

Kingsway Health Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 Kingsway Health Centre on 12 July 2016. The overall rating for the practice was requires improvement with inadequate for providing caring services. The full comprehensive report on the 12 July 2016 inspection can be found by selecting the 'all reports' link for Kingsway Health Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 20 July 2017. The practice had made considerable progress whilst some areas required further improvement, overall, the practice remains rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Information about services and how to complain was available. 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 practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business development plan included areas of focus, for example, staff development, enhanced services and improving patient experience.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Data from the Quality and Outcomes Framework showed patient outcomes were mixed with some areas below the local and national averages. However, the practice had taken steps to address these areas and unpublished data showed improvements had been made.

Summary of findings

- Data from the national GP patient survey, published July 2017, showed patients rated the practice lower than others for all aspects of care and with how they could access care and treatment.
- Patients told us they were not always involved in decision making about the care and treatment they received and sometimes felt rushed during consultations.

The areas where the provider should make improvements are:

- Implement and review outcomes of the practice improvement plans to increase patient satisfaction with the service.
- Monitor patient feedback through the national GP patient survey and practice surveys to continue to identify and ensure improvement to patient experience.
- Continue to identify and support carers.
- Continue to encourage patients to attend cancer screening programmes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a process in place that ensured a check of appropriate actions had been taken in response to safety alerts and MHRA (Medicines and Healthcare products Regulatory Agency) alerts. We reviewed this process for the last alert received and found appropriate actions had been taken.
- Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Appropriate recruitment checks had been made prior to employment.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015-2016 showed patient outcomes were mixed with some areas below the local and national averages. However, the practice had taken steps to address these areas and unpublished data showed improvements had been made.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement and were undertaken in areas the practice had identified as in need of improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- 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.
- End of life care was coordinated with other services involved.

Are services caring?

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

- Data from the national GP patient survey, published July 2017, showed patients rated the practice lower than others for all aspects of care. For example,
 - 65% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
 - 57% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- Patients told us they were not always involved in decision making about the care and treatment they received and sometimes felt rushed during consultations.
- The practice had developed an action plan in response to previous national survey results. All reception staff had attended an external customer service training course.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 47 patients as carers, which was less than 1% of the practice list. To help identify more carers the practice had completed an audit of their patients, had a nominated carers lead and provided written information to direct carers to the avenues of support available to them. There was a carers notice board in the waiting areas. The practice had a dedicated telephone number for carers to use with daily urgent appointments available.
- A carers café was planned to be held monthly for carers to share their experiences with the Health Centre Team and other carers and to access support.

Requires improvement



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- The practice understood its population profile and had used this understanding to meet the needs of its population. They had arranged to meet the Iman from the local mosque to help them better understand the needs of the patient population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was below the local and national averages.
- Patients we spoke with said they had difficulty getting appointments when they needed them.
- The practice had an improvement plan in place that included changes to the telephone system. This would mean there were more telephone lines into the practice and telephone messages would be available in different languages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had formed and engaged with the patient participation group. They were aware that patient satisfaction with the service was below average when compared to others locally and nationally and had taken steps to improve this and ensure high quality care.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- The practice had introduced learning for their young patients by holding first aid training, called Mini Medics. The training was delivered by a member of the nursing team and covered all aspects of first aid including basic life support and actions to take in the event of choking.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Annual health checks and flu vaccinations were offered.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below the CCG and national averages. For example, the practice achieved 72% with 9% exception reporting compared to the CCG average of 87% with 10% exception reporting and the national average of 90% with 12% exception reporting.

Requires improvement



Summary of findings

- The practice had started weekly diabetic clinics that were run by a GP and a practice nurse to promote awareness of the importance of managing and monitoring diabetes. A dietician attended the practice monthly to support this initiative.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- From the sample of documented examples we reviewed 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.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was similar to the national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- One of the advanced nurse practitioners (ANP) was also a registered children's nurse.
- The practice had introduced learning for their young patients by holding first aid training, called Mini Medics. The training was delivered by a member of the nursing team to a group of 8 to 11 year olds and covered all aspects of first aid including basic life support and actions to take in the event of choking.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- Telephone consultations were available.
- 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example,
 - 60% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 68% and the national average of 73%.
 - 30% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 50% and the national average of 58%.
- A health promotion event and a reminder letter was sent to patients, who had not completed the bowel screening, from the GP that explained the importance of screening.
- The practice's uptake for the cervical screening programme was 65%, which was lower than the CCG average of 80% and the national average of 81%.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, housebound and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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.

