

Wembley Park Drive Medical Centre

Quality Report

19-21 Wembley Park Drive
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wembley Park Drive Medical Centre on 30 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed with the exception of recruitment checks, keeping medical records secure and fire training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour, although not all staff were aware of the policy.

The areas where the provider must make improvement are:

- Ensure there are no gaps in mandatory training such as fire safety, basic life support and safeguarding.
- Maintain security of patient records by keeping smartcards safe when accessing patient records.
- Ensure robust recruitment procedures are carried out as per the recruitment policy.

Summary of findings

In addition, the provider should:

- Review the national GP patient survey scores with the aim of improving patient satisfaction scores on nurses involvement in care.
- Ensure all staff have an understanding of the practice mission statement.

- Ensure all staff have an understanding of the duty of candour policy.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed with the exception of recruitment checks, keeping medical records secure and fire training.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Unverified data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly comparable to the national average and where they had scored lower than national average, they had taken steps to make improvements.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data published in January 2016 from the national patient survey gave below average results for caring. All patients we

Good



Summary of findings

spoke with on the day were complimentary about their care. The practice manager told us the demographics of the registered patients may have affected the results and we saw actions plans were in place to improve this.

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was part of the CCG's integrated diabetic service which was a new consultant led diabetes specialist service, working in partnership with the local hospital to provide high quality diabetes care to the community. The practice referred patients including newly diagnosed patients with diabetes to this service.
- Patients said they found it difficult to make an appointment with a named GP and get through easily on the phone; however, the practice had implemented an action plan to improve access.
- Same day appointments were available and for some patients, they were able to access the GP access hub which the practice was a part of.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were not clear about the mission statement but were clear about the vision and responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The lead GP had lead roles and special interests which she used to deliver evidence based care.
- The practice had a number of policies and procedures to govern activity but not all staff were aware of them, for example, the duty of candour policy. They held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care however; we found some governance systems had weaknesses such as managing risks to safety.
- The provider was aware of the requirements of the duty of candour but the policy was incomplete. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population including end of life care.
- The practice was responsive to the needs of older people, and offered home visits, telephone consultations and urgent appointments for those with enhanced needs.
- The practice sent letters to patients over 75 to inform them of their named GP and they were screened for dementia as well as for anxiety and depression. Patients requiring care plans were called prior to their appointment to remind them.
- Immunisations such as shingles and flu were offered to patients at home, who could not attend the surgery.
- The practice supported patients who were eligible for transport to community or hospital services.
- Systems were in place to identify and assess patients who were at high risk of admission to hospital and the practice would call them after discharge to ensure they were receiving appropriate follow up care.
- The practice ensured an emergency bypass number was available for care homes and out of hours services.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and 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 there was an effective recall system in place that ensured a structured annual review to check their health and medicines needs were being met.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services such as the complex patient management group (CPMG) which met with the practice weekly to discuss all patients and sharing of significant events.

Summary of findings

- We saw that discussions and joint clinics with doctors and nurses with specialist knowledge of long term conditions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- One of the GPs had a special interest in acupuncture and provided this service within the practice as an alternative to medicines and other therapies.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. There was an effective immunisation recall system in place. The practice had a high Romanian population and had set up an immunisation open day to promote immunisations aimed at the Romanian population.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a smear lead administrator who was responsible for ensuring women attending their screening tests.
- The practice offered quick access to contraceptive services such as coil fitting and implants.
- Postnatal mothers were screened for anxiety and depression.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses including direct mobile access when required.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was selected to register all new students, including international students attending the football university and as a result, the practice participated in the fresher's fair held at the university for the last two academic years. This enabled them to register between 150-200 students each year and work in partnership with other external organisations to drive health promotion and sexual health screening within this population group.

