

Family Health Care - also known as Lydia House Practice

Quality Report

8 Sutherland Boulevard, Leigh On Sea,
Southend-on-Sea
SS9 3PS
Tel: 01702552900
Website: www.queenswaysurgery.co.uk

Date of inspection visit: 12 July 2017
Date of publication: 11/08/2017

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Family Health Care - also known as Lydia House Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

This inspection of Family Health Care practice was carried out on 12 July 2017 and was to check improvements had been made since our previous inspection on 5 May 2016. Following our May 2016 inspection the practice was rated as requires improvement overall. Specifically they were rated as requires improvement for safe, effective, responsive and well led and good for caring. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Family Health Care on our website at www.cqc.org.uk.

As a result of our findings at this inspection we took regulatory action against the provider and issued them with requirement notices for improvement.

Following the previous inspection on 5 May 2016 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations.

At this inspection we found that the majority of the improvements had been made and progress had been made across all areas of concern. Overall the practice is now rated as good.

Our key findings were as follows:

- Significant events were fully investigated; patients received support, honest explanations and apologies. The learning was shared with appropriate staff.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff received appropriate training to fulfil their roles.
- There was a clear recruitment process in place for permanent and locum staff, however some staff files did not contain evidence of photographic identify checks. Clinical staff files contained evidence of vaccination and level of immunity against Hepatitis B.
- There were systems in place to ensure safe medicines management including the monitoring of fridges to ensure medicines were stored at the correct temperatures.

Summary of findings

- Patients prescribed high risk medicines received appropriate review.
- The practice had a system in place to deal with any medicines alerts although this could be strengthened by maintaining an audit trail of action taken.
- Infection control audits were completed and action taken to resolve any issues.
- The practice had installed a new fire alarm which complied with recommendations from a fire risk assessment.
- A Legionella risk assessment had been completed. The practice monitored temperatures however had not followed up on other recommendations from the risk assessment. Following our inspection they took action to rectify this.
- Policies and procedures were up to date, practice specific and staff were aware of where to find them and their contents.
- Feedback from patients about their care was consistently positive.
- One two cycle clinical audit had been completed since our last inspection. The practice had recently employed a pharmacist and reviewed their staffing structure to allow for more quality improvement activity to take place.
- The practice had a system for identifying and supporting the carers on their register.
- The complaints policy was clearly visible to patients. Complaints were fully investigated and there was a clear audit trail of actions taken by the practice. Informal complaints were not being analysed for themes and trends.
- There were processes in place to gather and act on patient feedback including a patient participation group (PPG).
- Staff had worked as a team to act on the feedback from the previous inspection.

However, there were still areas of practice where the provider needed to make improvements.

The provider should:

- Implement a system for evidencing action taken to respond to medicine alerts.
- Continue to increase quality monitoring and improvement activity through audits and other reviews.
- Make an action plan for dealing with the recommendations from the Legionella report and identify a person to be responsible for actions with deadlines for action.
- Consider how to encourage attendance for breast screening.
- Consider keeping a log of informal complaints for trends analysis and audit trail.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for the investigation of significant events. Following investigation the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- When things went wrong, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information as well as an apology.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- There were systems in place to ensure safe medicines management including the monitoring of fridges to ensure medicines were stored at the correct temperatures.
- Where patients were prescribed medicines requiring monitoring we found that the system in place was effective.
- There was a process in place for staff to receive action and disseminate patient and medicine safety alerts. There was no audit trail to demonstrate actions taken however the provider contacted the organisation responsible for the alerts and showed us evidence that they had taken action.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these.
- A Legionella risk assessment had been completed. The practice monitored temperatures however had not followed up on other recommendations from the risk assessment. Following our inspection they took action to rectify this.
- The practice had installed a new fire alarm which complied with recommendations from a fire risk assessment.
- Infection control audits were completed and action taken to resolve any issues highlighted.
- Staff received appropriate training to fulfil their roles.
- There was a clear recruitment process in place for permanent and locum staff, however some staff files did not contain evidence of photographic identify checks. Clinical staff files contained evidence of vaccination and level of immunity against Hepatitis B.

Summary of findings

- Policies and procedures were in place and updated appropriately.

