

# Barkingside Medical Centre

## Quality Report

700 Cranbrook Road  
Barkingside  
Ilford  
Essex IG6 1HP  
Tel: 020 8551 2341  
Website:

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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barkingside Medical Centre on 11 November 2015. Overall the practice is rated as requires improvement.

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

- The practice has faced considerably uncertainty since the senior partner announced in June 2015 their intention to retire from general practice at the end of the year and that the practice was required to vacate the premises. This uncertainty was ended on 05 November 2015 when the CCG confirmed the practice would not close and that a new location for the practice had been found. The new premises would be provided by NHS Property Services.
- Data showed patient outcomes were low for the locality. Although some audits had been carried out, few were completed audits and there was little evidence that audits were driving improvement in performance to improve patient outcomes.
- Among the patient records we reviewed of eight patients chosen at random we saw instances of inadequate recording of history and examination, inadequate recording of a working diagnosis or no diagnosis recorded, inadequate clinical management, and pathology results that appeared not to have been acted on. We also saw instances of accepted clinical guidelines not being followed. NHS England were advised of our concerns.
- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events. The provider however did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks. Fire, legionella and control of substances hazardous to health (COSHH) risk assessments were not in place. The provider was aware of these shortfalls in their current premises which they would be vacating at the end of December 2015.

# Summary of findings

- National GP survey results published in July 2015 showed comparatively few patients felt they were treated with care and concern.
- Information about services and how to complain was available and easy to understand.
- The practice had worked hard to improve the responsiveness of the service and there was anecdotal evidence on the day of our inspection that patients were finding easier to make an appointment to see a GP. However, there was no formal evidence that the practice had improved on its below average results in the national GP survey in this area.
- Urgent appointments were available on the day they were requested.
- There was a clear leadership structure and staff felt supported by management. However capacity and capability to run the practice and ensure high quality care was stretched.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure systems are in place to monitor and improve patient outcomes and the performance of the practice.
- Ensure processes are in place so that national guidelines are used to secure consistent, high quality, evidence based care for patients
- Ensure recruitment arrangements include all necessary employment checks for all staff and that information in relation to each person working for the service as specified in Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 is available for staff who joined the practice after 01 April 2013.
- Ensure patient records fully document the care and treatment that has been provided.

In addition the provider should:

- Put in place policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour.

Put arrangements in place so that patients can book appointments and order repeat prescriptions online.

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- Put in place policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour.
- Put arrangements in place so that patients can book appointments and order repeat prescriptions online.

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

The areas where the provider must make improvements are:

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and a system was in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.

Some risks to patients were assessed and managed, including safeguarding, infection control and medicines management. However some other risks were not well managed, for example recruitment checks. Fire, legionella and control of substances hazardous to health (COSHH) risk assessments were not in place.

**Requires improvement**



### Are services effective?

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

- Data showed patient outcomes were low for the locality. . This was an improvement on the previous year's results, however.
- Care and treatment did not always reflect current evidence-based guidance.
- There were few completed clinical audits to demonstrate audit was driving improvement in performance to improve patient outcomes.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

**Requires improvement**



### Are services caring?

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

- Data showed that patients rated the practice lower than others for some aspects of care. At 66%, comparatively few patients said the last GP they spoke to was good at treating them with care and concern in national GP survey published in July 2015 (CCG average 79%, national average 85%). At 72%, comparatively few patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 90%), and only 70% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%).

**Requires improvement**



# Summary of findings

- We spoke with four patients during the inspection whose feedback about their care and treatment was strongly positive. However feedback from the 40 comment cards we received was not consistently positive.
- Information for patients about the services was available was easy to understand and accessible.

We saw reception staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

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

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had put forward a business plan in July 2015 for its continuation after the senior partner retired from general practice at the end of the year and the CCG has confirmed the practice will not be closing and has found it a new location.
- National GP survey data showed comparatively few patients found it easy to get through to the practice by phone or to make an appointment. The practice had changed its appointment system and there was some anecdotal evidence on the day of our inspection that patients were finding it easier to make an appointment, however the practice had not formally collected any evidence that the new system was an improvement.
- The practice was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff to improve services.

