

# Silverlock Medical Centre

## Quality Report

Silverlock Clinic  
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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

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Silverlock Medical Centre on 21 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although most risks to patients were assessed and well managed some including those associated with infection control, emergency supplies and safety of electrical equipment had not been adequately considered or acted upon.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care

and treatment. However we found that some staff had not completed mandatory training, including safeguarding, infection control and fire safety, at the time of our inspection.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Appropriate action was taken on the basis of complaints and concerns.
- Most Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 patients, which it acted on and were open to suggestions for improvements made by staff.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider **must** make improvements are:

- Ensure that there are processes in place to monitor the professional registrations of clinical staff.
- Ensure that all staff complete the required mandatory training in accordance with current recommendations and guidelines.
- Ensure that adequate processes are in place to assess and take mitigating actions against any risk including in respect of staff immunity to common communicable diseases, fire safety, legionella, emergency medicines and portable appliance testing.

The areas where the provider **should** make improvement are:

- Ensure that processes are in place for regularly reviewing and updating practice policies.

- Ensure that safeguarding contacts and leads are designated within the practice's safeguarding policy.
- Work to improve uptake of breast screening and review procedures used to identify patients with Coronary Heart Disease.
- Introduce a programme of quality improvement which focuses on improving clinical care.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure that the practice's business continuity plan contains all practice staff contact information.
- Ensure that all clinical salaried staff receive an appraisal every 12 months.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Safeguarding contact information was not detailed in the practice's safeguarding policy though this information was on a poster within every room in the practice. A number staff had not had safeguarding training though we received evidence that this had been completed after our inspection.
- Some risks to patients were assessed and well managed however risks relating to legionella and fire safety were not always reviewed or addressed.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits did not demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff though no internal appraisal system for all clinical staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with national and local averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients we spoke with during the inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a 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 a number of policies and procedures to govern activity and held regular governance meetings. However some of the practice's policies needed to be reviewed and updated.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk; yet there were some risks which had not been identified or properly addressed.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided GP services to 13 residents at a local residential care home.
- One of the non-clinical staff within the practice had recently been appointed to the role of primary care navigator; working to address social isolation amongst patients within the practice.
- The practice had recently signed up to a pilot whereby the practice would have access to a geratologist for urgent referral and assessment of elderly people avoiding the need for admission.

Good



### People with long term conditions

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

- The practice nurse led in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice also employed a pharmacist who undertook the management of medication for chronic disease patients.
- Performance related to the management of patients with diabetes was comparable to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.
- The practice held virtual clinics with consultant input for complex patients with respiratory illnesses and diabetes.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. The practice hosted quarterly safeguarding meetings and the health visitor was usually in attendance.
- We saw evidence to confirm that children were treated in an age appropriate way.
- The percentage of female patients who had received cervical screening was comparable to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

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

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

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people those with a learning disability and told us that they were conscious of those who may be isolated due to cultural reasons, unpaid carers and those with substance abuse issues.
- The practice offered longer appointments for patients with a learning disability and their carers to attend in order for them to offer carer health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance indicators for the management of patients with mental health conditions were in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and provided longer appointments where appropriate.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had a series of short films that AT Medics staff had produced about mental health awareness. These films were translated into Somali, Urdu and Bengali as the organisation had identified high prevalence of mental illness among this population.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and three survey forms were distributed and 103 were returned. This represented 1.5% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Two of the comment cards said that it was sometimes difficult to get a routine appointment and one stated that they had found it difficult to register at the practice.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Of the 10 patients who had completed the most recent friends and family test 70% said that they would recommend the practice to a friend.

# Silverlock Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Silverlock Medical Centre

Silverlock Medical Centre is part of Southwark Clinical Commissioning Group (CCG) and serves approximately 7200 patients. The practice is registered with the CQC for the following regulated activities treatment of disease, disorder or injury; maternity and midwifery services; diagnostic and screening procedures.

