However, there was insufficient evidence that all incidents were recognised and treated as significant adverse events, with appropriate reflection and learning. The practice had introduced changes to improve the systems for reporting and recording significant events and processing patient safety alerts following our inspection.
- Patient Group Directions, allowing nurses to administer medicines in line with legislation, had not been signed, authorised and validated by an appropriate person within the practice.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Current data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits relating to relevant health issues were used to monitor quality and to make improvements.
- 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.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

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

- The practice made significant use of locum GPs and this had a negative impact on continuity of care and possibly on patients' perception of their consultations with GPs.
- Data from the national GP patient survey showed the practice was significantly below averages in respect of some aspects of care. The practice had an action plan to address the issues, but staff recognised work remained to be done on improving continuity of care and patients' satisfaction with GP consultations. We noted that the provider's own more recent and larger survey had shown more positive results.
- Patients told us 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 maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Morning and evening appointments were available for patients unable to attend during normal working hours. The practice opened on Saturday mornings for pre-booked appointments
- The practice proactively sought feedback from patients, which it acted upon. Suggestions made by patients and the patient participation group had been implemented by the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Good**



## Are services well-led?

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

**Good**



# Summary of findings

- The practice had vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider had various policies and procedures to govern activity, although not all were tailored for local use and were in need of review.
- The practice was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty.
- Staff members felt supported by management and were positive regarding their involvement in decision making.
- There was a focus on continuous learning and improvement at all levels.
- The practice engaged well with the patient participation group, but meetings were not frequent and the makeup of the group was not representative of the patients as a whole.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement in the key questions of safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group, 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 made provision for urgent appointments for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 105 patients currently on the register, all of whom had up to date care plans.
- Records showed that 385 patients, being 77% of those who were prescribed four or more medications, had had a structured annual review since April 2016.
- Data showed that 68 patients identified as being at risk of developing dementia had received a cognition test or memory assessment.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement in the key questions of safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group, people with long-term conditions.

- The practice's performance relating to diabetes care was above local and national averages.
- The practice maintained a register of 256 patients with diabetes, of whom 212 83% had received an annual foot check and an annual retinal check.
- Data showed that of 34 (85%) of 40 patients on the heart failure register had had an annual medicines review.
- Current data showed the practice's performance relating to patients with atrial fibrillation, hypertension, and chronic obstructive pulmonary disease and asthma was slightly above with the national average.
- Patients had longer appointments of 30 minutes each, and home visits by GPs were available when needed.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement in the key questions of safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group, families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Data showed that 10 children had attended A&E and all had been followed up.
- Take up rates for standard childhood immunisations were below average for 2 year olds; above average for 5 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children aged under- 5 were seen on the day.

Requires improvement



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

The practice is rated as requires improvement in the key questions of safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group, working-age people (including those recently retired and students).

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Morning and evening appointments with both GPs and nurses were available for those patients who could not attend during normal working hours.
- The practice's uptake for the cervical screening programme was comparable with the national average.
- Data showed that 1,507 patients aged over-16 (96% of those eligible) had undergone blood pressure checks in the last five years.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement in the key questions of safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group, people whose circumstances may make them vulnerable.

Requires improvement





# Summary of findings

- The practice maintained a learning disability register of 12 patients, of whom 11 had received an annual follow and had had their care plans reviewed, in the half year since April 2016.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Homeless patients could register with the practice's address to access healthcare and welfare services.
- 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.

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

The practice is rated as requires improvement in the key questions of safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group, people experiencing poor mental health (including people with dementia).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 92%, comparable with the national average of 88%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 86%, being comparable with the national average of 83%.
- Current data showed that 93 (87%) of the 117 patients on the serious mental health register had received an annual physical health check since April 2016.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed online training relating to the Mental Capacity Act.

**Requires improvement**



# Summary of findings

## What people who use the service say

What people who use the practice say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results were mixed, when compared with local and national averages. Three hundred and sixty-eight survey forms were distributed and 81 were returned. This represented roughly 1.2% of the practice's list of approximately 6,700 patients.

- 82% of patients found it easy to get through to this practice by phone, compared to the local average of 76% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 84% and the national average of 85%.
- 60% of patients described the overall experience of this GP practice as good, compared to the local average of 84% and the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 79% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 31 comment cards, most which were positive about the service experienced. However, five of the cards mentioned it was sometimes difficult to get a routine appointment, although one said that the emergency appointment process was good; two referred to delays when waiting to be seen. One patient's card said there had been a delay with a referral to secondary care. Another said that staff need to be more polite and understanding. One card stated that the service was "good and improving".