**Requires improvement**



## Are services well-led?

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

- It had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. However management capacity and capability was stretched.

**Requires improvement**



# Summary of findings

- Arrangements were not in place to monitor and improve quality and identify risk robustly.
- The practice had a number of policies and procedures to govern activity and held regular meetings where governance issues were discussed.
- The management team encouraged a culture of openness and honesty, however no protocol was in place to ensure it complied with the requirements of the Duty of Candour.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.

It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice nurse had the lead role in managing patients with diabetes and there had been an improvement in the outcomes for these patients in 2014/15. However the practice continued to perform below CCG and national averages for some glucose and cholesterol control indicators.
- Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met, however this was currently the GP partner which was not sustainable.

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

**Requires improvement**





# Summary of findings

- The practice maintained a register of children considered to be at risk by social services. However the patient record system was not used to flag this to a GP attending to one of these children.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The cervical screening rate for the practice was comparable to the national average (80.27% and 81.83 % respectively)

Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice was adjusting the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Although the practice offered extended opening hours for appointments four days a week, patients could not book appointments or order repeat prescriptions online.

Health promotion advice was offered and the uptake of health screening was comparable with CCG and national averages.

**Requires improvement**



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

**Requires improvement**



# Summary of findings

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 provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice was able to identify patients
- While outcomes for patients with mental health problems were comparable with national averages there had been a sharp decline in the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in 2014/15, from 77.78% in 2013/14 to 22.22% in 2014/15.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was not performing in line with local and national averages in some areas including getting through to the surgery by phone, getting an appointment that was convenient, and waiting 15 minutes or less after their appointment time.

Comparatively few patients described their overall experience of the practice as fairly good or very good, or would definitely or probably recommend their GP surgery to someone who has just moved to the local area. Three hundred and seventy nine survey forms were distributed and 113 were returned giving a completion rate of 30%.

- 60% described their overall experience of the practice as fairly good or very good compared to a CCG average of 72% and a national average of 85%.
- 44% stated they would definitely or probably recommend the practice to someone who had just moved to the local area (CCG average 64%, national average 78%).
- 40% found it easy to get through to this surgery by phone (CCG average of 53% and a national average of 73%).
- 81% found the receptionists at this surgery helpful (CCG average 77%, national average 87%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 80% said the last appointment they got was convenient (CCG average 85%, national average 92%).

- 51% described their experience of making an appointment as good (CCG average 58%, national average 73%).
- 46% usually waited 15 minutes or less after their appointment time to be seen (CCG average 50%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards:

- 16 cards commented on the difficulty of getting an appointment when the patient wanted one. Seven of these included an additional comment that there had been an improvement in recent months, and one of them said the appointment system had got worse.
- 20 cards commented that the service provided was good, two that the service was not good, and one that the service was improving.
- 10 cards commented that the care provided by the doctors was good, one commented that the care was not good.
- 12 cards commented that reception and administrative staff were helpful, four cards commented that these staff were not helpful.

We spoke with four patients during the inspection. All four patients said that they were very happy with the care they received and getting an appointment when they needed one. They found the staff friendly and caring.

# Barkingside 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 advisor.

## Background to Barkingside Medical Centre

Barkingside Medical Centre is in Barkingside in the London Borough of Redbridge. It is one of the 47 member GP practices of Redbridge Clinical Commissioning Group.

The practice serves a predominantly White (45.8%) and Asian / Asian British (41.4%) population. A further 7.5% of the local population identifies itself as Black / African / Caribbean / Black British; 2.4% as Mixed / Multiple Ethnic Groups; and 2.8% as Other. The practice has approximately 5,400 registered patients. The practice is located in the seventh less deprived decile of areas in England. At 81 years, male life expectancy is a little above the England average of 79 years. At 83 years, female is the same as the England average.