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable or higher than the CCG and national averages. For example, performance for diabetes related indicators was in line with or below the CCG and national average. Indicators for mental health outcomes were also lower than average.
- Staff had access to the latest clinical guidelines and best practice guidance and used these to assess and deliver patient care.
- Staff used a range of measures to ensure they had the skills, knowledge and experience to provide effective care.
- One two cycle clinical audit had been completed since our last inspection. The practice had recently employed a pharmacist and reviewed their staffing structure to allow for more quality improvement activity to take place.
- The practice had positive working relationships with other health and social care staff.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published July 2017, showed patients rated the practice above others for most aspects of care.
- All of the patients we spoke with during the inspection told us that they felt treated with dignity and respect by staff and that staff were good. They felt involved in decisions about their care. These views were backed up by responses on the comments cards we received.
- We saw that staff treated patients with dignity, respect and kindness.
- Patient and information confidentiality was maintained.
- The practice had identified 23 patients (approximately 1.3%) who were carers.
- The practice had access to language line for translation services.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Following our previous inspection the practice had worked to make improvements in the areas identified in our previous report.
- The latest GP survey, published in July 2017, showed the practice was rated mostly above the CCG and national average with regards to satisfaction with opening hours and making an appointment generally.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- Information on how to complain was clearly displayed in the waiting area. Complaints were responded to appropriately, a record kept and lessons learned had been shared with appropriate staff.

Are services well-led?

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

- There was a leadership structure in place, which had changed slightly since our last inspection. The issues identified at the last inspection had been pro-actively managed and improvements achieved.
- The practice had some systems in place for monitoring and assessing the quality of services and had recruited staff to further improve this work.
- Staff felt able to raise concerns and also give suggestions for improvements to the running and development of the practice.
- The practice had policies and procedures in place, which were relevant to the practice, reviewed and updated as required.
- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) had a small group of members, however plans were in place to increase this. The practice had shared the last CQC inspection report with the PPG.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Patients over the age of 75 all have a named GP.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice was responsive to the needs of older patients, and offered home visits. If annual checks, flu vaccinations or other referrals were required these would also be completed during home visits.
- Urgent appointments were available for those with enhanced needs as well as telephone consultations.
- The practice actively encouraged patients to attend for flu vaccinations or other regular health monitoring checks.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in long-term disease management.
- Nationally reported data showed that outcomes for patients for long-term conditions were in line with other practices within the Clinical Commissioning Group (CCG) and nationally. For example, numbers of patients with diabetes receiving appropriate reviews were in line with the CCG and national average.
- The practice followed up on patients with complex long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- There was a system to recall patients for 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.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- We found there were systems to identify, monitor and follow up children living in disadvantaged circumstances and/or who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had access processes for acutely ill children.
- Appointments were available outside of school hours and the premises were suitable for babies and children.
- There was no baby changing facilities available.
- Clinical staff had an understanding of Gillick competence and Fraser guidelines.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The practice worked closely with Queensway Surgery to offer appointments, home visits and telephone appointments on a Wednesday afternoon when the practice is shut.
- The practice offered as a full range of health promotion and screening that reflects the needs for this age group. These included, well woman and well man checks.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were higher than other practices locally and nationally.
- The practice offered the electronic prescription service. This service allows patients to choose or 'nominate' a pharmacy to get their medicines from, the GP then sends the prescription electronically to the nominated place.
- The practice offered a range of online service such as online booking and repeat prescription ordering.

Good



People whose circumstances may make them vulnerable

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 including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice offered urgent appointments for those patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

People experiencing poor mental health (including people with dementia)

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

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was in line with the CCG and national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses, had a care plan in their notes, which was higher than the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to support patient that may be in crisis with their mental health.
- Staff interviewed had an understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was in line with or above average compared with CCG and national averages. 251 survey forms were distributed and 117 were returned. This represented a 47% completion rate.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 71%.
- 91% 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 82% and the national average of 82%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 64 comment cards, the majority of which were positive about the standard of care received.

Comments made on the cards related to the practice being clean, staff being helpful and polite, caring and considerate. Ten of the 64 comments cards mentioned either increasing difficulty in accessing appointments or the opening times of the practice. Two specifically made reference to difficulty accessing appointments if in full time employment.

We spoke with three patients and one patient participation group (PPG) member during the inspection. All patients said they were satisfied with the care they received and that staff were friendly and approachable.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a system for evidencing action taken to respond to medicine alerts.
- Continue to increase quality monitoring and improvement activity through audits and other reviews.
- Make an action plan for dealing with the recommendations from the Legionella report and identify a person to be responsible for actions with deadlines for action.
- Consider how to encourage attendance for breast screening.
- Consider keeping a log of informal complaints for trends analysis and audit trail.

Family Health Care - also known as Lydia House Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Family Health Care - also known as Lydia House Practice

Family Health Care is located in a modified residential dwelling in Leigh on Sea on Sea, Essex; the practice provides services for approximately 1800 patients.