We spoke with four patients during the inspection, together with a member of the patient participation group. The patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

We saw the most recent data from the Friends and Family Test, which showed that nine of the 11 patients responding (82%) would recommend the practice.

We also saw the results of the provider's own patient survey, which was conducted on a quarterly basis, involving roughly 300 patients. These indicated an overall gradual improvement in patients' satisfaction with the service. Results for August / September / October 2016 showed that 80% of patients described their experience of the service as good.

## Areas for improvement

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

The practice must:

- Ensure that all safety and other significant incidents are recognised and treated as significant adverse events, with appropriate investigation and reflection, and learning from the events being disseminated to all staff.
- Ensure that Patient Group Directions, allowing nurses to administer medicines in line with legislation, are signed, authorised and validated by an appropriate person within the practice.

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

The practice should:

- Continue with efforts to improve continuity of care and patients' satisfaction with GP consultations.
- Continue with plans to review the provider's governance policies to cover local issues and implement them fully at the practice.
- Take steps to increase the frequency of patient participation group (PPG) meetings. It should encourage more participation from younger patients who are not well-represented on the PPG, despite making up a significant proportion of the patient list.

# Brunswick 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 and a practice nurse specialist adviser.

## Background to Brunswick Medical Centre

The Brunswick Medical Centre operates from 39 Brunswick Centre, London WC1N 1AF. The premises are leased by NHS England from a private landlord, located a short distance from Russell Square underground station, and also have good bus services nearby. The service has been provided by the Hurley Clinic Partnership since April 2013. Hurley operates a number of other services across London, Essex and Kent.

The practice provides NHS services through an Alternative Provider Medical Services (APMS) contract to approximately 6,700 patients. The practice is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 35 general practices. The provider is registered with the Care Quality Commission to carry out the following regulated activities - Diagnostic and screening procedures; Maternity and midwifery services; Family planning; Treatment of disease, disorder or injury. The practice is registered with the Care Quality Commission as the Brunswick Place Medical Centre. The patient profile has a lower than average population of children, younger teenage and older patients, aged over-40; with a higher than average student and working age population, aged between 20 and 39 years. The deprivation score for the

practice population is in the fourth “more deprived decile”, indicating a higher than average deprivation level among the patient group. Data indicated that over the past year or so the patient list had increased by almost a thousand.

There are 26 GPs’ clinical sessions per week, each including 18 patient appointments. The practice’s clinical team is made up of a female clinical lead GP, working seven clinical sessions a week; and a recently appointed female salaried GP, working one clinical session. The provider’s Medical Director, a female GP, works two clinical sessions per week at the practice. A long term regular male locum GP works four clinical sessions. The 12 other GP clinical sessions each week are covered by locums from the provider’s bank of staff. The clinical team is completed by a part-time female nurse practitioner, working four clinical sessions; a full time female practice nurse, working eight clinical sessions; and a part time male healthcare assistant, who works two clinical sessions.

The administrative team comprises a practice manager and assistant practice manager, who both work at another practice half a week, but one is on site all the time. There is a reception supervisor and four receptionist / administrators. There is additional management and administrative support available when needed from the provider’s corporate team.

The practice operates between the following times –

Monday 8 am to 8 pm

Tuesday 8 am to 8 pm

Wednesday 8 am to 8 pm

Thursday 8 am to 6.30 pm

Friday 8 am to 6.30 pm

Saturday 9 am to 12 noon

# Detailed findings

Routine appointments are available throughout the day and are 10 minutes long, although patients can book double appointments if they wish to discuss more than one issue. Routine appointments can be booked up to four weeks in advance. The practice also offers a number of same day urgent appointments. Requests for same day appointments are triaged by the duty GP.

Emergency home visits are available for patients who for health reasons are not able to attend the practice. Patients may also request telephone consultations to discuss non-urgent healthcare issues and the provider offers online consultations via a link on the practice website. If they have previously registered for the system, patients can book or cancel appointments and request repeat prescriptions online.

Further evening appointments, at another practice in south Camden, can be booked by Brunswick's reception staff at a patient's request. In addition, a number of Saturday appointments are available under a local scheme operating at three other locations across the borough. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website, together with details of a walk-in clinic, which any patient can attend.

## Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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 practice 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 22 November 2016. During our visit we:

- Spoke with a range of staff including the lead GP, the provider's Medical Director, a locum GP, the practice nurse, practice manager and assistant manager and members of the administrative team. Two members of the provider's corporate management team were also present. We spoke with four patients who used the service, and a member of the patient participation group.
- 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).

