

# The Beaumont Practice

## Quality Report

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Date of inspection visit: 30 November 2017  
Date of publication: 01/02/2018

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

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Requires improvement</b> 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the Beaumont Practice on 30 November 2017, which was undertaken in accordance with our published process to re-inspect a proportion of practices previously rated as good or outstanding. At the previous inspection in April 2015 the practice had been rated as Good. The practice is now rated as requires improvement overall and the five key questions are rated as follows:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. We have rated the practice as requires improvement overall and for the key questions of safe and well-led. The concerns which led to these ratings apply to everyone using the service. Accordingly, the population groups are rated as follows:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

At this inspection we found:

- The remaining GP partner had found running the practice alone to be challenging. We had concerns that the GP partner working elsewhere for part of the week might adversely impact on clinical and managerial oversight at the practice. However, a new prospective partner has now been identified and they will shortly be joining the practice. It was anticipated that their appointment would strengthen the leadership capacity, oversight and governance.
- There had been some uncertainty over the frequency of refresher training for staff, but it was confirmed during the inspection that some staff members were not up to date with their mandatory training needs.
- Although the clinical team met frequently, this was not on a formal basis and there was not consistent recording to ensure that relevant information was passed on.

# Summary of findings

- The practice learned from incidents and took action to improve its processes. However, the relevant protocol was in need of review and records of discussions were not consistently kept or passed on.
- Published data showed the practice performance was above local and national averages.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- There was some evidence that clinical audit drove improvement. However, there was scope for more audits to be carried out.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to use the appointment system and told us they could access care when they needed it.
- Data from the GP patient survey showed that patient satisfaction had been below local and national averages. However, this had been acted upon by the practice and its own larger and more recent patient survey had shown improvements had been made.

The areas where the practice **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there are effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the areas where the practice **should** make improvements are:

- Produce and implement a practice protocol covering guidelines issued by the National Institute for Health and Care Excellence (NICE).
- Implement a more extensive system of clinical auditing.
- Establish weekly minuted clinical meetings to ensure that information is appropriately recorded and shared.
- Continue with efforts to address the cleanliness concerns relating to one of the consultation rooms.
- Continue to review and monitor patients' feedback to maintain the improvement in satisfaction levels.

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

# Summary of findings

## The six population groups and what we found

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

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

# The Beaumont Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Beaumont Practice

The Beaumont Practice operates from the Hornsey Rise Health Centre, Hornsey Rise, London N19 3YU. It shares the purpose-built premises, which are managed by the local NHS trust, with other healthcare service providers. There are good local bus services.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 2,900 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 33 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures and maternity and midwifery services. The patient profile for the practice has an above-average working age population, between the ages of 20 and 49 years and fewer than average older patients, aged over-65. The locality has a higher than average deprivation level. Over a third of the practice area population is of black and minority ethnic background.

The practice's clinical team is led by a female GP partner, supported by a female salaried GP and a long-term male locum GP. The GP partner works one weekly clinical session and three administrative sessions. The salaried GP works eight clinical sessions a week and the locum GP works two

sessions, usually on Fridays. The clinical team is completed by a female practice nurse, who works three days a week and a male healthcare assistant, who works two mornings. The administrative team is comprised of a part-time practice manager and five administrative assistants, three of whom carry out reception duty.

The practice reception operates between 9.00 am and 6.30 pm, Monday to Friday. The practice closes from 2.30 pm to 3.30 pm. However, telephones are answered all day. Morning appointments with GPs are available between 9.00 am and 12.00 noon, Monday to Friday. GPs' afternoon sessions run from 4.00 pm until 6.30 pm on Monday, Tuesday Thursday and Friday and from 4.00 pm to 7.00 pm on Wednesday. The GPs also provide a telephone consultation service each day after the morning clinic. The nurse's clinics operate on Monday, Tuesday and Friday, running from 11.00 am to 2.30 pm; from 3.30 pm to 7.00 pm on Monday and Tuesday and from 3.30 pm to 6.30 on Friday. The healthcare assistant can be seen between 9.00 am and 12.00 noon on Wednesday and Friday.

Routine appointments with GPs can be booked up to six weeks in advance. Appointments in the morning are 10 minutes long; those in the afternoon are 15 minutes. Double appointments may be booked if patients wish to discuss more than one issue. Patients can book appointments online if they have previously registered to do so. Same-day urgent appointments are available. Telephone consultations are available daily and the GPs also make home visits to see house-bound patients.