People whose circumstances may make them vulnerable

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

- The practice had the largest population of patients with learning disability in the locality and held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was responsive to homeless patients. They had no restrictions on registration and patients were offered food bank vouchers. Patients were also offered the option to register with a local homeless practice.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- Unverified data provided by the practice showed 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national target of 40%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams including the dementia nurse in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and patients who did not attend their counselling appointment were followed up.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016, containing data collected from January to March 2015 and July to September 2015. The results showed the practice was performing below national averages with the exception of access to appointments being in line with national average. 406 survey forms were distributed and 79 were returned. This represented 0.75% of the practice's patient list.

- 49% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which had mixed comments about the standard of care received. 23 of the comment cards we received were positive about the service experienced and patients felt the practice offered an excellent service. Eleven of the comment cards highlighted issues with access to routine appointments, long waiting times and ventilation in the waiting areas.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Their Friends and Family Test survey results for 2015 showed 75% of patients were likely to recommend the practice to friends or family.

Wembley Park Drive Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Wembley Park Drive Medical Centre

Wembley Park Medical Centre is located in Wembley and holds a General Medical Services (GMS) contract and is commissioned by NHS England, London. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures and diagnostic and screening procedures.

The practice is staffed by a senior GP female partner who provides two sessions a week and a male GP partner who provide nine sessions a week. The practice employs six female salaried GPs who provide a combination of 32 sessions a week. The practice is also staffed by a practice manager who works 36 hours a week and a part time assistant manager who works 32.5 hours a week. Also employed is a practice nurse who works 37.5 hours a week, one part time healthcare assistant (HCA), one part time phlebotomist, one office assistant, a clinical coder, a scanner and six reception and administration staff. A new practice nurse was due to join the practice in May 2016.

The practice is open between 9.00am and 6.30pm on Monday, Tuesday, Thursday and Friday and between 9.00am and 1.00pm on Wednesday. Outside of these hours, the answerphone redirects patients to their out of hours provider. Extended hours surgery are offered on Tuesday between 6.30pm and 8.00pm. The practice is a part of the Harness group of 26 practices that also provide a GP access hub service which offers extended access clinics between 6.00pm and 9.00pm on Monday to Friday and between 9.00am and 3.00pm on Saturday and Sunday.

The practice has a list size of 10,467 patients and provides a wide range of services including acupuncture, cryotherapy, joint injections, phlebotomy, wound clinic, chronic disease management and antenatal and postnatal care. The practice also offers public health services including family planning, sexual health screening, travel vaccinations and a well women's clinic for cervical screening.

In 1994, the building was located at number 21 Wembley Park Drive which had back and side extensions built to create additional consulting rooms and in 1997, the provider purchased number 19 Wembley Park Drive which includes extra consulting rooms and a second reception and waiting area for the patients.

The practice is also located in a mixed demographic area where 132 different languages are spoken. The majority of the population is relatively young and aged between 20 to 39 years of age.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 March 2016. During our visit we:

- Spoke with a range of staff including four GPs, one practice nurse, one healthcare assistant, practice manager, assistant practice manager, and clinical coder, scanner and five reception and administration staff.
- Spoke with two members of the Complex Patient Management Group (CPMG) consisting of a clinical pharmacist and nurse practitioner.
- We spoke with four patients who used the service and two members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed documentation including an anonymised sample of the personal care or treatment records of patients.

- Observed the premises.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had failed to act as promptly as they should when a known at risk patient asked for an urgent appointment. This resulted in the patient seeking urgent care at the hospital. The practice discussed this at a staff meeting and implemented an emergency patient protocol which would be reviewed annually to prevent a recurrence. All practice staff acknowledged receipt of this new protocol by signing a form and the patient was issued with a written apology and a copy of the significant event describing the implemented changes.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and were also

displayed on the practice website. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most of the staff had received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence that new and returning clinical and non-clinical staff members who had not yet received their adult safeguarding training were awaiting training dates with the CCG. GPs and one practice nurse were trained to child safeguarding level 3. Another practice nurse was trained to child safeguarding level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy with the exception of the active patient toilet with baby changing facilities located downstairs. We found the flooring in this toilet was in need of repair and was not free from unpleasant odour. We raised this with the practice and following the inspection, they sent evidence to show remedial work had been booked for the flooring. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff, with the exception of one returning to practice, whose training had been booked for later in the year, had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

We reviewed five personnel files and found recruitment checks such as proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been undertaken prior to employment. Recruitment checks such as satisfactory references, interview summary and a signed contract for staff needed to be more robust.