## Detailed findings

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

There is limited assurance about safety. Safety concerns are not consistently identified or addressed quickly enough.

### Safe track record and learning

There was a system in place for reporting and recording significant events, but it had not been implemented consistently.

The practice had a protocol for recording incidents and near misses, managing any investigation, analysis and for recording the outcomes. The protocol and reporting form was accessible via a shortcut on staff members' computer screens. Staff we spoke with were familiar with the protocol and reporting form and described how these were used. The lead GP and practice manager led for significant adverse events. We saw several examples of completed records and noted that events were reviewed at weekly clinical meetings, being standing agenda items. However, during the inspection, four incidents were mentioned to us that had not been recognised and treated as significant adverse events.

- The incident management process 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been a total of 11 incidents treated as significant events in 2016. We discussed several of them with staff. In one case, a GP found a referral letter that had not been appropriately actioned by a locum GP. The matter was immediately raised with the lead GP, who arranged an urgent referral. The incident was discussed with the locum GP and the practice's protocol was reviewed. Actions taken by the practice as a consequence included the referral

procedure being made clear to locum GPs during their induction process and staff checking each room at the end of the day to ensure no paperwork was left unprocessed. We saw that another incident, relating to a patient's death had been discussed and reviewed at a practice meeting in June 2016.

However, during the inspection staff told us of four incidents that had not been recorded in the significant adverse events log. These included two cases of patients experiencing anaphylactic reactions, requiring an emergency ambulance. Another involved staff being called upon to deal with a patient in cardiac arrest at nearby premises. The lead GP attended with the practice defibrillator, and carried out cardio-pulmonary resuscitation, administering basic life support. Staff told us the incident had been discussed at a clinical meeting, but there were no documents available to evidence appropriate reflection and learning from the events.

Patient safety alerts, received using the NHS Central Alerting System, and for example relating to particular medications or violent patient alerts were received by the lead GP and the practice manager. The practice manager and assistant collated and maintained records of all alerts received in a hard copy folder. When medications alerts were received, the administrative team ran a search of computer records, to identify which patients had been prescribed the drugs, who were then contacted accordingly. We saw recent evidence of recent alerts, including one issued by the Medicines and Healthcare products Regulatory Agency (MHRA) regarding Managing Diabetes, and a violent patient alert, which had been processed by the practice manager and issued to all clinicians by email. The Camden CCG publicised safety alerts via a regular newsletter to all practices. We saw a recent example of the newsletter, mentioning two alerts, which had been reviewed at a clinical meeting.

We discussed significant adverse events reporting and safety alerts with staff, who agreed to review the two protocols. Shortly afterwards the practice sent us its reviewed and revised procedures. Significant events were defined and some examples of possible incidents were given as guidance to staff. Staff were instructed to report all incidents in accordance with the procedure. The safety



# Are services safe?

alerts procedure clearly set out how alerts would be processed within the practice, with named responsible staff, and that alerts would be discussed at practice meetings, as a standing agenda item.

Subsequent to the inspection, the provider told us that incidents were recorded on a group-wide computer system to allow learning to be disseminated. We were told that one of the incidents we had noted at the inspection had subsequently been discussed at a corporate meeting, with the learning passed on by newsletter to the various locations. However, there was no evidence of this at the time, nor of the other incidents we mentioned being treated as significant events and warranting review. The provider told us that our findings at the inspection had been passed on to locations within the group, highlighting the importance of recording incidents and documenting the learning from them.

## Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The lead GP was the named leads for adult safeguarding and child protection. The adult safeguarding and child protection policies had been reviewed in October 2016. Both were accessible to all staff on the shared drive. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable patients; there were 23 such patients at the time of our inspection. It also maintained a child protection register of ten patients. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to safeguarding level 3. The practice nurse, practice manager and assistant manager were trained to level 2, with the remaining staff were trained to level 1. We were sent evidence shortly after the inspection that the salaried GP and nurse practitioner had completed their level 3 and level 2 training respectively.
- Notices in the waiting area and consultation rooms advised patients that chaperones were available if required. The practice website also mentioned chaperones being available on the appointments page. The practice policy, which had been reviewed in July 2016, was available to all staff on the practice computer system. All staff who performed chaperone duties had received appropriate training and repeat Disclosure and Barring Service (DBS) checks had been carried out. 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 interviewed several staff members and discussed chaperoning. They had a clear understanding of the issue and their duties when acting as chaperones.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A contractor carried out cleaning in accordance with written cleaning schedules and checklists. The practice meets with the contract manager on a regular basis to discuss issues. Frequent spot checks were done to monitor the quality of the cleaning. Clinical staff were responsible for cleaning their rooms during the day. Clinical waste was collected and disposed of by a licensed contractor. The practice only used yellow clinical waste bins; it did not have any orange (for blood-contaminated waste) or purple (for hormone-contaminated waste) bins. We discussed this with staff who agreed to obtain them forthwith. The practice nurse was the clinical lead who worked closely with the practice manager and deputy on infection prevention and control issues. All had received appropriate level training. We saw records confirming that all but two staff members had received refresher training; we were sent evidence shortly after the inspection that the two concerned had completed the training. Infection control was an area covered by the staff induction process. The infection control policy had been reviewed in November 2016. The practice liaised with the local infection prevention teams to keep up to date with best practice. The practice carried out regular infection control audits, the most recent being in July 2016. The practice sent us evidence of the audit being repeated shortly after our inspection. The audit report highlighted some issues for action, including recommending a deep clean of the waiting area carpet and obtaining the additional clinical waste bins, with

## Are services safe?

suitable timescales for implementing them. There were also six-monthly cleaning audits. We saw that disinfectant gel was available and hand washing guidance was provided by posters throughout the premises. The practice had an in date sharps injury protocol, accessible on the shared computer system, and guidance notices advising on procedures relating to sharps injuries available in the treatment and consultation rooms. Disposable curtains were used in the consultation rooms and had a note affixed of when they had been put up and were due to be changed. The practice had spillage kit and a sufficient supply of personal protective equipment, such as aprons and masks. However, we noted that the practice used only vinyl gloves, which offer less protection than nitrile gloves. The practice staff we spoke with were aware of the appropriate procedures to follow should there be the need use the spillage kits. Staff told us that equipment, such as the nebuliser, ear irrigator and spirometer, was cleaned and maintained in accordance with the manufacturer's recommendations and there were specific policies stating this. The policy relating to the nebuliser had been reviewed in April 2016; the spirometer policy in February 2016. We saw a cleaning log for the nebuliser, spirometer and the ear irrigator. All medical instruments were single-use. A record was maintained of all staff members' Hepatitis B immunisation status.

- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe. These included obtaining, prescribing, recording, handling, storing, security and disposal. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we noted that the PGDs had not been signed, authorised and therefor validated by an appropriate person within the practice. We saw from minutes of a practice meeting in August 2016 that the need to sign PGDs had been discussed, but action had not yet been implemented. Subsequent to our inspection, the provider told us that this had been due to a technical fault relating to the computer link. However, it had not been noted before we raised it at the inspection. The medicines management protocol had been reviewed in October 2016. Processes were in place for handling repeat prescriptions. These included the review of high risk medicines, with flags on patients' records to assist in

monitoring their prescribing. The provider's corporate repeat prescribing policy had been reviewed in January 2015 and the review was due to be repeated in January 2017. 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. The practice benchmarked its prescribing practice using data provided by the CCG. Supplies of blank prescription pads and printer forms were securely stored. However, we noted that some forms were left in printers overnight and that the printers did not have lockable trays. We discussed this with staff and the practice sent us its revised protocol shortly after the inspection. This stated that administrative staff would collect unused forms from the printers each evening and lock them away. The practice monitored and recorded stocks of medicines and vaccines; supplies were reordered on a regular basis to avoid a build-up of stock, if it was unused for a significant period. The vaccines fridge temperatures were monitored and recorded, using two thermometers. All the medicines and vaccines we saw were within date and fit for use.

- We reviewed the personnel files of four staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The records were held centrally by the provider. The human resources management system was used to monitor training needs and issued alerts when refresher training was becoming due.

### Monitoring risks to patients

Risks to patients were assessed and well managed. The premises landlord carried out inspection every three months, most recently in October 2016. The practice health and safety policy had been reviewed in May 2016 and listed various risk assessments that were to be carried out annually. These included a general health and safety assessment, which we noted was slightly overdue. However, the practice sent us evidence of one being carried out shortly after our inspection. All staff had undertaken online annual fire awareness training during 2016 and two



## Are services safe?

members of staff were also trained as fire wardens. Firefighting equipment was inspected annually, most recently in October 2016. Fire drills were conducted every six months.