In addition to the extended hours operated by the practice, the CCG has commissioned the "IHub" extended hours service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends and bank holidays at three sites across the borough. Appointments can be booked by patients contacting their own general practice. There is also a walk in service available to all patients at a

## Detailed findings

central location. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours service on the practice website - [www.thebeaumontpractice.co.uk](http://www.thebeaumontpractice.co.uk)

We previously inspected the practice in April 2015, when we rated it good in respect of the five key questions and

overall. The inspection report can be accessed at the following page of our website – [www.cqc.org.uk/location/1-538904390](http://www.cqc.org.uk/location/1-538904390) We carried out this comprehensive inspection of the practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. It was undertaken in accordance with our published process to re-inspect a proportion of practices previously rated as good or outstanding.

# Are services safe?

## Our findings

### We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- There was an increased risk as there was limited assurance about safety. Not all staff were up to date with relevant mandatory training. We had concerns regarding clinical and managerial oversight due to the GP partner working away from the practice for up to half a week.

### Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice had a range of safety policies which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information for the practice as part of their induction.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. 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.
- Staff knew how to identify and report concerns, but not all staff had received up-to-date refresher training appropriate to their role. For example, the practice nurse was overdue refresher training in both adult and child safeguarding and the healthcare assistant was overdue child safeguarding training. However, during our interview with the nurse they showed an in-depth understanding of safeguarding issues. There were no records of training undertaken by the long term locum GP. The chaperone protocol had been reviewed in February 2017. Two members of the administrative team who acted as chaperones were trained for the role

and had received a DBS check. However, we were told that the practice nurse and healthcare assistant also perform chaperoning duties, but there was no evidence to confirm they had received formal training.

- The practice nurse was the lead on infection prevention and control (IPC) and we saw evidence that most staff had received refresher training appropriate to their role. However, the healthcare assistant was overdue the training and there were no records relating to the locum GP. The practice's infection prevention and control policy had been reviewed in April 2017 and an IPC audit had been carried out in November 2017. The local NHS trust, which manages the premises, was responsible for cleaning and waste management and we saw that cleaning was done in accordance with planned schedules and logs were maintained. The premises were generally clean and tidy at our inspection. However, we had concerns regarding one of the consultation rooms used by the practice, which had a high ceiling with open rafters and cross beams that easily accumulated dust. Practice staff told us the matter had been raised several times with the trust, but the beams were not cleaned due to working at height safety issues. They said they would discuss the issue again with the trust. There were systems in place for safely managing healthcare waste. The practice maintained a log to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. There was a risk assessment and appropriate management plan in place relating legionella, a bacterium which can contaminate water systems in buildings.
- The trust also managed general health and safety issues at the premises. A monthly fire risk assessment was undertaken and a fire drill was carried out every six months. The fire alarm was tested weekly and firefighting equipment had been checked. We noted that one staff member was overdue annual fire awareness training and there were no records available relating to the locum GP. There was a named member of staff responsible for health and safety within the practice, who carried out a monthly check. We saw evidence that most staff, with the exception of the GP partner and locum GP, had had completed annual health and safety refresher training.

### Risks to patients

# Are services safe?

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. However, the GP partner told us they only worked one clinical and three administrative sessions per week at the practice, and was working at one of the nearby IHub service locations, although contactable by phone. We had concerns that this might compromise the safety and effectiveness of clinical and managerial oversight at the practice. However, we were told after the inspection that a prospective new partner had been identified and an application for them to join the practice and to be added to the registration would be made shortly.
- The practice had an induction process for new staff, who were subject to a six month probationary period.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Most staff members were up to date with training in basic life support, but two of the administrative staff were not and there were no records relating to the locum GP. Logs confirmed that emergency equipment, such as the defibrillator and oxygen supply, and emergency use drugs were monitored appropriately.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis, in accordance with guidelines issued by the National Institute for Health and Care Excellence (NICE). However, the practice did not have a specific protocol relating to this. The GP partner told us that one would be drafted and shared with staff.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- There were systems for minimising risks in relation to managing medicines, including vaccines. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Data showed that the practice's antibacterial prescribing was very low.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. However, the relevant protocol had not been reviewed since September 2016. There had been 13 incidents treated as significant events recorded in the last 12 months. We saw that 11 of the events related to doctors being unable to attend for clinical sessions and their patients' appointments needing to be cancelled at short notice. These had occurred between September 2016 and January 2017. Staff told us that a protocol relating to staff absence was in place and had been put into action. Patients had either been re-booked or referred to the alternative IHub service. Staff said that no complaints had been submitted by patients in relation to the cancellations. We noted that there had been no recurrence of the problem since January 2017. Staff understood their duty to raise concerns and report incidents and near misses. Management supported them when they did so. We saw from staff meeting minutes that significant events were a standing agenda item. However, one member of the clinical team told us that they could not recall any significant events being discussed.
- Safety alerts were received via the Department of Health's Central Alerting System and appropriately acted upon. For example, the practice showed us evidence relating to a recent alert issued by the