Services are provided by Barkingside Medical Centre, which is a registered partnership of Dr Undinti David Shubhaker and Dr Varaha Vijay Konathala, under a Personal Medical Services (PMS) contract with NHS England. Dr Shubhaker plans to retire on 31 December 2015 and the practice will relocate then to new premises. Dr Shubhaker has not worked as a GP at the practice since July 2015. The practice has since then experienced considerable change. All the GPs other than Dr Konathala, and most of the non clinical staff were recruited to the practice during this time. New systems are being put in place, for example the practice is changing the patient record system it uses, and the

practice has been looking for new premises. On 05 November 2015 Redbridge CCG announced the new location for the practice and confirmed that the practice would not be closing. We advised the practice on the processes for cancelling the current provider's registration with CQC, and on registering the new provider and the new location.

The practice opening times are:

Monday to Wednesday and Friday – 7.30am to 7.30pm

Thursday – 7.30am to 12.00 noon

Routine appointments are available at the following times:

Monday to Wednesday and Friday - 7.30am to 12.00 noon and 2.00pm to 7.30pm

Thursday – 7.30am to 12.00 noon.

Clinical services are provided by two male and three female GPs and a Practice Nurse. The male GPs include Dr Konathala (40 hours per week) and a long term GP locum (12 hours). The female GPs include one salaried GP (18 hours) and two long term GP locums (ten hours and eight hours). Patients have access to a male or female GP at every clinical session. The Practice Nurse sees patients Monday to Wednesday (22 hours). Non clinical staff include a part time Practice Manager and a team of six part time secretarial, administrative and reception staff.

Patients are cared for by an external out of hours GP service when the practice is closed.

Barkingside Medical Centre is registered with the Care Quality Commission to carry on the following regulated activities at 700 Cranbrook Road, Barkingside, Ilford, Essex IG6 1HP: Treatment of disease, disorder or injury; Diagnostic and screening procedures; and Maternity and midwifery services.

# Detailed findings

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 November 2015. During our inspection we:

- Spoke with a range of staff, including GPs, Practice Nurse, reception and administrative staff, and the Practice Manager.
- Observed how people were being cared for, and spoke with patients and / or family members.
- Reviewed the medical records of eight patients chosen at random.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation the provider gave us about the operation, management and performance 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 are provided for specific groups of people and what good care looks 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 the time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed significant event reports and summary records and the minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, further checks were built in to the referral process to ensure all referrals were made in a timely way.

Staff we spoke with demonstrated an open and transparent approach to significant events. The provider however did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with Regulation 20 Duty of Candour, a new CQC regulation applying to all providers from 01 April 2015.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received child protection and safeguarding vulnerable adults training relevant to their role. Clinical staff were trained to level 3 in child protection.
- Notices in the waiting room and the examination rooms advised patients that chaperones were available, if required. All staff who acted as a chaperone were trained for the role but not all had received a disclosure and barring service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles

where they may have contact with children or adults who may be vulnerable. The provider had plans in place to complete DBS checks all existing staff and for all newly recruited staff going forward.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP partner was the infection control clinical lead and the CCG infection and prevention control clinical lead was available to support them. There was an infection control protocol in place and staff had received up to date training. Training had been arranged for newly recruited staff. An infection control audit had been completed in 2013 and we saw evidence that action had been taken to address the improvements identified then. An infection control audit had been carried out on 22 October 2015 and the practice was awaiting the audit report.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

However, the following systems and processes to address risks were not implemented well enough to ensure patients were kept safe:

- We reviewed three personnel files and found that relevant recruitment checks undertaken prior to employment for non clinical staff included: proof of identity, satisfactory evidence of conduct in previous employment, and a full employment history. For newly recruited GPs the provider had checked their GMC registration, medical indemnity and hepatitis B vaccination status, and that they had received a DBS check and were on the Performers List. The provider did not have all the information listed under Schedule 3 of Regulation 19 for every newly recruited member of staff and GP. Regulation 19 concerns the employment of fit and proper persons. The provider had plans in place to complete DBS checks all existing staff and for all new recruits going forward.