The annual inspection and calibration of medical equipment had been carried out in February 2016; with the annual inspection of portable electrical appliances (PAT Testing) being done in October 2016. There was no record of a five-yearly fixed wiring check being done since the provider took over the practice in 2013. Shortly after the inspection, the practice sent us evidence that quotes had obtained and submitted for approval. The practice had a variety of other risk assessments in place to monitor safety at the premises. These included a register and risk assessment relating to the Control of Substances Hazardous to Health (CoSHH), and legionella - a particular bacterium which can contaminate water systems in buildings, which had been risk assessed in September 2016. We noted that staff checked the water temperatures, but the records indicated these were consistently lower than the recommended range. We raised this and soon after the inspection the practice sent us an action plan with confirmation that a nominated person had been trained. We saw evidence that the water tank and heater controls had been adjusted by a qualified engineer, to ensure the recommended temperature range was complied with.

### **Arrangements to deal with emergencies and major incidents**

The practice had 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 were up to date with annual basic life support training and guidance was posted in all consulting rooms.
- The practice had a defibrillator available on the premises, with the pads in date and the battery charged ready for use. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used. We saw evidence that the equipment was checked on a regular basis. The room where the oxygen was stored was not appropriately signed, but the practice confirmed that signage would be obtained.
- The practice had a range of emergency medicines which were monitored by practice nurses and were easily accessible to staff in a secure area of the practice; all staff knew of their location. All the medicines we checked were in date and stored securely. Supplies were logged and monitored.
- The practice had a detailed business continuity plan in place. The plan had been reviewed in August 2016. It contained emergency contact numbers for stakeholders, utilities providers and contractors. The plan provided for the service to re-locate temporarily should the premises be put out of use because of fire, flooding or power-cuts.

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff told us they assessed needs and delivered care in line with relevant evidence based guidance and standards, including guidelines issued by the National Institute for Health and Care Excellence (NICE) and by the Camden CCG.

- We saw the practice's written processing and disseminating NICE and other clinical guidance. The lead GP practice manager and assistant manager were registered to receive the guidance. Guidelines were logged onto the practice's computer system and hard copies printed for general reference. The protocol stated that guidelines should be discussed at clinical meetings within two weeks of receipt and we noted they were mentioned on the standard agenda template. Staff showed us recent examples of pathway guidelines, such as "Low back pain and sciatica in over 16s: assessment and management" and "Harmful sexual behaviour among children and young people". NICE guidance was also mentioned in the regular newsletters from the Camden CCG, which were distributed to all practices. We saw an example of a recent newsletter, which referred to four sets of NICE guidance, being discussed at a clinical meeting.

### 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 recently published results related to 2015/16 and were 99.7% of the total number of points available, being 4.5% above the CCG average and 4.3% above the national average. The practice's clinical exception rate was 5.9%, which was 1.5% below the CCG average and 3.9% below the national average. 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 that cannot be prescribed because of side effects.

This practice was not an outlier for any QOF or other national clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 99%, being 9% above the CCG average and 9.1% above the national average.
- Performance for hypertension related indicators was 100%, being 3% above the CCG average and 2.7% above the national average.
- Performance for chronic obstructive pulmonary disease was 100%, being 3.1% above the CCG average and 4.1% above the national average.
- Performance for asthma was 100%, being 4.1% above the CCG average and 2.6% above the national average.
- Performance for mental health related indicators was 96.4%, being 4.6% above the CCG Average, and 3.6% above the national average.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be monitored. They included ones that had been initiated by the practice as well as a number by the local CCG and one that had been prompted by an MHRA Drug Safety Update. There had been eight clinical audits carried out in the last two years; of these, four were completed or ongoing repeat audits. We looked at the results of three completed cycle audits, including one relating to patients being prescribed Methotrexate, a chemotherapy agent and immune system suppressant. It is used to treat certain types of cancer and autoimmune diseases. The data was collected in January 2015 and again in April 2015. It demonstrated improvement in a number of criteria, such as the indication for the drug was documented and read coded (improving from 58% to 100%); that patient were made aware of risks and benefits of methotrexate (from 58% to 91%); that the patient and prescriber were aware of the frequency, location and process of conducting blood tests (from 83% to 100%); and that patients were issued and maintained monitoring and information booklets (from 66% to 100%). The re-audit showed the practice was meeting or exceeding the targets for all the audit criteria.

### Effective staffing

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

- We saw the provider's corporate employment policy, which included sections covering recruitment, pre-employment checks and induction. The induction process is involved training on safeguarding, infection

# Are services effective?

## (for example, treatment is effective)

prevention and control, fire safety, health and safety and confidentiality. All new staff were subject to a probationary period which varied according to their role.