## Are services safe?

Medicines and Healthcare products Regulatory Agency regarding a recall of certain statins, which are drugs used in the treatment of cardiovascular disease. After

receiving the alert, the practice had conducted a records search of patients receiving the drug and contacted any named pharmacies which had processed related prescriptions.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated the practice as good for providing effective services across all population groups

The practice was rated as good for providing effective services because:

- People have good outcomes because they receive effective care and treatment that meets their needs.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The practice had access to guidance including that issued by the National Institute for Health and Care Excellence (NICE), via the Map of Medicine - an online system containing clinical guidance and local patient pathways - and from monthly newsletters from NICE and the CCG. We saw that these were received by the practice manager and passed on to clinical staff. Staff showed us a recent example of guidance issued in relation to patients with low blood pressure and we saw the healthcare record of a patient with urinary tract infection, which confirmed current guidance had been followed. The CCG also provided guidance on clinical pathways and we reviewed with staff the healthcare records and pathways relating to two patients with schizophrenia and learning disabilities respectively. We also saw evidence from patient records that end of life care was in accordance with the Gold Standards Framework.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Because we have rated the practice as requires improvement for the key questions of safe and well-led and overall, the rating for the six population groups is also requires improvement. However, we noted the following:

#### Older people

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the

preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) was 92.17%, compared with the CCG average of 81.51% and the national average of 83.36%.

- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) was 100%, compared with the CCG average of 81.2% and the national average of 88.41%.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- We saw evidence of effective liaison with other healthcare professionals including the local care co-ordinator, and staff participated in integrated network meetings held every fortnight.
- Of the patients prescribed 10 or more medicines, 390 (89%) had receiving a structured annual medication review.
- Thirteen patients had been identified as being at risk of developing dementia, of whom 13 had been offered cognition testing.

#### People with long-term conditions

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) was 90.32%, compared with the CCG average of 78.61% and the national average of 79.46%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) was 99.19%, compared with the CCG average of 76.06% and the national average of 78.15%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) was 75.63%, compared with the CCG average of 78.99% and the national average of 80.08%.

# Are services effective?

## (for example, treatment is effective)

- The practice had carried out 162 foot checks (94%) and 148 retinal checks (85%) for patients with diabetes.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions (01/04/2016 to 31/03/2017) was 79.17%, compared with the CCG average of 76.95% and the national average of 76.41%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) was 97.78%, compared with the CCG average of 92.65% and the national average of 90.39%.
- We saw from published performance data for 2016 / 2017 that the practice was not an outlier in relation to long term conditions, with its various indicators being comparable with or slightly above local and national averages.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

### Families, children and young people

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above for all four sub-indicators.
- The practice had monthly meetings with health visitors and staff attended quarterly children at risk meetings. The families discussed were coded as vulnerable families and care plans were added to patients' records.

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

This population group was rated good because:

- The practice's uptake for cervical screening was 81.71%, compared with the CCG average of 75.17% and the national average of 80.88%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had carried out 505 health checks (73% of those eligible) and 854 blood pressure checks

(92% of those eligible) in the last 12 months. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable

- End of life care was delivered in a co-ordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice maintained a learning disabilities register of 9 patients, all of whom had received an annual follow up and had their care plans reviewed.
- The practice worked with local alcohol and drugs support teams.

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

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) was 87.5%, compared with the CCG average of 87.45% and the national average of 83.72%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) was 100%, compared with the CCG and national averages of around 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health who had received had their alcohol consumption recorded in the last 12 months (01/04/2016 to 31/03/2017), compared with the CCG local and national averages of around 90%.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2016 /

# Are services effective?

## (for example, treatment is effective)

17, which showed the practice achieved 98.5% of the total number of points available, being 2.1% above the CCG average and 2.9% above the national average. The overall exception reporting rate was 14.2%, being 3.3% above the CCG average and 4.3% above the national average.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

The practice used information about care and treatment to make improvements, for example by clinical audit, albeit limited. The audits carried out were mostly at the instigation of the CCG. Staff told us that three clinical audits had been carried out in the past 12 months. We looked at two completed-cycle audits relating to the prescribing of warfarin (an anticoagulant, used to reduce the risk of blood clots forming) and cervical smears. The results of the warfarin audit showed that patient outcomes had improved, with the drug being prescribed only after appropriate tests had been completed, and that there had been an improvement in record keeping allowing staff to have easier access to information. The cervical smear audit showed an improvement in the number of inadequate tests carried out, from just below 1% in 2015 /16 to zero in 2016 /17, with a slight increase in the number of tests performed.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice nurse had recently completed training relating to Contraception and Family Planning, Cervical Smears and Travel Health.