Requires improvement



Summary of findings

- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations. A weekly welfare call was made by the practice to these patients by a dedicated member of the administration team.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice had identified 47 patients as carers, which was less than 1% of the practice list. To help identify more carers the practice had completed an audit of their patients, had a nominated carers lead and provided written information to direct carers to the avenues of support available to them. There was a carers notice board in the waiting areas. The practice had a dedicated telephone number for carers to use with daily urgent appointments available. The practice had planned to hold a carers café once a month with the first event in August 2017.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was the similar to the CCG average of 86% and the national average 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was below the CCG and national averages. For example, the practice achieved 75% with 6% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 93% with 11% exception reporting.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access support groups and voluntary organisations.
- The practice encouraged non pharmacological support for patients with mental health needs by referrals to IAPT (improving access to psychological therapies) that included mindfulness and cognitive behavioural therapy. They had a dedicated mental health clinic once a week that was held by a mental health specialist clinician.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing below the local and national averages. There were 386 survey forms distributed and 99 were returned. This was a response rate of 26% and represented 1% of the practice's patient list.

- 33% of patients described the overall experience of this GP practice as good compared with the CCG average of 76% and the national average of 85%.
- 11% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- 22% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all negative about the service and the standard of care received.

Patients commented that they had difficulty in getting appointments and poor attitude of the reception and administrative staff. They described consultations with GPs as quick and felt that more information and advice could be given.

We spoke with nine patients during the inspection. All nine patients said they were unhappy with the service. They all gave negative comments about booking appointments and accessing the practice via the telephone. There was a mixed response regarding the GPs and reception staff. Staff attitude and not having enough time during consultations was a theme to the negative feedback. Patients were generally satisfied with the care they received from the nursing staff.

The most recent published results from the NHS Friends and Family Test showed 75% of 16 respondents would recommend the practice. The NHS Friends and Family Test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Kingsway Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Kingsway Health Centre

Kingsway Health Centre provides a range of primary medical services to the residents of Luton. The practice provides services from its location of Kingsway Health Centre, 385 Dunstable Road, Luton, Bedfordshire, LU4 8BY.

The practice population is predominantly Asian with a higher than average under 40 year age range and a significantly lower than average over 50 year age range. National data indicates the area is one of mid to high deprivation. The practice has approximately 8900 patients and services are provided under an Alternative Provider Medical Services (APMS) contract, a locally agreed contract with NHS England and GP Practices. The registered provider is Phoenix Primary Care Limited who have merged with The Practice Group a company that provides services on behalf of the NHS.

The practice employs one full time, male salaried GP and they have five GPs who are employed by the Practice Group on a sessional basis (four female and one male). The nursing team consists of two advanced nurse practitioners (ANPs), two practice nurses and one health care assistant, all female. One of the advanced nurse practitioners was also a registered childrens nurse. There is a team of reception and administrative staff led by a practice manager and an assistant practice manager.

The practice is open from 8am to 8pm on Mondays, Wednesdays and Thursdays, from 7.30am to 8pm on Tuesdays and Fridays and from 8.30am to 12.30pm on Saturdays.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Kingsway Health Centre on 29 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement with inadequate for providing caring services. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Kingsway Health Centre on our website at www.cqc.org.uk.

We issued a requirement notice to the provider in relation to good governance.

We undertook a further comprehensive inspection of Kingsway Health Centre on 20 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations, for

Detailed findings

example, NHS Luton Clinical Commissioning Group (CCG) and Healthwatch Luton to share what they knew. We carried out an announced inspection on 20 July 2017. During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager, the assistant practice manager and receptionists.
- Spoke with patients who used the service and a member of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 29 June 2016, we rated the practice as requires improvement for providing safe services as,

- The system in place for reporting and recording significant events did not ensure that incidents were consistently recorded. Meetings were not regularly minuted and any action taken in response to alerts or events was not always recorded.
- Information retained about staff recruitment and management was incomplete.

At our inspection in July 2017 we found:

Safe track record and learning

There was a system for reporting and recording significant events.