The practice holds a Personal Medical Services (PMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A PMS contract is one between NHS England and the practice where elements of the contract such as opening times are agreed locally.

The practice population is similar to the national average for younger people and children under four years and slightly higher for older people aged over 65 years. The practice patient list is lower than the national average for long standing health conditions. Life expectancy for men and women is higher the national average.

Economic deprivation levels affecting children, older people are lower than the practice average across England. The practice population is slightly lower than the national average of working aged people in employment or full time education and higher for working age people that are unemployed.

The practice is part of Queensway Surgery (a larger GP practice located in Southend on Sea. Family HealthCare is managed by the same GP partners but has a separate NHS GP contract and patient population) and managed by five GP partners who hold financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

One of the male GP partners and one female long term locum GP work at the practice. The practice also employs one practice nurse one day a week and a diabetic nurse once a month. In addition the practice employs a team of receptionists and administrative staff. The GPs, practice manager and some reception staff work part time at the practice and at Queensway Surgery.

The practice is open from 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. The practice closes at 1pm on Wednesdays. GP appointments are available on Monday 4pm to 6.30pm, Tuesday 8.30 to 12 noon,

Detailed findings

Wednesday 8.50am to 1pm, Thursday 9am to 12.30pm and 2.30pm to 5.30pm, Friday 9am to 12.30pm. In addition, on call cover is provided Monday to Friday afternoons from Queensway Surgery. There are nurse sessions Monday and Friday mornings. The practice does not provide extended hours such as early morning or late evening appointments. When the practice is closed patients could contact the out of hour's cover which was provided by PELC (Partnership of East London Co-operatives).

Why we carried out this inspection

We undertook a comprehensive inspection of Family Health Care on 5 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, responsive and well led services.

We also issued a requirement notices to the provider in respect of safe care and treatment; good governance; and staffing. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Family Health Care on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Family Health Care on 12 July 2017. This inspection was carried out to ensure improvements had been made.

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. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement notices we had given them.

We carried out an announced visit on 12 July 2017. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and their family or carers.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

What we found at our previous inspection

At our previous inspection on 5 May 2016 we rated the practice as requires improvement for providing safe services. Although reviews and investigations of incidents were completed the practice could not demonstrate that lessons were learned and communicated with staff to support improvement and minimise recurrence. There was no risk assessment in place in respect of legionella. There was no evidence that all relevant staff had hepatitis B vaccinations / immunity. Staff had not undertaken fire safety training and there was no fire alarm system and no risk assessment to determine if one was required. Fridge temperatures for the vaccine fridge were not being monitored properly. Emergency medicines and equipment were stored in various areas throughout the practice and some staff were unsure as to their whereabouts.

These arrangements had improved when we undertook a follow up inspection on 12 July 2017. The practice is rated as good for providing safe services.

Safe track record and learning

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

- Staff told us about the incident reporting system. There was a form for staff to complete. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant incident forms and the evidence of the analysis showed that an investigation was completed. There were no clinical incidents since our last inspection, however the practice manager informed us that following an incident affecting a patient, the patient would be informed of the incident, given information, an apology and appropriate support.
- We saw that GPs attended a clinical meeting with Queensway Surgery (a surgery run by the same partners) and took part in discussions and learning regarding significant events across both sites. This was to ensure that lessons were learned and action was taken to improve safety in this area in the future.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and minutes of meetings where these were discussed. The practice told us that the alerts were received a member of administrative staff who decided with the GP what action needed to be taken. There was no information kept to record the actions taken by the practice but they were able to contact the organisation responsible for the alerts who provided evidence of what action the practice had taken. We found that any required action had been taken by the GPs, for example, an alert was raised regarding a specific type of insulin pump, the practice took action to identify if the risk affected any of their patients. Following our inspection the practice told us that they had compiled a folder to show what actions had been taken.

Overview of safety systems and process

The practice had systems, processes and practices in place to keep patients safe. However the systems to mitigate the risks associated with Legionella required improvement.

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and local council requirements. Staff were aware of their responsibilities regarding this. One of the GP took the lead role for safeguarding. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended. Safeguarding was also on the practice agenda for clinical meetings.
- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room advising patients that a chaperone was available for intimate examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. (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).

