Chadwell Heath Surgery

Quality Report

72 Chadwell Heath Lane
Chadwell Heath
Romford
Essex, RM6 4AF
Tel: 020 8586 1430
Website: www.chadwellheathsurgery.nhs.uk

Date of inspection visit: 19 October 2017
Date of publication: 11/12/2017

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chadwell Heath Surgery on 11 August 2016. The overall rating for the practice was requires improvement.

We found breaches of the legal requirements and as a result we issued requirement notices in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 - Good Governance, where the provider had not ensured that:

- they had assessed, monitored and mitigated the risks to the health and safety of service users in respect of the proper and safe management of prescriptions;
- they had effective and sustainable governance systems and processes in place to assess, monitor and improve the quality and safety of the services provided, including appropriate safeguarding policies and procedures.

and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 - Staffing, where the provider had not ensured that:

- persons employed had received appropriate training as was necessary to enable them to carry out their duties.

We also issued an Enforcement Notice in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment, where the provider had not:

- fully assessed the risks to the health and safety of service users receiving care and treatment or taken steps to mitigate such risks;
- ensured that persons providing the care or treatment to service users had the qualifications, competence skills and experience to do so safely;
- had not ensured that the premises used were safe for their intended purpose and used in a safe way;
- had not assessed the risk of, and preventing, detecting and controlling the spread of infections.

The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Chadwell Heath Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 19 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 August 2016.

Summary of findings

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- All safeguarding policies had been updated and staff trained to the appropriate levels.
- The significant event recording process had been overhauled with new protocols and forms in place.
- Information about services and how to complain was available and improvements had been made to the quality of care and access to services as a result of complaints and concerns being analysed.
- Medicines management policies, specifically as regards monitoring of uncollected prescriptions had been improved.
- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with others for most aspects of care.
- Information about the availability of chaperones was evident throught the practice.
- Signs were in the waiting room informing patients of the availability of a hearing loop and translation facilities.
- There was a clear leadership structure in place and staff felt supported by the management team. The practice responded positively to feedback from staff and patients.
- Effective systems were in place for identifying and assessing the risks to the health and safety of patients and staff.
- A revised recruiting procedure, training policy and full recruitment checks were now in place.
- Patients found it easy to make an appointment, with urgent appointments available the same day.
- Governance arrangements had improved. There was effective clinical leadership in place and staff were aware of their roles and responsibilities.
- The practice was well equipped to treat patients and meet their needs.

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (2016/17) showed patient outcomes were 7% higher than when the previous inspection was carried out. They were now 6% below the national average rather than 13% below. Further work is being done to improve scores.
- Staff were aware of and worked in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment. There was an established workforce in place with low staff turnover.
- There was evidence of completed appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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

Summary of findings

- On the day, emergency and pre-bookable appointments were available in addition to telephone consultations.
- Most patients said they found it easy to make an appointment, with longer appointments available for patients with complex health needs.
- The practice was well equipped to treat patients and meet their needs.
- There was a designated person responsible for handling complaints. Evidence reviewed showed the practice responded to issues raised and learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for providing well led services.

- There was a 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. GPs and the management team encouraged a culture of openness and honesty and staff felt supported in their work.
- The practice had policies and procedures to govern activity. Regular staff meetings were held and recorded.
- The provider was aware of the requirements of the duty of candour.
- Staff had received induction, annual performance reviews and attended staff meetings and training opportunities.
- The practice sought feedback from staff and patients and were looking to further develop the patient participation group (PPG).

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 had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 11 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Chadwell Heath Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our Inspection team was lead by a CQC Lead Inspector. It also included a GP specialist adviser.

Background to Chadwell Heath Surgery

Chadwell Heath Surgery is located in Romford, Essex and holds a Personal Medical services (PMS) contract with NHS England. The practice's services are commissioned by Redbridge Clinical Commissioning Group (CCG). They are registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is staffed by two GP partners, one female and one male, and two part time, salaried female GPs. The practice also employs an advanced nurse practitioner, two practice nurses, and a healthcare assistant. Also employed are one full-time practice manager, one part-time deputy manager, an IT manager, a secretary and nine reception and administration staff.

Two pharmacists who work two days a week have been employed by both the practice and part-funded by NHS England as part of the clinical pharmacists three year pilot scheme. The practice is also a teaching practice for medical students from a local university.

The practice is open between 9.00am and 8.00pm on Monday, Tuesday, Wednesday and Friday and between 9.00am and 1.00pm on Thursday. The surgery is closed between 1.00pm and 3.00pm on Friday. Extended hours are offered between 6.30pm and 8.00pm on Monday, Tuesday, Wednesday and Friday and pre-booked appointments are offered on Saturday between 10.00am and 1.00pm. Outside of these hours, the answerphone redirects patients to their out of hours provider.

The practice is part of the Healthbridge hub of 15 practices which provides patient access to appointments when the practice is closed and at weekends. The hub is open between 6.00pm and 10.00pm on Monday to Friday and between 9.00am and 5.00pm on Saturday and 9.00am and 1.00pm on Sunday.

