

Claremont Medical Centre

Quality Report

29-31 Claremont Road
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



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Overall summary

This practice is rated remains rated Requires improvement overall. (Previous inspection 08/03/2016 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

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

People whose circumstances may make them vulnerable – Requires improvement

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

We carried out an announced comprehensive inspection at Claremont Medical Centre on 8 March 2016 and rated the practice as requires improvement for safe, effective and caring key questions. This led to an overall rating of requires improvement. Breaches of legal requirements were found and requirement notices were issued in relation to fit and proper persons employed (Regulation 19), staffing (Regulation 18) and governance (Regulation 17). The full comprehensive report can be found by selecting the 'all reports' link for Claremont Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection which we undertook on 16 January 2018 to confirm 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 8 March 2016. This report covers our findings in relation to those requirements. The overall rating from this visit was requires improvement.

Overall the practice remains rated as requires improvement.

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

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

Summary of findings

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Systems were in place to protect personal information about patients
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients rated the practice significantly below local and national averages on how they could access treatment and care.
- Information about how to make a complaint or raise concerns was available, however the service did not record verbal concerns or complaints.

- The practice had a vision which now formed part of their business plan. The practice's vision was to give something back to the community & offer the people of Walthamstow especially the highly deprived ward of Higham Hill a better health care.

The areas where the provider **must** make improvement is:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

- Consider recording the vital signs for patients who attends for acute illnesses.
- Take steps to improve communication for patients who have difficulty hearing and those visually impaired.
- Review how information from practice meeting is discussed and cascaded to the practice nursing team.

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

Claremont Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Claremont Medical Centre

Claremont Medical Centre is a GP practice located in Walthamstow, East London and provides services to approximately 2900 patients. Claremont Medical Centre originally based at 29-31 Claremont Road was destroyed by a fire on 15 October 2016. At the time of the incident, the building had been undergoing extension work. Between October 2016 and May 2017 patients were seen by their GP from a temporary nearby location and patients were advised to use other phlebotomy services within the locality.

Primary medical care is provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Waltham Forest Clinical Commissioning Group (CCG). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is in purpose built health care premises and all patient areas are accessible to wheelchair users. The practice has a car park which is located on the opposite side of the road and can accommodate around eight cars. Claremont Medical Centre is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning, surgical procedures

and diagnostic and screening procedures from 29-31 Claremont Road Walthamstow London E17 5RJ, however an application was submitted to CQC notifying us of the change of address. The inspection of 16 January 2018 took place at the current location which is 27 Claremont Road, Walthamstow, E17 5RJ.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice population age/sex distribution is similar to that of other practices in England. The life expectancy for males and females is 79 years and 83 years respectively.

There are three GP consulting rooms and one practice nurse room. The clinical team is made up of one GP partner (male), a salaried female GP and two long term locums collectively working 11 weekly sessions. The practice relied on a locum practice nurse to deliver nursing services to patients. They are supported by a full time practice manager and various reception/administrative staff.

The practice is open between 9am and 6pm Monday to Friday with the exception of Wednesday when the practice closes at 8pm. Extended hours appointments are offered on Wednesday between 6pm and 8pm. Pre-bookable appointments can be booked up to four weeks in advance; urgent appointments as well as telephone consultations are also available daily. Out of hours services are delivered by another provider which is detailed in the practice leaflet, posters at reception and can be directly accessed by calling the practice telephone number.

The practice was inspected under the Care Quality Commission's current inspection regime in March 2016 and was found to be in breach of Regulation 19 HSCA (RA)

Detailed findings

Regulations Fit and proper persons employed, Regulation 18 HSCA (RA) Regulations 2014 Staffing and Regulation 17 HSCA (RA) Regulations 2014 Good Governance. This led to an overall rating of requires improvement.

Are services safe?