# Are services safe?

## Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice carried out regular fire drills and fire safety equipment was regularly serviced and maintained, however there was no fire risk assessment in place. Clinical equipment was regularly checked and serviced to ensure it was working properly. This had last been completed on 06 November 2015. The practice manager told us a legionella risk assessment had been completed in 2013 but did not have documentary evidence to support this. There were no control of substances hazardous to health (COSHH) risk assessments in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- Staff had received annual basic life support training within the last 12 months and training had been arranged for newly recruited staff.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The GP attended monthly meetings organised by the CCG to disseminate new guidelines and clinical pathways. This information was disseminated to other GPs in the practice through monthly practice meetings for clinical staff, and through one to one meetings with the practice nurse.
- There was some monitoring that guidelines were followed through audits, for example looking at how the practice treated people with chronic obstructive pulmonary disease and people with diabetes.
- However, amongst the medical records of eight patients we reviewed we saw instances of accepted clinical guidelines not being followed. NHS England were advised of our concerns in this area.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 2014/15 results were 77.8% of the total number of points available, with 3.0% exception reporting. While these were an improvement on the previous year's results (70.9% of total points available and 1.8% exception reporting), they were below the CCG average (93.6% of total points available and 6.6% exception reporting) and England average (93.5% of total points available and 9.2% exception reporting).

Our analysis of the QOF data showed:

- A large variation between the practice's performance and national averages for some diabetes indicators, although improvement had been made on last year's performance. Most notably, the percentage of patients on the diabetes register with a recorded foot

examination and risk classification in the preceding 12 months which had increased from 50.98% to 96.38% bringing the practice in line with the national average of 94.1%.

- There had been a decline in the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months, from 77.78% in 2013/14 to 22.22% in 2014/15. This England average in 2014/15 was 84.01%.
- Performance for other mental health related indicators was similar to the national average.
- At 79.97% the percentage of patients with hypertension having regular blood pressure tests was similar to the national average of 86.65% and was an improvement on the figure of 71.23% last year in 2013/14.

The practice was in the process of identifying leads amongst its newly recruited GPs, for example for learning disability, dementia and diabetes, and had recently made the decision to employ a healthcare assistant with phlebotomy skills to replace the one that left the practice in March 2015. Coding entries on patients' notes to ensure they were included in registers used for monitoring and reviewing the treatment and care of patients with long term conditions was a priority for the practice. The practice nurse was the lead for ensuring national guidelines for the monitoring of patients with diabetes were followed.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. It showed there had been a reduction in the number of patients with chronic obstructive pulmonary disease attending A&E and being admitted to hospital following such changes as providing patients with a rescue pack, for example.
- The practice participated in applicable local audits and benchmarking. For example it monitored its uptake of the NHS Health Check by patients aged 40 to 74 years, and compared this with other practices in the local area and shared with them ways of improving uptake.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs, for example the new electronic patient record system introduced in April 2015. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, clinical supervision and facilitation and support for the revalidation of doctors and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and patient confidentiality. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- There was evidence of risk assessments and care plans for patients most at risk to prevent them being admitted to hospital unnecessarily.
- Information such as NHS patient information leaflets was available.
- The practice shared relevant information with other services in a timely way, for example with the out of hours service, acting on information received from it about patients who had used the service and sharing special notes with the service, for example about patients for whom a do not attempt resuscitation decision is in place.
- However, amongst the medical records of eight patients we reviewed we saw instances of inadequate recording of history and examination, inadequate recording of a

working diagnosis or no diagnosis recorded, inadequate clinical management, and pathology results that appeared not to have been acted on. NHS England were advised of our concerns in this area.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, for example after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a monthly basis and where care plans for patients with complex needs were reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, worked with the patient's carer to make a decision about treatment in the patient's best interest.