The practice has a list size of just over 10,000 patients and provides a range of services including phlebotomy, ECG monitoring, counselling services, postnatal care, childhood immunisations, vaccinations such as yellow fever, chronic disease management and minor surgery including cryotherapy and family planning services.

The practice is located in an area where there is a larger than average population aged between 0-18 years of age. The two main ethnicity groups in the area (42% each) are white and Asian. The practice also provides care to 50 residents in a local residential home and 35 residents in a local nursing home.

Why we carried out this inspection

We undertook a comprehensive inspection of Chadwell Heath Surgery 11 August 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. The full comprehensive report following the inspection in August 2016 can be found by selecting the 'all reports' link for Chadwell Heath Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Chadwell Heath Surgery on 19 October 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

We carried out a focused inspection at Chadwell Heath Surgery on 19 October 2017. This involved reviewing evidence that the practice had:

- Established systems and processes which operated effectively to safeguard children and vulnerable adults from abuse.
- Assessed, monitored and mitigated the risks to the health and safety of service users in respect of the proper and safe management of prescriptions; infection prevention and control and health and safety risk assessments.
- Ensured sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to deliver a safe service.
- Ensured effective and sustainable governance systems and processes had been implemented to assess, monitor and improve the quality and safety of the services provided including; reporting, recording, acting on and monitoring significant events, incidents and near misses and ensuring that patients affected received reasonable support and a verbal and written apology.
- Monitored and responded to patient satisfaction levels in relation to access to appointments; addressed areas of poor performance relating to patient outcomes highlighted through the Quality and Outcomes Framework, discussed and acted upon safety alerts; promoted shared learning from significant events and complaints; reviewed the frequency of staff meetings to ensure all staff are aware of decisions or changes in the practice and regularly reviewed and updated procedures and guidance, and ensured that staff were aware of these.
- Ensured that patients were made aware that a chaperone could be requested and provided.
- Improved communication options for patients who have a hearing impairment.
- Raised awareness amongst the patient list of the availability of translation services.
- Reviewed how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Reviewed advertised appointment times to ensure that patients are being given correct information.

During our visit we:

- Spoke with a range of staff including GPs, nurses, practice management staff and receptionists. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised 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.

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.

Good

Are services safe?

Our findings

At our previous inspection on 11 August 2016, we rated the practice as inadequate for providing safe services as patients were at risk of harm due to the weaknesses in systems and processes; not all staff had undertaken safeguarding training, Disclosure and Barring Service (DBS) checks had not been carried out on 11 members of staff; risk assessments were not up to date; staffing arrangements did not always ensure that enough staff were on duty to meet patient's needs.

We issued requirement and enforcement notices in respect of the staff training issues and found arrangements had significantly improved when we undertook a follow up inspection on 19 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting, recording and learning from significant events.

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. They told us they were encouraged to raise concerns and there was now a standard recording template on the practice shared drive to record any significant event. Staff were able to share examples of previous significant events raised and the action taken. From the sample of 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 reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There had been five significant events recorded in the previous 12 months. No common themes had been identified but we saw significant events had been investigated and outcomes were now consistently recorded using the appropriate format and shared at practice and clinical meetings held.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and process

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. The senior GP was the safeguarding lead. From the examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Non clinical staff were trained to level one, nurses to level two and the GPs and practice manager to level three.
- A notice in the waiting room, and on all of the consulting room doors, 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse (supported by the lead GP) 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).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- Prescriptions awaiting collection are monitored and any that are more than one month old are removed from the prescription box. The patient is then contacted to determine why that prescription hasn't been collected or whether they no longer require the item. Appropriate action is then taken and the patient record is updated.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three 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 Disclosure and Barring Service (DBS). We also checked other records and files and found that all staff now had recent DBS checks undertaken by the practice.

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 and the appropriate poster was displayed in the practice.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice and all of them knew how to ensure that staff and patients (including those who were less mobile) were safely evacuated.
- 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). An externally commissioned risk assessment, carried out in August 2016, identified a couple of minor issues both of which have since been rectified. As part of the assessment water samples were sent off for analysis and recommendations were made for monthly checking of water temperature. This has now been implemented and evidence was seen to confirm it.
- There were arrangements for planning and monitoring the number of staff, and the mix of staff, needed to meet patients' needs. 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Good

Are services safe?

- 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 for major incidents such as power failure or building damage. Staff were aware of this plan as it contained their emergency contact numbers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 August 2016, we rated the practice as requires improvement for providing effective services as information collected from the Quality and Outcoomes Framework (QOF) showed the practice to be performing below the Clinical Commissioning Group (CCG) and national averages There were also areas where the effectiveness of staff was not of the required standard due to staff not always having the skills, knowledge and experience to deliver effective care and treatment.

We issued requirement and enforcement notices in respect of the staff training issues and found arrangements had significantly improved when we undertook a follow up inspection on 19 October 2017. The practice is now rated as good for providing effective services.

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 clinical audit.

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 were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception rate was 5% compared to the CCG average of 7% and the national average of 10% (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). A low exception reporting rate can reduce overall achievement.