- The practice of staff rotas prepared a month in advance, allowing for planned absence to be covered appropriately.
- The practice used the services of one regular long term local GP. But in addition, the practice made considerable use of the provider's bank of locum GPs to cover GPs' clinical sessions. Most of bank locums had worked at the practice before and were therefore familiar with corporate and local procedures.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes, mental health care, safeguarding and infection control.
- 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 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. All staff had received an appraisal within the last 12 months, and training objectives were recorded.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of a range of e-learning training modules and in-house and external training. The provider's corporate computer system was used to maintain records of staff training and allowed to easy monitoring of when refresher training was due. Staff had protected learning time.

### 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. We saw several examples on various patients' records which we reviewed with clinical staff.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used systems, such as Co-ordinate My Care and the Camden Integrated Digital Record ("CIDR") to share information with other providers involved in patients' care.
- We saw examples of special patient notes, used to share appropriate information with the out of hours service provider, urgent care centres and the local ambulance service.

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. The practice held multidisciplinary team meetings (MDTs) on a monthly basis. Participants included, district nurses, health visitors, the palliative care team and the Age UK co-ordinator.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We saw the provider's consent policy had been reviewed in October 2016.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff had received training which included guidance on 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.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.
- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest.

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had identified the smoking status of all patients aged over-16 (2,723) and had offered them smoking cessation advice, providing details of the weekly clinic.

The practice's uptake for the cervical screening programme was 83%, comparable with the national average of 81%. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it ensured a female sample-taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with its results for both being slightly above CCG averages.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 87%, missing the 90% target indicators, scoring of 7.6 out of 10, compared with the national average of 9.1. The practice immunisations rates for five year olds ranged from 87% to 93%, being comparable with the local average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 16-65 years. Data showed that 117 patients aged over-16 (47% of those eligible) had had a health check. Data also showed that 1,507 patients (96% of those eligible) had undergone blood pressure checks in the last five years. 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

There are times when patients do not feel well supported or cared for. Patients said that GPs did not always explain things clearly or give them time to respond or help them understand.

### 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.

Almost all of the 31 patient comment cards we received and the five patients we spoke with were positive about the caring aspect of the service they had experienced. They said that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. However, one comment card said that staff need to be more polite and understanding.

The practice's satisfaction scores recorded by the GP patients' survey on clinical consultations were mixed, with GPs' results being markedly lower than local and national averages and nurses' results being above the averages. For example -

- 62% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 54% of patients said the GP gave them enough time, compared to the CCG average of 85% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 94% and the national average of 95%.

- 68% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 85%.
- 93% of patients said the last nurse they saw or spoke to was good at listening to them, compared to the CCG average of 87% and the national average of 91%.
- 92% of patients said the last nurse they saw or spoke to was good at giving them enough time, compared to the CCG average of 88% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 96% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and the national average of 91%.

Regarding continuity of care, 42% of patients responding to the GP patient survey said they usually got to see or speak to their preferred GP, compared with the CCG average of 53% and the national average of 59%.

We discussed the results with staff. It was their view that patients' perception of GP consultations was possibly due to the practice making considerable use of the provider's locum GP bank staff. The practice provided 26 GPs' clinical sessions per week. The lead GP worked at the practice full time, doing seven clinical sessions a week; the provider's Medical Director worked two clinical sessions per week; and a long term regular locum GP worked four clinical sessions. The practice had recently appointed a salaried GP, who was working one clinical session. Therefore, 12 weekly clinical sessions were covered by various GPs from the provider's bank staff. We looked at the three-week rota for GPs commencing on the day of our inspection and noted that nine different locums from the bank staff were to be used, as well as the long term regular locum GP. After the inspection, the practice sent us the three-week rota commencing on the 28 November, which indicated that three bank locums and the long term regular locum GP would cover the period. The practice should continue to monitor patients' satisfaction over continuity of care and GP consultations and take appropriate action to improve results.

The provider carried out its own patient surveys each quarter. We were shown the results of the last four quarterly surveys relating to the practice, including



## Are services caring?

responses from roughly 300 patients. These indicated a slight improvement in patients' satisfaction with their GP consultations; from 70% to 74%, but still below the average results of the GP patient survey. The practice survey results relating to continuity of care had decreased from a 67% satisfaction rate to 60%, although we noted the rate was above the local and national averages of the GP patient survey. As a result of the surveys, the practice had produced an action plan, which included a recruitment drive to employ more salaried GPs; alerts being added to patients' notes, to inform receptionists when a longer appointment might be necessary due to patients' increased healthcare needs; and patients with complex long term conditions being booked to see the lead GP or practice nurse. The lead GP currently concentrated on patients with long term conditions; with patients with routine healthcare needs being given appointments with other GPs.