### Health promotion and prevention

The practice had systems in place to identify patients who may be in need of extra support.

- These included patients receiving palliative care and carers. A carers protocol was in place setting out the additional support provided by the practice to carers, including for example referral to social services for a carer's assessment. The practice was aware of the need to identify and support more carers amongst its practice population.

The practice had a system in place for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.27%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice

# Are services effective?

(for example, treatment is effective)

also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Its performance in these areas was comparable with CCG and England averages:

- 47.7% of relevant persons on the practice's list had been screened for bowel cancer in the last 30 months compared with the CCG average of 49.2% and the England average of 58.3%.
- 70.7% of relevant persons on the practice's list had been screened for breast cancer in the last 36 months compared with the CCG average of 70.0% and the England average of 72.2%.

Childhood immunisation rates for the vaccinations given ranged from 65.2% to 90.9% for the vaccinations given to under two year olds, and from 69.2% to 91.2% for five year olds. Figures for the CCG as a whole were not available. The flu vaccination rate for the over 65s was 71.31%, and was 38.98% for at risk groups. These rates were also comparable to the national averages of 73.24% and 51.52% respectively.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that 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 area to discuss their needs.

Twenty of the 40 patient CQC comment cards we received were positive about the service experienced and a further eight comment cards indicated the service was improving.

We spoke with two members of the patient participation group. They told us they were very satisfied with the care provided by the practice and that staff responded compassionately when they needed help and provided support when required.

In the national GP survey however, the practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 72% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 67% said the GP gave them enough time (CCG average 81%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 66% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 72% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 90%).
- 81% said they found the receptionists at the practice helpful (CCG average 77%, national average 87%).

All but one of the GPs in post at the practice when the survey was carried out had since left.

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

Results from the national GP patient survey showed fewer patients than average responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 70% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%).
- 70% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%).

All but one of the GPs in post at the practice when the survey was carried out have since left.

Eleven of the 40 patient CQC comments cards we received included comments on the quality of the clinical staff at the practice. All but one of these was very positive.

Staff told us that telephone translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

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

The practice's computer system could be used to alert GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. However, the practice was aware of the need to identify and support more carers amongst its practice population.

There was a system in place to ensure all staff were made aware of when a patient died to ensure they responded appropriately to the bereaved family. The practice had not put formalised arrangements in place, although support for these families was on offer and counselling services were available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had been working with NHS England and the CCG since July 2015 to find alternative premises so that services could be continue to be provided locally on the retirement of the senior partner on 31 December 2015.

- The practice offered appointments from 7.30am to 7.30pm every week day except Thursday for patients who needed to see a GP before or after work.
- There were longer appointments available for people who needed them, for example people with a learning disability and people over 75 years of age.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and elderly patients, and those with serious medical conditions.
- There were disabled facilities including a hearing loop, and translation services available including British Sign Language.
- There were male and female GPs available at every surgery. Between them clinical and non clinical staff spoke many of the languages prevalent amongst their patients.

### Access to the service

The practice was open between 7.30am and 7.30pm every week day except Thursday when it closed at 12.00pm. Appointments were from 7.30am to 12.00pm and from 2.00pm and 7.30pm every week day except Thursday when the practice closed in the afternoon. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages, although the survey was carried out before the practice implemented its current appointment system in April 2015. The survey results were:

- 40.0% patients said they could get through easily to the surgery by phone (CCG average 52.5%, national average 73.3%).
- 51.0% patients described their experience of making an appointment as good (CCG average 57.5%, national average 73.3%).
- 45.7% patients said they usually waited 15 minutes or less after their appointment time (CCG average 50.3%, national average 64.8%).

At 69.9%, satisfaction with the practice's opening hours compared well with the CCG average of 69.4% and the national average of 74.9%.

The practice had worked hard to improve access to appointments and had changed its appointment system twice in the last two years, including trialling a walk in service. The practice had moved away from reception staff determining how soon a patient would get an appointment and put in place instead a system where a GP would call a patient back to discuss their needs with them.