Monitoring risks to patients

Risks to patients were assessed and managed but not always robust.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a health and safety risk assessment in place. There was a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, not all staff had received fire safety training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, the practice provided locum GP cover when required and was in the process of recruiting an additional practice nurse into the practice. The practice provided additional agency nurse cover in the interim.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents with the exception of staff training in basic life support.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff had received annual basic life support training. However, the practice told us that all staff had been booked for this training in July 2016. Emergency medicines were available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. There was a lead GP for NICE and staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice achieved 98% of the available points however, at the time of inspection, there was no QOF data including exception reporting data available to the inspectors. The practice were able to provide their own unverified data from 30 March 2016 which showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes on the register, whose last blood pressure results were within normal range was 91%, compared to the national target of 93%.
- The percentage of patient with diabetes on the register who had received a foot examination in the last 12 months was 92%, compared to the national target of 90%.
- The percentage of patient with diabetes on the register whose average blood sugar levels was within the normal range of 59 was 69%, compared to the national average of 75%.

- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with mental health conditions on register, who had an agreed care plan, was 93%, compared to the national target of 90%.
- The percentage of patients with mental health conditions on register whose alcohol consumption had been recorded was 92%, compared to the national target of 90%.

The QOF indicators for average blood glucose levels for patients with diabetes on the register were lower than the national target and the practice had taken steps to improve diabetes care. For example, unverified data provided by the practice showed the percentage of patients with diabetes whose average blood glucose levels were within the normal range of 75 or less was 86%, compared to the national target of 92%. They held a joint diabetes clinic twice a month with the diabetes consultant and diabetes specialist nurse and the practice nurse had undergone insulin initiation training. The practice also ensured all patients undertaking NHS health checks had their average blood sugar levels measured as part of their health check.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the fever in children audit which aimed to revisit NICE guidelines and improve the observations carried out for children under five presenting with a fever. Consultations which occurred over three months were assessed against NICE guidelines and found 11 out of 14 used the recommended templates to record observation findings. The audit also showed there was improved documentation of temperature, heart rate, respiratory rate and capillary refill time but also showed poor documentation of oxygen saturation. As a result of the audit, the practice made use of the paediatric oxygen saturation probe and the template was issued to staff at induction.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, basic life support, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as the practice nurse who attended diabetes update training and received regular updates through the practice nurse forum. Two newly recruited healthcare assistants were in the process of completing their care certificate training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competences. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: equality and diversity and confidentiality. Not all staff had received training in fire safety awareness, basic life support and safeguarding. However, we saw evidence that the practice was awaiting training dates from the CCG for adult safeguarding training and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals such as the complex patient management group to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol cessation and patients who experienced difficulty engaging due to the language barrier. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- The practice offered health and exercise advice during routine appointments. Two of the staff had qualified as smoking cessation advisors and patients were also offered smoking cessation advice from a local stop smoking clinic.
- The practice also participated in the local Health Fair held over one day which aimed to promote the health and wellbeing of patients in their local community.

The practice provided unverified data which showed the uptake for the cervical screening programme was 81%, which was higher than the national average of 74%. They had a policy to offer telephone reminders for patients who did not attend for their cervical screening test. They also had a smear lead administrator who was responsible for sending out text message reminders for patients to attend their screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were higher than local averages. For example, childhood immunisation rates for the vaccines given to under two year olds was 97% compared to the local average of 90% and 97% for five year olds, compared to the local average of 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had undertaken 370 completed health checks which exceeded their target of 208. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. A dignity and respect poster was displayed in the waiting areas.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Twenty three of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Eleven of the comment cards highlighted issues with access to routine appointments, long appointment waiting times and ventilation in the waiting areas.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice was forward thinking and open to discussion about improvement. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients had confidence and trust in the GPs and found the staff treated them with compassion, dignity and respect. However, the practice was below average for some satisfaction scores with doctors and nurses compared to the clinical commissioning group (CCG) and national average. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.