- The practice understood the learning needs of staff and provided training to meet them. Up-to-date records of skills, qualifications and training were maintained, but these showed some gaps in mandatory training refreshers having been provided. We discussed the recommended timescales for various refresher training with staff and the practice told us it would review training needs and implement the refresher training shortly after the inspection. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

- The GP partner told us they worked only one clinical weekly session together with three administrative sessions at the practice. They spent the rest of their time working at one of the nearby IHub locations. The practice manager worked part-time, 3.5 days a week. We had concerns that this combination of circumstances may compromise the safety and effectiveness of clinical and managerial oversight at the practice. However, we were told that a new partner would be joining shortly.
- The GP partner mentioned that they would like more administrative staff, but financial constraints currently prevented this.
- We reviewed three staff files and saw that appropriate documents and information was maintained.

### Coordinating care and treatment

Staff worked with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that appropriate staff, including those at other services, were involved in assessing, planning and delivering care and treatment. The practice shared premises with the health visitor and district nursing team, allowing for easy liaison. We saw evidence that practice staff participated in regular multi-disciplinary team teleconferences.
- Patients received coordinated and person-centred care. This included when they moved between services; when they were referred to, or after they were discharged from, hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and patients who were carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

# Are services effective?

(for example, treatment is effective)

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop-smoking campaigns and tackling obesity, and NHS health checks and those for patients aged over-75.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) was 97.4%, compared with the CCG average of 94.3% and the national average of 95.3%.
- The practice had identified the smoking status of 93% of patients aged over-16 years and recorded that 37 patients had stopped smoking in the last 12 months.
- We reviewed two cases where patients had been referred for two-week secondary follow up, to investigate possible cancer, and saw that the referral letters contained appropriate information.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Decisions were appropriately recorded using the local Co-ordinate My Care process.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The practice protocol had been reviewed in April 2017 and we saw evidence that the GP partner completed online training regarding the Mental Capacity Act shortly after our inspection. However, the practice nurse had not received recent relevant training and there were no records relating to the locum GP. Staff we spoke with had a good understanding of the Gillick Principles and Fraser Guidelines relating to children's competency to consent to treatment.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### We rated the practice as good for caring.

The practice was rated as good for caring because:

- People are supported, treated with dignity and respect, and are involved as partners in their care.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Results from the GP patient survey indicated that the practice was below average in some aspects of care. However, the practice's own, more recent and larger, survey showed significant improvement in patient satisfaction.
- We received 20 patient Care Quality Commission comment cards, 19 of which were positive about the service experienced; one mentioned that reception staff were sometimes curt and rude. We spoke with six patients during the inspection, all of whom were positive in the feedback regarding being treated with kindness, dignity and respect. However, two patients said they sometimes felt rushed at consultations.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed the results from the July 2017 annual national GP patient survey, based on evidence gathered between January and March 2017. There were 375 surveys sent out and 93 were returned. This represented about 3.2% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients who responded said the GP was good at listening to them, compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 72% of patients who responded said the GP gave them enough time, compared with the CCG average of 83% and the national average of 86%.

- 92% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 95% and the national average of 95%.
- 67% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 83% and the national average of 86%.
- 73% of patients who responded said the nurse was good at listening to them, compared with the CCG average of 86% and the national average of 91%.
- 73% of patients who responded said the nurse gave them enough time, compared with the CCG average of 88% and the national average of 92%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw, compared with the CCG average of 95% and the national average of 97%.
- 73% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared with the CCG average of 86% and the national average of 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful, compared with the CCG average of 88% and the national average of 87%.