Although the practice was seeking to address the issues, staff recognised that work remained to be done on improving continuity of care and patients' satisfaction with GP consultations.

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

Patients we spoke with and those who had completed comments cards 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. We saw that care plans were personalised.

However, results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were similarly lower than local and national averages for GPs; comparable for the nurses. For example -

- 58% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 86% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 82% and the national average of 82%.

- 91% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 85% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 82% and the national average of 85%.

It has been noted that the provider's survey indicated that patients' satisfaction was gradually improving. The practice action plan included making use of regular locum GPs, together with improving their induction process and giving feedback on their performance to the provider or the agency supplying them.

The practice provided facilities to help patients to be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The service was mentioned on the practice website. Additional languages spoken by staff included Bengali, Punjabi, Mandarin, Cantonese, Spanish and Arabic. An induction loop and a signing service were also available to assist patients with a hearing impairment.

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

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

The practice's computer system alerted staff when a patient was recorded as being a carer. The practice had identified 88 patients as carers, 1.3% of the practice list. The practice had produced a carer's pack and there was written information available in the waiting area 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 by post, offering a consultation and providing details of local support services. We saw that information about bereavement and support organisations was available in the waiting area and on the practice website.

# 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. Data showed that the patient list had increased by around a thousand in the last year or so.

- Early morning appointments were available throughout the week, with late appointments up to 8.00 pm on Monday, Tuesday and Wednesday. The practice also opened on Saturday morning for pre-booked appointments.
- Emergency consultations were available for children and those patients with medical problems which required urgent consultation.
- There were longer appointments available for patients with a learning disability.
- Home visits by GPs were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available for working patients.
- There were disabled facilities and all consultation rooms had step-free access. There were baby-changing and breast feeding facilities available.
- There was an induction loop and a signing service was available for patients with a hearing impairment.
- An interpreting service was available; staff spoke various languages and could assist patients for whom English was a second language.
- Appointments could be booked, and repeat prescription requested, online.
- Patients could correspond by secure email with clinicians on non-urgent matters.

### Access to the service

The practice operated between the following times –

Monday 8 am to 8 pm

Tuesday 8 am to 8 pm

Wednesday 8 am to 8 pm

Thursday 8 am to 6.30 pm

Friday 8 am to 6.30 pm

Saturday 9 am to 12 noon

Routine appointments were available throughout the day and were 10 minutes long, although patients could book double appointments if they wished to discuss more than one issue. Routine appointments could be booked up to four weeks in advance. The practice also offered a number of same day urgent appointments. Requests for same day appointments were triaged by the duty GP.

Emergency home visits were available for patients who for health reasons were not able to attend the practice. Patients could also request telephone consultations to discuss non-urgent healthcare issues and the provider offered online consultations via a link on the practice website. If they had previously registered for the system, patients could book or cancel appointments and request repeat prescriptions online.

Further evening appointments, at another practice in south Camden, could be booked by Brunswick's reception staff at a patient's request. In addition, a number of Saturday appointments were available under a local scheme operating at three other locations across the borough. The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website, together with details of a walk-in clinic, which any patient can attend.

Five of the 31 comment cards we received mentioned it was sometimes difficult to get a routine appointment, although one said that the emergency appointment process was good; one said that there had been a delay with a referral to secondary care. Another card stated that the service was "good and improving". The remainder, together with the five patients we spoke with, did not refer to any difficulties accessing the service. This was reflected by the results of the GP patient survey, which showed the practice's scores regarding access were comparable with averages, for example -

- 82% of patients found it easy to get through to this practice by phone, compared to the CCG average of 76% and the national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 84% of patients said their last appointment they got was convenient, compared with the CCG average of 88% and the national average of 92%

The premises were leased by NHS England from a private landlord, with the practice occupying them under a tenancy arrangement. There were four consulting rooms and a treatment room all accessible on the ground floor. Rooms in the basement, such as the meeting room, could be accessed by a passenger lift.

### 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.
- The practice manager was the designated responsible person, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and complaints information was given in both the practice leaflet and on its website.