- 79% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 88% of patients had confidence and trust in the last nurse they spoke to compared to the national average of 97%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients on the day told us they felt listened to and supported by staff and felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was mostly positive and aligned with these views. We also saw that care plans were personalised.

However, results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions compared to the CCG average of 77% and the national average of 82%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice acknowledged the low satisfaction scores for nurse consultations and recognised the importance of patients to be involved in their own care. They explained that this was due to the challenges they faced as a result of poor engagement with some population groups and they had attempted to improve representation the PPG and work together to resolve these issues. There was an action plan in place to improve engagement with some

Are services caring?

population groups that did not have English as their first language and had difficulty engaging such as an immunisation open day. The practice had also recruited an additional practice nurse who was due to commence employment in two months' time.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Patients had online access to their records via an application system. We saw posters advising patients that the local hospital was hosting a training event to teach patients how to use this service.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 270 patients as carers (3% of the practice list). New carers were identified at the time of their health check and carers were screened for anxiety and depression. They also had access to psychological therapies and written information was available to direct them to the various avenues of support available to them.

The practice had a bereavement protocol in place. Staff told us that if families had suffered 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 or by giving them advice on how to find a support service.

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 was part of the CCG's integrated diabetic service which was a new consultant led diabetes specialist service, working in partnership with the local hospital to provide high quality diabetes care to the community. The practice referred patients including newly diagnosed patients with diabetes to this service.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening between 6.30pm and 8.00pm for working patients who could not attend during normal opening hours.
- The practice offered vaccines for pregnant mothers and a new baby pack distributed to new mothers in order to promote vaccination of new babies. They were proactive in engaging with the high Romanian population and had recently recruited a Romanian administrator and were due to host an immunisation open day aimed at the Romanian population. Posters were available in Romanian advising patients of this event.
- Antenatal and postnatal appointments with the community midwife were available in-house and children under 10 years of age were seen the same day if urgent. Baby changing facilities were available.
- The practice was responsive to homeless patients and allowed them to register with the practice address. They were also offered foodbank vouchers which was a practice initiative.
- The practice worked closely with the local university halls and were selected to participate in their annual freshers' fair for the past two years. This was in order to register all new students, including international students attending the football university. During this fair, attended by the practice nurse and the practice junior doctors who were available to give advice to the students, new patients were registered to the practice and they were offered basic health checks including their weight and smoking status. Additionally, they promoted sexual health screening in partnership with an external trust, who provided free sexual health screening kits and information leaflets. This enabled 150-200 students each year to be registered with the practice.
- Older patients had a named GP, received rapid response to home visit requests and utilisation of the Short-term Assessment, Rehabilitation and Renablement Service (STARRS) to prevent avoidable admissions.
- There were longer appointments available for patients who required them such as those with a learning disability, long term conditions, mental health conditions, those requiring an interpreter, low mobility and those using wheelchairs.
- The practice offered online services such as appointment requests for phlebotomy and nurses, prescriptions, access to medical records and new registrations. They also offered telephone triage and telephone consultations for routine and urgent appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS, patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop with braille facilities as well as translation services available which included an online google translate button and British sign language interpreters.
- They were responsive to people's religious beliefs and culture. We saw examples where they offered patients a private room for prayers.

Access to the service

The practice was open between 9.00am and 6.30pm on Monday, Tuesday, Thursday and Friday and between 9.00am and 1.00pm on Wednesday. Extended hours surgery were offered on Tuesday between 6.30pm and 8.00pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed

Are services responsive to people's needs?