The practice had reviewed the results and taken action to improve. It had carried out its own survey, obtaining feedback from 162 patients between July and September 2017. The practice showed us the results and, although the questions differed slightly from those of the GP patient survey, we saw the results were a more positive, for example -

- 86% of patients responding said that staff were good at listening to them.
- 86% of patients responding said were good at making them feel at ease.
- 85% of patients responding said staff were good at assessing their medical condition.
- 83% of patients responding said staff were good at providing or arranging treatment.
- 86% of patients responding said staff were polite.
- 96% of patients responding said they found the receptionists helpful.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

## Are services caring?

- Interpreting services were available for patients who did not have English as a first language. There was good information regarding the practice available in the reception area, including in languages other than English and Braille. Patients were also told about multi-lingual staff who might be able to support them. Practitioners in British Sign Language could be booked and an induction loop was available for patients with a hearing impairment.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- We saw that the practice used a pictorial aid to help children describe any pain they were experiencing.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (1.7% of the practice list).

- Information was available to carers to signpost them to advice and support groups.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 86%.

- 65% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared with the CCG average of 81% and the national average of 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 84% and the national average of 90%.
- 66% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared with the CCG average of 79% and the national average of 85%.

There was no negative feedback in the 20 patient comments card we received, but one of the six patients we spoke with said they did not feel sufficiently involved in decisions regarding their care and treatment.

The results of the practice's own patient survey, whose questions differed slightly, were more positive –

- 81% of patients responding said staff were good at explaining their medical condition.
- 84% of patients responding said staff would be good at involving them in decisions about their treatment.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- We saw that patients' confidentiality was well-managed in the reception area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated the practice as good for providing responsive services across all population groups.

The practice was rated as good for providing responsive services because:

- People's needs are met through the way services are organised and delivered.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were operated and online services such as repeat prescription requests and booking of appointments were available.
- The practice improved services where possible in response to unmet needs. For example, it had undertaken an outreach event at a local mosque to inform patients of cancer care services available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The premises had appropriate access, facilities and parking spaces for disabled patients. The practice had the use of two consultation rooms, both on the ground floor.

Because we have rated the practice as requires improvement for the key questions of safe and well-led and overall, the rating for the six population groups is also requires improvement. However, we noted the following:

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice nurse attended house-bound patients to carry out blood tests.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the integrated care team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours were operated four weekday evenings.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- Double appointments could be booked for patient with learning disabilities or for those needing an interpreter.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Various mental health care services were available within the practice, including face to face appointments with attached practitioners and the local ICope service, available to patients with lower-level mental health needs, such as depression, insomnia, stress and worry.

### Timely access to the service



# Are services responsive to people's needs?

(for example, to feedback?)

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Patients had timely access to initial assessment, test results, diagnosis and treatment.

Patients with the most urgent needs had their care and treatment prioritised.

The appointment system was easy to use and included online access.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages, although waiting times was slightly below the local and national averages.

- 68% of patients who responded were satisfied with the practice's opening hours, compared with the CCG average of 73% and the national average of 76%.
- 71% of patients who responded said they could get through easily to the practice by phone, compared with the CCG average of 77% and the national average of 71%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, compared with the CCG average of 83% and the national average of 84%.
- 70% of patients who responded said their last appointment was convenient, compared with the CCG average of 77% and the national average of 81%.
- 68% of patients who responded described their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.
- 53% of patients who responded said they don't normally have to wait too long to be seen, compared with the CCG average of 52% and the national average of 58%.
- 62% of patients usually wait 15 minutes or less after their appointment time to be seen, compared with the CCG average of 58% and the national average of 64%.

The practice's own larger and more recent patient survey showed better results, for example –

- 89% of patients responding said it was easy to contact the practice by phone.
- 93% of patients responding said their last appointment was convenient.
- 98% of patients responding said their experience of making an appointment was good.
- 91% of patients responding said they would recommend the practice to someone new to the area.

We saw the practice's results for the Friends and Family Test, published on the NHS Choices website. Six patients had responded and all said they would recommend the practice.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and the process was easy to use. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There had been two written complaints and one verbal complaint received in the last year, which we saw had been satisfactorily handled in a timely way. The complaints showed no particular trends and we saw from minutes of practice meetings that complaints were a standing agenda item. The three complaints had been discussed at practice meetings and learning points from them had been record and were used to improve the quality of care. For example, emphasizing the need to follow practice guidelines and protocols and further customer care training being provided. Where appropriate, detailed responses were sent to the complainants, setting out the investigation and outcome.

# Are services well-led?

Requires improvement 

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

## Our findings

### We rated the practice requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- The arrangements in respect of leadership capacity and governance required further development.