- The provider had implemented a computer system for logging incidents. Staff informed us they would log any incidents on the system, carry out an initial risk assessment and inform the practice manager. Initial investigations of any incidents and a review of the risk assessment were completed by the practice manager. The incident recording system 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The provider carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient was injured by an electronic door opening on to them, notices were placed on external doors advising they opened outwards and first aiders were identified within the practice and provided with appropriate training.

- The provider's clinical governance team supported the practice to manage significant events and monitored trends and evaluated any action taken.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. Patient safety alerts and MHRA (Medicines and Healthcare products Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. We reviewed the process for the most recent alert received and noted that individual staff members had taken appropriate actions. Alerts were discussed at clinical meetings, the practice now kept minutes of meetings to record what had been discussed and to share with staff who were unable to attend.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to the appropriate level to manage child safeguarding, level 3.
- Safeguarding meetings were held monthly and attended by the practice manager, assistant practice manager, the safeguarding lead and a safeguarding administrator. Members of the multi-disciplinary team were also invited.
- 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.

Are services safe?

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Prior to the inspection the provider had completed an audit of all patients prescribed high risk medicines to ensure that appropriate blood tests and monitoring had taken place. They implemented a process for handling repeat prescriptions which included the review of high risk medicines. We reviewed the electronic patient record system and found evidence that the process was followed. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, 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 to monitor their use. Arrangements were in place to manage uncollected prescriptions.
- The advanced nurse practitioners (ANPs) had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Recruitment was supported by the provider's human resources central team.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills every six months. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The provider had reviewed how many staff were required when they were commissioned to run the service and used a staffing matrix to assess staffing against the appointments they were contracted to provide. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was kept off site by the lead GP.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 29 June 2016, we rated the practice as requires improvement for providing effective services as,

- Clinical audits were completed and used to aid service delivery improvement, but no two-cycle audits had been completed.
- There was evidence of appraisals and personal development plans for staff. However, not all staff had received an appraisal in the previous 12 months.

At our inspection in July 2017 we found:

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 most recent published results showed the practice achieved 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

This practice was an outlier for some areas of QOF clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was below the CCG and national averages. For example, the practice achieved 72% with 9% exception reporting compared to the CCG average of 87% with 10% exception reporting and the national average of 90% with 12% exception reporting.

- Performance for mental health related indicators was below the CCG and national averages. For example, the practice achieved 75% with 6% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 93% with 11% exception reporting.
- Performance for hypertension related indicators was comparable with the CCG and national averages. For example, the practice achieved 100% with 3% exception reporting compared to the CCG average of 96% with 5% exception reporting and the national average of 97% with 4% exception reporting.
- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was the similar to the CCG average of 86% and the national average 84%.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The provider shared unpublished QOF data for 2016/17 that showed improvements had been made by the practice. They were recognised as one of the most improved sites within The Practice Group and had achieved 96% of available points. The practice kept a QOF noticeboard in the administration area for all staff to view the practice's current performance and areas they needed to focus on.

The practice had started weekly diabetic clinics that were run by a GP and a practice nurse to promote awareness of the importance of managing and monitoring diabetes. A dietician attended the practice monthly to support this initiative.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits undertaken in the last year. Three of these were completed audits where the improvements made were implemented and monitored.
- The Practice Group clinical governance team supported audit activity within the practice.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included improved monitoring of patients who were prescribed high risk medicines and health promotion for patients to encourage the uptake of bowel cancer screening.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff files now contained documentation of their induction programme and evidence of their progress made.
 - 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.
 - Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
 - 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 and nurses. All staff had received an appraisal within the last 12 months.
 - Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- From the sample of 21 documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
 - Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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. They had regular meetings with the local Home First team with a view to avoiding hospital admissions.
 - The practice held monthly meetings to discuss the needs of palliative care patients attended by the lead GP, the practice manager and external nursing colleagues from the local hospice along with community matrons.

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.

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

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.

Are services effective?

(for example, treatment is effective)

care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Notice boards that contained health promotion advice were located in the waiting area.

The practice encouraged non pharmacological support for patients with mental health needs by referrals to IAPT (improving access to psychological therapies) that included mindfulness and cognitive behavioural therapy. They had a dedicated mental health clinic once a week that was held by a mental health specialist clinician.