At our inspection in August 2016 the practice had recognised that they were not perfoming highly on diabetes measures and commented that this was because of their high population of diabetes patients within the practice. As a result they engaged the Patient Participation Group (PPG) to undertake an awareness campaign amongst the patient population and also introduced an additional diabetes clinic with the diabetes nurse specialist.

Data from 2016/17 compared to data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months had increased by 4% and was now 64% compared to the CCG average of 66% and national average of 70%.
- The percentage of patients last measured cholesterol was 5mmol/lor less had improved and was now 1% below the CCG average (rather than 4% below) and 2% below the national average (rather than 6% below).

Performance for mental health related indicators was comparable to the CCG and national average. For example:

- The percentage of patients with mental health conditions who had an agreed care plan documented in their notes was 84%, compared to the CCG average of 90% and national average of 88%
- The percentage of patients with a new diagnosis of dementia and with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded was 86% compared to the CCG average of 81% and the national average of 88%.

The indicators for Hypertension were comparable to the CCG and national average. For example:

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 81%, compared to the CCG average of 82% and the national average of 83%.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

- Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.
- The practice had revised the induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, 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.
- 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, 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 and nurses. All staff had received an appraisal within the last 12 months.

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.
- From the sample of 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, 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.

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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 79% and the national average of 81%. As a result, there was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and in this respect uptake rates were comparable with the CCG and national averages:

Good

Are services effective?

(for example, treatment is effective)

- Females, 50-70, screened for breast cancer in last 36 months was 67% (CCG 68%, national 73%)
- Persons, 60-69, screened for bowel cancer in last 30 months was 43% (CCG 49%, national 59%).

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were slightly below the 90% national standard. For example, rates for the vaccines given to under two year olds averaged 87% and five year olds averaged 81%

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. In line with it's work on diabetes, the practice had reduced the age for NHS health checks to 30 so as to improve the detection rate and reduce the risk of patients developing diabetes.

Follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 August 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of availability of appointments, hearing loop and translation services needed improving.

We issued requirement and enforcement notices in respect of these issues and found arrangements arrangements had significantly improved when we undertook a follow up inspection on 19 October 2017. The practice is now rated as good for providing responsive services.

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 on Monday, Tuesday, Wednesday and Friday evenings plus Saturday morning for working 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.
- Telephone consultations were available.
- 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 and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and they were referred to other clinics for vaccines available privately.
- There were accessible facilities available, including a lift for wheelchair users and those with poor mobility to access the second floor consultation rooms, interpretation services and a hearing loop.
- Patients could access both male and female GPs.

Access to the service

The practice was open between 9am and 8pm Monday to Friday with the exception of Thursday where the practice closed at 1pm. Appointments were from 9am to 12:30pm every morning and 3pm to 6:30pm daily (except Thursday). Extended hours surgeries were offered on Monday, Tuesday, Wednesday and Friday from 6.30pm to 8pm and Fridays from 10m to 1pm. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for patients that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 76% 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 76% and the national average of 84%.
- 61% of patients said their last appointment was convenient compared with the CCG average of 66% and the national average of 81%.
- 60% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 43% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention. The GP on duty telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, summary leaflet and a complaints poster. We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice was open when dealing with the complaints and acknowledged when they had failed the patients. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care.

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 11 August 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 19 October 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

Following our previous inspection there had been improvements in the governance processes within the practice.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff had lead roles in key areas. For example, the lead GP was the lead for safeguarding and assisted with infection control, and the practice manager was the lead for complaints handling.
- Most arrangements for assessing, monitoring and managing risks to patient and staff safety had improved. Risks previously identified in an infection prevention control audit had been mitigated. Other risk assessments had been completed and the practice had a process for acting on external alerts that may affect patient safety. A central log of safety alerts had been maintained and searches completed to identify any potential patients that may be affected.
- There was a recorded system of checking emergency equipment to ensure it was safe for use.
- Staff had received training required of their role and had received an appraisal of their work.
- A comprehensive staff training record had been developed and maintained.
- Recruitment procedures had improved and we saw evidence of the required checks being completed prior to the employment of new staff.
- Patient files were securely stored.
- 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 with practice meetings being 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.

Leadership and culture

On the day of inspection the partners and practice manager demonstrated they now had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

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). The Management encouraged a culture of openness and honesty. From the two documented examples we reviewed, and from discussions with staff, we found that the practice had systems to ensure that when things went wrong with care and treatment:

- affected people were given reasonable support, truthful information and a verbal and written apology.
- records of written correspondence were kept.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular meetings.

Are services well-led?

Good

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

- 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. Since our previous inspection they were more involved in discussions about how to run and develop the practice, and to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service from:

- The patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, changes have been made to the appointments system and the call handling procedure as a result of feedback from patients.
- Feedback was dealt with promptly and patients were kept informed as to the progress of their suggestions.
- The NHS Friends and Family Test.
- 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 appeared to now be a focus on continuous learning and improvement within the practice. They had reacted positively to our previous inspection and had completed all of the areas highlighted for improvement. Engagement had been made with all staff members and there was a positive attitude within the practice.