(for example, to feedback?)

them. The practice referred patients to the GP access hub which offered extended access clinics between 6.00pm and 9.00pm on Monday to Friday and between 9.00am and 3.00pm on Saturday and Sunday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 49% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 62% patients described their experience of making an appointment as good compared to the national average of 73%.
- 81% of patients said the last appointment they got was convenient compared to the national average of 92%.

The practice were aware of the issues regarding telephone access as well as access to appointments and this had also been discussed with the patient participation group (PPG). The practice told us that there was an increase in demand for one particular GP who only worked two days a week and in addition, they were experiencing an increase in telephone demand due to their increased patient list size.

They put in place an action plan to address these areas which included exploring various options with their phone company to tackle the large volume of calls and reduce the engaged tone for patients. In the meantime, they had added three extra lines and changed the practice telephone number from prefix 0844 to 0208. They also added extra appointment slots and introduced online appointment booking in particular for blood tests in order to tackle the large amount of incoming calls. Patients were also advised to book appointments with their GP access hub which was open seven days a week. There was no latest survey carried out to show if any improvement in patient satisfaction as a result of these changes.

The practice had a system in place to assess:

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

When a patient requested a home visit, all appointment requests were triaged by the duty doctor and in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 such as notices in all the waiting areas and leaflets.

We looked at 13 complaints received in the last 12 months and found they were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had made a complaint regarding appointments not running on time. The practice issued an apology and explained that appointments were limited to 10 minutes; however, this would take longer with patients with complex problems. The practice implemented the late protocol to be used by reception staff if the GPs were running late to keep patients informed and posters were displayed by the practice to inform patients to book double appointments if required.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Not all staff were aware of the practice's mission statement but they understood the vision and values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework however, we found some governance systems had weaknesses such as:

- Practice specific policies were implemented and were available to all staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks were not robust. For example, staff training and recruitment. The arrangements for keeping patient information secure required monitoring.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Two of the senior GPs were the lead and clinical supervisors for the foundation year two medical students. They told us they prioritised safe, high quality and compassionate care.

The lead GP was awarded Fellowship to the Royal College of GPs (RCGP) in 2014 and was recognised for multi professional leadership and development. She had interests in medical acupuncture and hypermobility. She

achieved accreditation from the British Medical Acupuncture society in January 2000, published two papers in their journal and was invited to present at their conferences. Topics have included treatment of scar pain and patients with hypermobility. An application was made in February 2004 for a Local Enhanced Service for acupuncture but funds were not agreed resulting in a free service delivery outside her working hours. Data showed in the last three years, she had treated 381 patients who would have otherwise required other forms of treatment such as anti-inflammatory medicines for those with long term conditions.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour however; we found not all staff were aware of the policy. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held regularly where the team met for social gatherings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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. Two of the lead GPs were the patient feedback leads.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and these meetings were also attended by medical students. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice acted on PPG feedback after they had suggested changes to building at number 19 to include a reception area covered by a fully trained receptionist.
- The practice had also gathered feedback on different issues such as their care planning programme. They had also gathered feedback from patients through their own community services feedback form.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example, tackling the large amount of did not attend (DNA) appointments. Staff had identified over 400 DNA's a month and made suggestions for text message reminders to go out to patients. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking for example, they were making plans to appoint a carers champion within the practice. They were also part of local pilot schemes to improve outcomes for patients in the area. They were the first practice to be accredited in the United Kingdom for becoming paperless.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Not all staff had received fire safety training and safeguarding training. The practice did not have robust monitoring processes in place to ensure there were no gaps in mandatory staff training and recruitment records for newly employed staff. The practice did not ensure that all smart cards were securely stored when staff left their rooms.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The practice had not followed their recruitment policy when undertaking recruitment checks for staff members. We looked at five personnel files and found recruitment checks such as satisfactory references, interview summary and a signed contract for one new member of staff had not been completed.</p> <p>This was in breach of Regulation 19(1) (b) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>