The practice's uptake for the cervical screening programme was 65%, which was lower than the CCG average of 80% and the national average of 81%. The practice had taken measures to improve the uptake of cervical screening. For example, they had provided information in different languages for patients to take away and held an awareness day with staff available to speak with patients regarding cervical screening. A dedicated administrator had been identified to help improve the performance and invite patients into the practice with a target set for the practice to complete 10 cervical screening tests per week to meet the local and national performance averages. There were failsafe systems 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 immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was similar to the national averages. For example, rates for the vaccines given to under two year olds ranged from 90% to 94% The national averages were 90% for vaccines given to under two year olds.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example,

- 60% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 68% and the national average of 73%.
- 30% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 50% and the national average of 58%.

To address the low uptake of bowel cancer screening the practice completed an audit to identify non-responders to invitations for bowel cancer screening. They held a health promotion event and a reminder letter was sent to these patients from the GP that explained the importance of screening. The practice completed a second audit following this activity that showed 49% of patients invited for bowel cancer screening had now undertaken the test.

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. 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

At our previous inspection on 29 June 2016, we rated the practice as inadequate for providing caring services as,

- Data from the national GP patient survey published in 2016 showed patients rated the practice lower than others for all aspects of care.
- Feedback we received from patients we spoke with and from comment cards completed was mixed. Patients said that it was difficult to get appointments and that some staff were rude.

At our inspection in July 2017 we found:

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

All of the four Care Quality Commission comment cards we received from patients were negative about the service experienced. Patients said they felt the practice was not sympathetic to their needs.

We spoke with nine patients including one member of the patient participation group (PPG). All nine patients said they were unhappy with the service. There was a mixed response regarding the GPs and reception staff. Staff attitude and not having enough time during consultations was a theme to the negative feedback. Patients were generally satisfied with the care they received from the nursing staff. The PPG member was more positive and stated that they had noticed an improvement in the practice in the past year.

Results from the national GP patient survey, published in July 2017, showed patients rated the practice below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 65% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 57% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 78% 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 86%.
- 60% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 64% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 70% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 88% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 66% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 37% of patients said they found the receptionists at the practice helpful compared with the CCG average of 80% and the national average of 87%.

There had been improvements in some areas from the previous survey published in July 2016. For example, in 2016,

- 58% of patients said the GP was good at listening to them.
- 65% of patients said they had confidence and trust in the last GP.
- 46% of patients said the last GP they spoke to was good at treating them with care and concern.

The practice had developed an action plan in response to previous national survey results. Actions included the recruitment of additional reception staff, with more staff answering the telephones at peak times in the morning. All

Are services caring?

reception staff had attended an external customer service training course, had been given clear guidelines on telephone etiquette which included the expectation to answer the telephone within three rings, state their name and deal with all calls in a professional manner. The practice informed us there had been a reduction in the number of complaints received relating to staff attitude.

The practice was in the process of completing a survey of patients who had attended an appointment with the advanced nurse practitioners (ANPs) to gather patient feedback on their consultation. The survey was available in different languages to encourage optimal response.

Care planning and involvement in decisions about care and treatment

Patients told us they were not always involved in decision making about the care and treatment they received and sometimes felt rushed during consultations. Patient feedback from the comment cards we received aligned with these views. Feedback received regarding the care from the salaried GP was more positive. We saw that care plans personalised.

Results from the national GP patient survey, published in July 2017, showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages. For example:

- 62% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 62% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 63% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Many of the staff were multi-lingual and the practice website had a facility to change the language displayed.
- Information leaflets were available in easy read format and in different languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. A weekly welfare call was made by the practice to these patients by a dedicated member of the administration team.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers, which was less than 1% of the practice list. To help identify more carers the practice had completed an audit of their patients, had a nominated carers lead and provided written information to direct carers to the avenues of support available to them. There was a carers notice board in the waiting areas. The practice had a dedicated telephone number for carers to use with daily urgent appointments available. The practice had planned to hold a carers café once a month with the first event in August. They had worked with the neighbouring church and advised the church had agreed for them to use their premises to host this. The event was advertised in the practice, on the website and in the patient newsletter and was designed for carers to share their experiences with the practice team and other carers and to access support.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. Information regarding bereavement services was available in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 29 June 2016, we rated the practice as requires improvement for providing responsive services as,

- Data from the national GP patient survey published in 2016 showed patients rated the practice lower than others for making an appointment with a named GP, accessing the practice by telephone and availability of appointments.