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was an effective process in place for reviewing patients prescribed medicines requiring monitoring, including high risk medicines. Fridge checks were now being correctly completed.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We looked at five personnel files and found appropriate recruitment checks had been undertaken prior to employment for both permanent and locum staff. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found in the three non-clinical staff files we reviewed that there was no evidence of photographic identity checks. The practice had a system to ensure vaccination and immunity status of clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There were risk assessments in place for infection control, health and safety, control

of substances hazardous to health (COSHH), fire and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Some of the actions required following a Legionella risk assessment had not been completed, however immediately following our inspection the practice sought to rectify this.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

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 alert button on all the computers which staff could press to summon other staff in an emergency situation, as well as a physical button in the reception rooms.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept together in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- A fire alarm had been installed following our previous inspection which complied with recommendations from a fire risk assessment completed by an external company.
- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact telephone numbers for relevant utilities and staff.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection

At our previous inspection on 24 May 2016, we rated the practice as requires improvement for providing effective services. The practice was not undertaking clinical audits and there were no other quality improvement processes in place. Some patient's records did not show that patients had received appropriate blood tests and medicines reviews when they were prescribed medicines or high risk medicines. Not all staff had recent training in areas such as safeguarding adults and children, chaperone duties, fire safety and infection control.

These arrangements had improved when we undertook a follow up inspection on 12 July February 2017. The provider is now rated as good for providing effective services.

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 online and used this information to deliver care and treatment that met patients' needs.
- There was a regular clinical meeting shared with Queensway Surgery attended by all clinical staff which included shared learning from internal and external sources.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework and performance against national screening programmes to monitor outcomes for patients. The most recent published results, from 2015 to 2016, indicated the practice achieved 97% of the total number of points available compared with the CCG average of 91% and the national average of 95%. The practice had a 4% exception reporting rate overall which was in line with the CCG average of 5% and national average of 6%. (The QOF includes the concept of 'exception reporting' to ensure

that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.)

Data from 2015 to 2016 showed:

Performance for diabetes related indicators was comparable to the CCG and national average. For example, the percentage of patients whose blood pressure reading was within specified levels was 82% compared to the CCG average of 76% and the national average of 78%. The percentage of patients with diabetes who had blood sugar levels within certain levels was 81% compared to the CCG average of 75% and the national average of 78%.

Performance for mental health related indicators was either in line with or above the CCG and national average. For example:

- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 100% compared to a CCG average of 83% and national average of 89%. The practice exception reported one patient.
- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, whose alcohol consumption had been recording in the last 12 months was 100% compared to a CCG average of 85% and an England average of 89%. The practice exception reported one patient.

There was evidence of some quality improvement activity including clinical audit:

- The practice completed one clinical audit commenced in the last 12 months (a completed audit is where the improvements made were implemented and monitored). The audit looked at whether patients on specific medicines were being monitored effectively as per the national guidelines. The second cycle of the audit demonstrated that patients had received appropriate monitoring checks
- The practice participated in local and national benchmarking.
- The practice had employed a community pharmacist to assist with quality monitoring of medicines usage. They had also restructured some of the administrative staff to allow more time for quality monitoring and improvement activity.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- Staff received role-specific training and updating as relevant. 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.
- 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, as well as opportunities for career progression.

Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients' care and treatment through the practice's records 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 regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community staff.

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.

- Staff were able to give us examples that showed that when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with current relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and documented this appropriately.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support through a series of checks. Patients then received support as required for smoking and alcohol cessation, weight management and other health checks.

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG and national average of 81%. Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages, except in one indicator which was much lower. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 59% for the practice, compared to 52% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 65% for the practice, compared to 62% average for the CCG and 72% national average. The uptake of screening for females within 6 months of invitation was 50% for the practice compared to 62% for the CCG and 73% national average. The practice told us that non-attenders were contacted by the national screening programme in writing and then sent further reminders.

The amount of patients with a diagnosis of cancer on the practice register was slightly above the CCG and national average.

Childhood immunisation rates for the vaccinations given were above the 90% national standard or above the CCG and national averages. For example,

- The percentage of children aged one with a full course of recommended vaccines was 91% which was above the 90% standard.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 93% which was above the 90% standard.
- The percentage of MMR dose one given to under five year olds was 100% compared to the CCG and national average of 94%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite to patients and treated them with kindness, dignity and respect.

- Curtains or screens 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 the GPs rooms could not be overheard.

All 64 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered a good service and staff were friendly, professional and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke with told us that that staff responded compassionately when they needed help and treated them with dignity and respect.

Results from the national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice was mostly above CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 86%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received, regarding patients' involvement, was positive.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have spoken English as a first language.
- There was a hearing loop available for patients to use.
- Information leaflets were available to help patients understand their diagnosis.

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.

The practice had a designated member of staff to support carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 carers (which was approximately 1.3% of the practice list). Carers were sign posted to the various avenues of support available to them.