The practice has a significantly higher proportion of people aged 20 – 39 with almost double the national unemployment rate. The practice is situated within one of the second most deprived areas of the country on the index of multiple deprivation. The practice has a lower proportion of patients aged over 40 compared to the national average.

The practice is run by three GPs of mixed gender and a female nurse. The Silverlock Medical Centre has been a teaching practice since 2014.

The practice is open between 8.00am to 6.30pm Monday to Friday except Tuesday and Wednesday when the practice closes at 8.00pm. The practice offers 23 GP sessions per week (four of these sessions are currently covered by locum staff) with booked and emergency appointments.

Silverlock Medical Centre operates from the bottom floor of a tower block. The practice is spread over two areas which

are separate and independently accessible from the outside. The property is rented from Southwark Council and AT Medics are responsible for maintenance. The building is wheelchair accessible.

The practice was taken over by AT Medics in 2012. We were told that the practice inherited a range of challenges from the previous provider including poor governance, management of notes and problems with patient access. The new provider told us that they took successful action and addressed all of these concerns; for example the practice increased appointment availability by 95% between 2012 and 2016 and have doubled the number of patients within the same period.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under an Alternative Provider Medical Services (APMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Minor Surgery, Patient Participation, Risk Profiling and Case Management, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is part of GP federation Quay Health Solutions.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 July 2016. During our visit we:

- Spoke with a range of staff (GPs, nursing staff, practice management and administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for 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.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had a delivery of influenza vaccines. These were not immediately placed within the fridge in accordance with the vaccines storage instructions resulting in a large number of vaccines needing to be destroyed. As a result the practice reminded all staff about the importance of maintaining vaccines at their optimum temperature and placed a poster within the reception area to remind staff.

### Overview of safety systems and processes

Though some staff had not received the required training, the practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies did not provide details of who staff should contact for further guidance if they had concerns about a patient's welfare.

However this information was displayed on posters in every room within the practice. There was a lead member of staff for safeguarding. Although this staff member was not specifically mentioned by name in the policy there were poster around the practice which identified this member of staff. The practice hosted quarterly safeguarding meetings which were frequently attended by the local health visitor and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs and the practice nurse were trained to child protection or child safeguarding level 3. However there were a number of non-clinical staff who had not received safeguarding training. We were provided with evidence that this training had been completed after our inspection.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Several members of staff had not completed infection control training. With the exception of one of the GPs evidence that this had been completed was supplied after our inspection. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw evidence to confirm that all clinical staff whose files we reviewed had been vaccinated against Hepatitis B. There was no evidence of Hepatitis B vaccinations for non-clinical staff and there was no documented risk assessment in place regarding the need for these staff to be immunised.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

## Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We observed that the practice's guidelines for the prescribing of methotrexate were dated 2006 however the guidance documented was still current and appropriate. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants did not administer vaccines or medicines.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service. We reviewed the file of one GP whose professional registration had not been checked since they had been recruited and there did not appear to be an effective process in place for periodically checking the professional registrations of clinical staff.

### Monitoring risks to patients

The some risks to patients had not been assessed and others were not well managed.

- The practice did not have an up to date fire risk assessment but did carried out regular fire drills. The practice provided an internally completed risk assessment within 48 hours of our inspection which contained an action plan. All clinical equipment was checked and calibrated to ensure it was safe to use and working properly. However there was no evidence that non-clinical electrical equipment had been checked and there was no documented risk assessment evaluating the risk posed by not having these assessments undertaken. Not all staff had received fire safety training at the time of our inspection though, with the exception of two staff members this was provided after our inspection. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to