Since April 2015 the practice offered pre bookable and same day appointments throughout most of the day four days a week and on Thursday mornings. Sixteen of the 40 CQC comment cards commented on the appointment system, and seven of these said it had improved in recent months. People we spoke with during the inspection visit told us they were able to get appointments when they needed them. Staff we spoke with also told us the current appointment system worked much better and was much less stressful for them.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including poster and leaflets about the practice's complaints procedures, local complaints advocacy services and the Parliamentary and Health Service Ombudsman.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at nine complaints received in the 12 months prior to our inspection. They were handled appropriately and in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve

the quality of care. For example, the practice booked additional locum GP sessions to cover for a GP on sick leave so that some patients, including older people and children, could have longer appointments.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had been dealing with a great deal of change since the senior partner announced in June 2015 their intention to retire from general practice at the end of the year. Apart from the remaining partner, practice nurse and practice manager, all of the GPs and most of the non clinical staff were new. Until very recently, the practice had been uncertain of its future location and finding new premises had been a considerable distraction. On 05 November 2015 the CCG confirmed the practice would not be closing and that a new location for the practice had been found.

The practice had a clearly defined mission statement to provide a high standard of patient orientated care through an easily accessible and convenient service. This was supported by a clearly articulated vision and aims for the practice. A business plan had been developed and submitted the NHS England for the practice to continue after the retirement of the senior partner. The practice had made investments recently, for example it had enhanced the electronic patient record system to deal with documentation between the practice and the hospital more efficiently. However other plans and developments had been put on hold until the future of the practice had been settled.

### Governance arrangements

The practice did not have an overarching governance framework to support the delivery of good quality care. There was a clear staffing structure and roles and responsibilities were clearly assigned to staff. Practice specific policies were available to all staff to provide guidance and instruction to staff in many areas. However, systems and programmes were not in place to monitor and improve the performance of the practice and arrangements for identifying, recording and managing all risks and implementing mitigating actions were not robust.

### Leadership, openness and transparency

The remaining GP partner, together with the practice manager, were seeking to develop capacity and capability to run the practice and ensure high quality care. The recognised the practice was starting from a low base. They were seeking to reduce their reliance on locum GPs by

increasing the number of salaried GPs and partners. They believed this and other planned service and business developments would be easier to achieve now the future of the practice had been settled.

The GP partner and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

While the management team encouraged a culture of openness and honesty, the provider was not aware of and had no protocol in place to ensure it complied with the requirements of the Duty of Candour.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. They were involved in discussions about how to run and develop the practice, and encouraged 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team, for example about the appointment system. At the last PPG meeting in September 2015 the group was involved in discussions about the future of the practice and the services they would like to be provided in the new premises.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

## Are services well-led?

Requires improvement 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They were aware of the changes taking place and told us they felt involved and engaged to improve the service.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not in place to assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity, to address for example the areas in which the practice performed poorly in the Quality Outcomes Framework (QOF) and national GP survey in 2014/15. Regulation 17.-(2)(a)</p> <p>Processes were not in place to maintain a complete record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided. Among the eight patient records we looked at we saw instances of inadequate recording of history and examination and inadequate recording of a working diagnosis or no diagnosis recorded. Regulation 17.-(2)(c)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person was not designing care or treatment with a view to ensuring patients' needs were met. Among the eight patient records we looked at we saw instances of accepted clinical guidelines not being followed. Regulation 9.-(3)(b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>



This section is primarily information for the provider

## Requirement notices

Recruitment procedures were not established and operated effectively to ensure that persons employed are of good character. Not all staff that might be called upon to act as a chaperone had a Disclosure and Barring Service (DBS) check. Regulation 19.-(2)(a)

The information specified in Schedule 3 was not available in relation to each person employed by the provider after 01 April 2013. Regulation 19.-(3)(a)