Are services caring?

The practice had a policy for supporting families who had suffered a bereavement. GPs contacted families where this was appropriate and an appointment or other support was provided if needed. There was also a poster and leaflets in the practice foyer to self-refer for bereavement counselling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing responsive services. Information about the practice services such as how to access services when the practice was closed and how to complain was not easily accessible.

These arrangements had improved when we undertook a follow up inspection on 12 July 2017. The provider is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice were aware of the various groups of patient's on their patient list and how this impacted the demand and need for services.

- Staff told us that appointments took as long as the patient required, although there was a standard length of consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS and could be referred to other clinics for vaccines available privately.
- There were facilities for the disabled, a hearing loop and translation services available.
- The premises were suitable for babies and young children, although there were no baby changing facilities available.
- Appointments were available outside of school hours. Working age patients could access appointments at the Queensway Surgery should they need to be seen outside of Family Health Care's opening hours.

Access to the service

The practice was open from 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. The practice closed at 1pm on Wednesdays. GP appointments were available Monday 4pm to 6.30pm, Tuesday 8.30 to 12 noon, Wednesday 8.50am to 1pm, Thursday 9am to 12.30pm and 2.30pm to 5.30pm, Friday 9am to 12.30pm. In addition, on call cover was provided Monday to Friday afternoons from Queensway Surgery. There were nurse sessions Monday

and Friday mornings. The practice does not provide extended hours such as early morning or late evening appointments. Out of hour's cover was provided by PELC (Partnership of East London Co-operatives).

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment were in line or above the CCG and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 71%.

All the patients we spoke with on the day of inspection told us that they were able to access appointments when they needed them. Ten out of the 64 comments cards we received cited an issue with accessing appointments, two related to access for those in full time employment.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

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 handled all complaints in the practice, with clinical input from the GP.
- We saw that information was available to help patients understand the complaints system both on the website and within the practice building. Information was clearly displayed in the waiting area.

We looked at the two complaints received in the last 12 months and reviewed them in detail. One of these related to concerns regarding personal information security during the switch over of the practice's operating systems. The

Are services responsive to people's needs?

(for example, to feedback?)

practice fully investigated and an apology and honest explanation was given to the complainant. The complaint outcomes were discussed and learning shared with other staff as appropriate either in meetings or via other forums.

We saw that where a verbal complaint was made the practice told us that they apologised, but no record was kept.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection

At our previous inspection on 5 May 2016, we rated the practice as inadequate for providing well-led services. There were a number of risks to patients that had not been identified or acted on. Some of the policies were not practice specific and not regularly reviewed.

These arrangements had improved when we undertook a follow up inspection on 12 July 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

Staff we spoke with cited good customer care and providing the best care they could in an inclusive way as the vision for the practice.

Governance arrangements

There was an overarching governance framework which supported the delivery of the strategy and good quality care. The framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing and leadership structure in place. Staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions for most areas. Actions required to mitigate the risks associated with Legionella had not fully been actioned, although the practice provided us with evidence following the inspection that this was being remedied.
- There were some systems in place to monitor, review and improve the practice performance through national comparison data and practice audits. The practice had employed a community pharmacist and reviewed their staffing structure to improve these systems going forward.
- Following our inspection in May 2016 the practice had worked as a team to action improvements to the areas of concern we had identified. Part of that action was the creation of more management roles to oversee, review and improve all governance arrangements.
- There were practice specific policies which were implemented, updated and were available to all staff.

Leadership and culture

The culture of the practice was friendly, open and honest. Staff told us that management were approachable.

The provider 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). It was evident during our inspection that the practice complied with the requirements of the duty of candour.

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

- The practice completed a thorough investigation.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Team meetings had not occurred for a while however staff told us that any changes or other information was communicated via other methods.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Management staff informed us that although staff meetings had not occurred for a while they would be reinstating in the future.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had only been established since last year and was still trying to build their numbers. The practice had informed of the outcome of our May 2016 inspection and how they planned to resolve the issues. The practice also asked the PPG to review different systems such as the practice website and provide them with feedback

Are services well-led?

Good 

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

- the NHS Friends and Family test, complaints and compliments received
- Staff told us they felt able to give feedback and discuss any concerns or issues with management staff. They felt confident it would be acted upon and gave us an example where this had happened.

The practice was aware that they needed to continue to work on the progress they had made, to maintain and review the quality of service provision. They were looking at different and innovative ways to provide patients with services as they had found challenges to recruiting more GPs or a nurse practitioner.

Continuous improvement