health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the practice had not acted upon all of the recommendations within the assessment including legionella training for a member of staff and, although the practice informed us that they had completed weekly flushes of outlets to comply with the recommendation detailed in their risk assessment, there was no log of these checks provided on the day of our inspection. The practice has since supplied a log documenting weekly flushes of water outlets. The practice had a generalised risk register which assessed various risk and detailed action taken to address issues identified.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and the practice regularly reviewed appointment demand to ensure that there were sufficient numbers of staff available. The practice informed us that they were currently looking to recruit a GP to cover four clinical sessions and that these were currently being covered by a locum until a full time member of staff could be found. The practice had also recently hired another practice nurse who was due to start working at the practice in September 2016.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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. However the practice did not have a supply of Chlorphenamine (used in the treatment of anaphylaxis), any antiemetic (used to treat nausea) or diclofenac (used to treat pain). There was no documented assessment regarding the need for these medicines.

## 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 in place for major incidents such as power failure or building damage. However not all emergency contact numbers for staff were included within the plan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. 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 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 were 99% of the total number of points available.

The practice had a number of indicators where their exception reporting was higher than both the local and national average. For example the exception reporting rate for patient with Atrial fibrillation was 27 % compared with a CCG average of 11% national 11.0%. The exception reporting rate for patients with cancer was 50% compared with a CCG average of 14 % and national average of 15%. The number of patients with depression exemption reported was 47% compared with the CCG average of 25% and national average of 25%. The rate of exception reporting in the domain of cardiovascular disease - primary prevention was 50% compared with a CCG average of 22% and national average of 30%. The practice informed us that these exemptions were appropriate and a product of the rapid increase in the practice's list size which had increased by 1700 patients in the 2014/15 period. Patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months can be exempted. We checked areas where exception reporting was noted as

being high and found that all exception reporting was appropriate and corresponded with the explanation provided by the practice. The practice also provided us with unverified data from 2015/16 which showed that there had been a reduction in exception reporting.

The prevalence of Coronary Heart Disease (CHD) was around half the national average. The practice told us that these low figures were related to the young practice demographics.

The percentage of females aged 50-70, screened for breast cancer in last 36 months was 48% compared with 61% in the CCG and 72% nationally. The practice told us they were not doing anything to promote uptake of breast screening.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 12 months was 100% compared with 88% in the CCG and 94% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared with 85% in the CCG and 88% nationally. Overall exemption reporting for diabetic patients was 12% compared to 8% in the CCG and 11% nationally.
- Performance for mental health related indicators was similar to the national average. for example The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared with 85% in the CCG and 88% nationally. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92% compared with 80% in the CCG and 84% nationally.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits although neither audit demonstrated improvement in clinical outcomes.
- The practice participated in local audits.



# Are services effective?

(for example, treatment is effective)

Findings were used by the practice to improve services. For example upon the completion of two cycles of an audit which took an in-depth look at inadequate cervical screening the practice created an EMIS alert that would prompt clinicians to encourage patients to make another appointment to repeat the screening process.

## Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as 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 nurse forums both within the CCG and sessions provided by AT Medics.
- The practice had been a teaching practice since 2014 and trained both foundation doctors and those aiming to specialise in general practice. AT Medics supported the training and development of trainees using innovative solutions including webinars presented by guest academic speakers and directors of AT Medics.
- 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, support for revalidating GPs and webinars for nursing and healthcare assistants. None of the GP staff had received an internal appraisal within the last 12 months as it was not practice policy to do this. All other staff whose files we reviewed had been appraised 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. However there were a number of staff who had not completed safeguarding, fire safety and infection control training at the time of our inspection. With the exception of two staff members this training has all since been completed.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had introduced a systems where non-clinical staff were trained to review documentation that came from external organisation and only workflow those items to GP which required clinical review. This provided GPs with additional time to consult with patients. The system was audited on a monthly basis and the audits showed that all correspondence was dealt with appropriately.

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. Meetings took place district nurses on a monthly basis and with the palliative care team quarterly and we saw evidence that care plans were routinely reviewed and updated for patients with complex needs. The practice also held annual virtual clinics for patients with respiratory diseases and six monthly virtual clinics for diabetes. The clinics aimed to optimise the care of challenging patients with these conditions with the assistance of consultants from local hospitals.

## Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- 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.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice nurse provided smoking cessation advice and could refer patients requiring assistance with their diet to a dietician.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 81%. There was a policy to offer text message 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 in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 76% to 91% and five year olds from 79% to 99%.

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. The practice had exceeded its target for health checks in the previous financial year.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Most of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The practice check in system was available in multiple languages.
- Information leaflets were available in easy read format.

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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as

carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them and practice staff could refer patients to a local carer support group.

Staff told us that if families had suffered bereavement, a GP would contact them and administrative staff member would send a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an extended hours access appointments 7.30pm on Tuesdays and Wednesdays for working patients who could not attend during normal opening hours. The practice also offered telephone consultations for working patients.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A number of practice staff spoke various languages commonly spoken by the practice population and translation services were available for those who needed them.
- One of the practice's non-clinical staff members had been trained as a Primary Care Navigator; aiming to tackle social isolation by referring patients to local support services or finding suitable activities that patients could get involved with.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was a yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- AT Medics participated in the development of mental health films translated into Somali, Urdu and Bengali as they had identified high prevalence of mental illness among populations who spoke these languages. The films were used in seven NHS trusts and 23 mental health services to promote mental health support to people in these communities.
- The practice had a link on their website which allowed patients to consult with their GP via email.

### Access to the service

The practice is open between 8.00am to 6.30pm Monday to Friday with the exception of Tuesday and Wednesday when the practice closed at 8pm. Appointments were from 8.30am to 5.30pm except on Tuesdays and Wednesdays when the last appointments were available at 7.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Most of the patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them.

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.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; for example leaflets telling patients how to make a complaint were available in the waiting area.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at 3 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with

in a timely way and apologies offered where appropriate. Lessons were learnt from individual concerns and complaints 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

### Vision and strategy

The practice had a clear vision to deliver high quality accessible care and promote good outcomes for patients supported by innovation and investment in staff.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However most of the policies we looked at were due for review in May 2016. Updated policies were available from AT medics but had not been uploaded and tailored to the practice's requirements on the day of the inspection.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality though there was little evidence this was being used to improve clinical outcomes.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However some of risks were not well managed; for example those related to legionella and fire safety.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the lead GP's and senior staff both within the practice and the wider organisation. All staff were involved in discussions about how to run and develop the practice, and management 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

# Are services well-led?

Good 

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

management team. For example, on the basis of friends and family feedback the practice regarding appointments the practice added appoints that could be booked two days in advance for routine reasons. Patients also requested increased phlebotomy services. The practice is now training a new healthcare assistant to provide greater access. The PPG representative also told us that they had asked for practice staff to wear name tags and that now all staff wear a name badge.

- The practice had gathered feedback from 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. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was using a new document management system, whereby administrative staff were trained to only workflow documents to GPs which required clinical input. This meant that saved clinical time which was used to increase appointment availability.

There was a strong focus on learning and development within the practice and wider organisation and was a cornerstone of the practice's vision and strategy. They were accredited investors in people and delivered innovative training and development opportunities for both staff and students based within the practice. For example virtual webinars were used to provide updates to healthcare assistants and practice nurses. The practice also held An interactive web based masterclass for trainees provided by directors of AT Medics and guest academic speakers.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users as:</p> <ul style="list-style-type: none"><li>• Risks related to staff immunity to common communicable diseases, the safety of electrical equipment, the necessity of certain emergency medicines and fire safety had not been assessed.</li><li>• Action had not been taken to prevent legionella in accordance with the practice's risk assessment.</li></ul> <p>The registered person did not do all that was reasonably practicable to ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely in that:</p> <ul style="list-style-type: none"><li>• Several staff members had not completed safeguarding, infection control and fire safety training</li><li>• There was no system in place to monitor the professional registrations of all clinical staff members.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>