The practice logged both verbal and written complaints. We saw that in 2015 there had been six written complaints and four verbal complaints; in 2016, there had been five written complaints and 28 verbal ones. These did not suggest any particular trends or causes for concern. The complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. They were closely monitored and discussed as standing agenda items at weekly clinical meetings. The complaints were analysed in to identify any trends and action was taken to as a result to improve the service and quality of care. Data was passed to the provider's corporate team for monitoring. We looked at a number of complaints records including one which related to a patient waiting a long time to be seen at an appointment and feeling rushed during the consultation with a locum. The practice wrote to the patient explaining the reasons why the clinic had run late. The lead GP reviewed the matter and discussed it with the locum concerned, allowing them to reflect on the incident and their conduct. It was also reviewed at a staff meeting, when receptionists were reminded to keep patients informed of delays. We noted that patients were informed of delays on the waiting room screen.



# 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 vision to deliver high quality care and promote good outcomes for patients. Its aims and objectives were stated in statement of purpose -

“This Practice is committed to providing patient centred care of high quality in a safe and comfortable environment. We achieve this by working in partnership with commissioners and other stakeholders as it requires innovative approaches / forward thinking to remain ahead of, and contribute to national developments.

We remain conscious of the need to develop this approach in a cost effective manner and use our contacts and long-term relationships to acquire best value for goods and services.”

Staff we spoke with were aware of the statement and supported it.

### 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 staff were aware of their own roles and responsibilities.
- An understanding of the performance of the practice was maintained.
- The practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It was noted that performance in some aspects of care was below local and national averages. The practice checked and responded to reviews left by patients on the NHS Choices website and ran its own patient surveys.
- A programme of clinical and internal audit relating to relevant health issues was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Support was available from the provider's corporate team when needed.

However, some of the provider's governance policies had not been revised to address the work of the practice and not all had been implemented.

### Leadership and culture

The lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. It was noted, however, that significant use was being made of locum GPs, which had impacted upon continuity of care and patients' perception of GP consultations. Staff told us the lead GP and practice management were approachable and always took the time to listen to all members of the practice team.

The practice 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 practice management encouraged a culture of openness and honesty.

The practice had effective systems in place to ensure that when things went wrong with care and treatment -

- The practice gave patients 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 the practice management.

- The clinical team met formally on a weekly basis and the management team every fortnight. The administrative / reception team met every two months; with whole-staff meetings every three months.
- 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.
- A number of administrative staff had transferred from the previous service provider in 2013 and general morale had been low. They told us they now felt respected, valued and supported. All staff were involved in discussions about how to run and develop the

# Are services well-led?

Good 

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

practice, and the provider and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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. There was suggestions box in the reception area and the practice website had a facility to submit comments, suggestions online. The practice carried out detailed analyses of complaints directly received, as well as comments left by patients on the NHS Choices website. The provider conducted its own patient survey on a quarterly basis. The practice had produced action plans to address patients' concerns.

We spoke with a member of the PPG, who was generally positive regarding the engagement of the practice. However, we noted that meetings were infrequent – two having been held in 2015 and one in 2016. The PPG consisted of eight members, with four or five attending the meetings. The PPG members were all aged over-55, which was not reflective of the higher than average number of patients aged between 20 and 39 on the practice list. Subsequent to the inspection, the provider told us that it had made strenuous efforts to improve the diversity of the PPG group, without success. The practice provided full administrative support to the group and suggestions made by it had been actioned by the practice. For example, the telephone system announcement had been changed last year, giving callers an indication of their place in the call queue and how long they could expect to wait for their call to be answered. There had been discussion between the

PPG and the practice regarding continuity of care, with the PPG aware that efforts to recruit more GPs were underway. The PPG member said they had noticed a gradual and ongoing improvement in the service.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. The provider conducted a staff survey every six months. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. All the staff we spoke with commented on the close team-working culture and support they got from the lead GP and their colleagues.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. For example, the practice nurses had five days study leave per year and they attended the local nurses forum and other meetings supported by the CCG. Other clinicians attended CCG run educational events, including, IT workshops, and fed back learning to colleagues at the practice. Following patient feedback, reception staff had been provided with customer care training.

We discussed plans and objectives for the practice with the provider's Medical Director. Certain areas had been identified for addressing. These included appointing more permanent GPs to improve continuity of care and patient satisfaction with consultations; further improving the reception service; reviewing and improving various clinical issues, such as the call and recall system and failsafe procedures; and reviewing the provider's governance policies and implementing them fully at the practice.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>There was insufficient evidence that staff recognised and acted upon significant adverse events, with appropriate investigation, reflection and learning.</p> <p>Patient Group Directions had not been signed, authorised and validated by an appropriate person within the practice.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>