#### Leadership capability and capacity

The GP partner and practice manager had the skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. A former partner GP working at the practice had retired around the time of our previous inspection in April 2015. The remaining GP partner had found running the practice alone had been challenging. The GP partner told us they only worked one clinical and three administrative sessions per week at the practice, otherwise working at one of the nearby IHub service locations. They told us they were contactable by phone throughout the day. In addition, the practice manager worked part-time, 3.5 days a week. We had concerns that this might compromise the safety and effectiveness of clinical and managerial oversight at the practice. However, we were told after the inspection that a prospective new partner had been identified and an application for them to join the practice and to be added to the registration would be made. It was anticipated that their appointment would strengthen the leadership capacity, oversight and governance arrangements at the practice.

#### Vision and strategy

The practice had a vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

#### Culture

The practice had a culture of quality sustainable care.

- Staff stated they felt respected, supported and valued and were positive regarding their work experience. They said staffing levels were generally adequate and that administrative roles were interchangeable allowing for appropriate cover when needed.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals in the last year. These were “360 degree” appraisals, which involved seeking and discussing feedback from all colleagues. Staff were supported to meet the requirements of professional revalidation where necessary, but some mandatory training was overdue.
- There was a focus on the safety and well-being of all staff, which included regular staff social events.
- The practice promoted equality and diversity and most staff had received relevant training.

#### Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- These were generally effective, but there were some issues relating to mandatory refresher training that required improvement.
- We discussed the frequency and conduct staff meetings. Staff told us that formal minuted, clinical meetings were held every four-to-six weeks. Staff told us that due to the practice being small there were more frequent, often daily, informal meetings to pass on relevant information. However, as the GP partner and practice manager were not always present, the effectiveness of this approach was questionable. In addition, we had noted that one member of the clinical team could not recall any significant events being discussed at meetings. The practice manager agreed to establish weekly minuted clinical meetings to ensure that information was appropriately shared and recorded. Meetings of the administrative staff took place monthly and we saw various minutes to confirm this.

# Are services well-led?

Requires improvement 

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

- The practice had processes to manage current and future performance.
- A limited number of clinical audits had been carried out and these had a positive impact on quality of care and outcomes for patients. We discussed the scope for more clinical auditing, which the GP partner conceded. There was evidence of action to change practice to improve quality from other data such as patient surveys.
- The practice had plans in place, and had trained most staff, to deal with major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. However, this could be improved by implementing formal clinical meetings, with appropriate recording.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- Most staff had received refresher training in information governance.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, but some were overdue refresher training. The practice's business continuity plan had been reviewed in October 2017 and identified a buddy practice to provide emergency support.
- However, we had concerns over the management's capacity with regard to governance issues. This was

evidenced by a number of staff not being up to date with mandatory training requirements and there being comparatively few clinical audits undertaken. The audits that had been carried out were mostly at the instigation of the CCG. In addition, there was a lack of adequate processes to ensure that appropriate learning, such as from significant events and from general reviews and discussion at formal clinical meetings, was passed on appropriately.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had undertaken outreach initiatives, such as attending a local mosque to discuss cancer care, which had resulted in around 30 new patients registering.
- There was an active patient participation group (PPG) of around six patients, and a virtual PPG of approximately 30 patients. We spoke with a representative of the PPG who was positive in their feedback. We saw that information about the PPG was posted in the waiting area, encouraging more patients to be involved.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, a member of staff was being supported with training in business administration and the practice had introduced and was monitoring changes to the telephone system following feedback from patients. However, some staff were overdue refresher training.
- The practice made use of internal and external reviews, such as patient survey results and data gathered by the CCG to monitor the service and make improvements.

# Are services well-led?

Requires improvement 

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

- The practice was investigating improving the WiFi system at the premises to allow on-demand access to interpreters and to provide the opportunity for “virtual consultations” with clinicians.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p><b>How the regulation was not being met:</b></p> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none"><li>• A number of staff members were overdue refresher training in mandatory subject areas such as safeguarding, chaperoning, infection prevention and control, fire awareness, health and safety, basic life support, the Mental Capacity Act and information governance. There were no records of the long term locum GP's training history.</li></ul> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>Systems or processes had not been effectively established and operated to ensure compliance. In particular:</p>

This section is primarily information for the provider

## Requirement notices

- There was a lack of effective processes to ensure that appropriate learning, such as from significant events and from general reviews and discussion at formal clinical meetings, was passed on appropriately.
- There was a lack of effective processes to ensure that staff training needs were monitored and addressed.
- There was a lack of effective processes to ensure that improvement was driven by a comprehensive programme of clinical auditing, relevant to the service provided.

**This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**