At our inspection in July 2017 we found:

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours from 7.30am to 8am on Tuesdays and Fridays, from 6.30pm to 8pm every weekday and from 8.30am to 12.30pm every Saturday. This was especially useful for those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children, older people and those patients with medical problems that require same day consultation.
- One of the advanced nurse practitioners (ANP) was also a registered children's nurse.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, access enabled toilets and electronic entrance doors. Interpretation services were available.
- Health information leaflets for patients to take away were available in different languages.

- Consultation and treatment rooms were on the ground and first floor. A lift was available for patients to access the first floor.
- The practice had arranged to meet the Iman from the local mosque to help them better understand the needs of the patient population.
- The practice continued to work with patients to develop initiatives to support improvement to access to services, for example, a 'you said, we did' board in the waiting room shows improvements made to services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered from 7.30am to 8am on Tuesdays and Fridays, from 6.30pm to 8pm every weekday and from 8.30am to 12.30pm every Saturday. Appointments were available during these times. Pre-bookable appointments could be booked up to four weeks in advance; urgent and same day appointments were also available for patients that needed them.

Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was below the local and national averages.

- 47% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 17% of patients said they could get through easily to the practice by phone compared to the CCG average of 57% and the national average of 71%.
- 41% of patients 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 75% and the national average of 84%.
- 25% of patients said their last appointment was convenient compared with the CCG average of 69% and the national average of 81%.
- 11% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- 17% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 48% and the national average of 58%.

Patients told us on the day of the inspection that they had difficulty getting appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

They were advised to contact the practice between 8am and 9am to book appointments but stated there were long delays in getting to speak to a receptionist. The practice had an improvement plan in place that included changes to the telephone system. This would mean there were more telephone lines into the practice and telephone messages would be available in different languages.

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. The duty GP would contact the patient by telephone in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was a designated responsible person who handled all complaints in the practice. They were supported by the provider's central governance team.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available in the patient waiting area, and there was information on the practice website.

The practice had received 14 complaints in the last 12 months. We reviewed a sample of these and found they were handled in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, an external company was used to provide customer care training for the reception staff after a trend was identified in complaints relating to staff attitude. The practice informed us there had been a reduction in this type of complaint following the training.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 29 June 2016, we rated the practice as requires improvement for providing well-led services as,

- Clinical staff at the practice were not all familiar with the requirements of the duty of candour.
- The practice did not have a patient participation group and we saw no evidence to demonstrate that patient feedback was influential in the development of services.

At our inspection in July 2017 we found:

Vision and strategy

The practice had a corporate vision shared across the provider's range of services to deliver 'high quality care, that is patient centred, continuing, holistic and responsive to patients' needs and preferences'.

The practice had a statement of purpose that outlined their aims and objectives which included treating all patients with dignity and respect, to maintain a patient centred culture and to deliver high quality safe and effective services and environment.

The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business development plan included areas of focus, for example, staff development, enhanced services and improving patient experience.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was a lead GP for safeguarding and one of the nurses was the infection control lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The registered provider for the practice was Phoenix Primary Care Limited who had merged with The Practice Group, a company that provided services on behalf of the NHS. The practice manager was responsible for the day to day management of the practice with the support of The Practice Group management infrastructure. On the day of the inspection the management team demonstrated they had the experience, capacity and capability to run the practice. They were aware that patient satisfaction with the service was below average when compared to others locally and nationally and had taken steps to improve this and ensure high quality care. Improvements had been made to the reception and administrative team with training and processes put in place to improve patient access and experience. Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, 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 and staff felt supported by management.

Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been formed since the previous inspection and met regularly with the practice. They had completed a survey of patients and submitted proposals for improvements to the practice management team. The

practice had completed an action plan in response to patient feedback that included staff training when answering the telephone and improved access to appointments.

- The NHS Friends and Family Test, a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. The most recent published results from the NHS Friends and Family Test showed 75% of 16 respondents would recommend the practice.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There were plans in place to further develop the practice.

The practice had introduced learning for their young patients by holding first aid training, called Mini Medics. The training was delivered by a member of the nursing team to a group of 8 to 11 year olds and covered all aspects of first aid including basic life support and actions to take in the event of choking. The practice informed us they planned to run a similar course for new mothers.