Our findings

At our previous inspection on 8 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding, chaperoning, DBS checking, fire safety, staff training and recruitment checks were not adequate. Requirement Notices were issued in relation to these breaches under the current Regulations of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

These arrangements had improved when we undertook a follow up inspection on 16 January 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

At our inspection on 8 March 2016 we found the practice's systems and processes were not adequate to keep patients safe. The practice had not ensured non-clinical staff were trained in safeguarding and chaperoning, nor had they received disclosure and barring service (DBS) checks to determine their suitability for the role. At this inspection, we found all staff had received the aforementioned training, however we did not see any evidence the practice had received checks with the disclosure and barring service. Our concerns were discussed with the management team who told us DBS checks had been sought, but were destroyed in the fire which destroyed the building in 2016. We received evidence following the inspection that DBS checks were being processed for those staff.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- From the two examples reviewed we found that the practice worked with other agencies to support patients

and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Non-clinical staff who acted as chaperones were trained for the role, but their DBS checks were destroyed in the fire; following the inspection, we received evidence DBS checks were being processed for relevant staff members.
- At the previous inspection the practice did not have an effective system to manage infection prevention and control. This had improved when we undertook our follow up inspection: all staff were now trained in infection control and policies and procedures in place supported an effective system.
- At the inspection on 8 March 2016 the practice was failing to complete the appropriate recruitment checks for staff prior to them starting work. At this inspection we reviewed six personnel files and found the practice was still failing to maintain important records such as references
- The practice had ensured clinical equipment such as thermometers and weighing scales were calibrated and safe to use. We saw evidence portable appliance testing (PAT) had been carried out on all other electrical equipment.
- We found the systems in place for managing healthcare waste was in line with current guidelines and minimised risk to patients and staff.

Risks to patients

At our inspection on 8 March 2016 not all risks to patients were assessed and well managed. This was because the practice had failed to address issues identified in certain risk assessments. At this inspection, the systems in place to assess, monitor and manage risks had improved to ensure overall patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed, however the practice relied on long-term locum practice nurses and GPs to meet the demands of patients.

Are services safe?

- There was an effective induction system for temporary staff tailored to their role, for example, locum GPs had access to a detailed locum pack.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians told us they knew how to identify and manage patients with severe infections, for example, sepsis. We reviewed four patient records who saw the GPs for acute illnesses and found that their vital signs were not recorded in their clinical records. We discussed this with the GPs who told us these were always assessed, but not always recorded.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinical staff had access to equipment such as blood pressure machine, thermometers, adult and paediatric oximeters which enabled them to assess patients.
- The practice used a single point of access form for various referrals and those letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines; however there were areas that needed improving to ensure adherence to local and national guidelines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.

- Arrangements were in place for destroying uncollected prescriptions and this was maintained in line with the repeat prescribing policy.
- We were not assured staff always prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. On the day of our inspection we found Patient Group Directions (PGDs) had not been adopted by the practice to allow the locum nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We received signed and dated PGDs two days after the inspection.
- Patients' health was monitored to ensure medicines were being used safely and followed

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The lead GP and practice manager supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following the fire in October 2016 which left the practice building badly damaged and unusable to date, we saw that the practice took action immediately to resume services for patients. The practice notified patients of their temporary location, liaised with external stakeholders such as the local clinical commissioning group (CCG) and other communication systems were

Are services safe?

actioned as per the business continuity plan. The nature of the fire was investigated by external bodies and we saw that the practice had taken steps to reduce the likelihood of this incident happening again.

- We found there was a system for receiving and acting on safety alerts. All incoming alerts were received by the

lead GP who cascaded and discussed with the clinical team. For example, following a recent alert in relation to Gabapentin (anti-epileptic medicine) and risk of depression, we saw minutes of meeting where this was discussed. The practice learnt from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 March October 2016 we found the arrangements for effective services needed improving; not all staff had received training in safeguarding vulnerable adults, basic life support and infection control. There was evidence to suggest that patient clinical needs were not met as the practice had not retained enough clinical staff to meet their needs. This was reflected in the QOF report for that year as the practice's performance for long term conditions was below local and national averages. At this inspection, we found the practice had addressed these issues sufficiently. The practice is now rated as good for providing effective care.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. Most staff had received training in equality and diversity.
- Evidence based clinical risk tools were used to identify patients at increased risk of developing certain conditions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing caring and responsive services. There were, however, examples of good practice. For example:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were assessed using a frailty toolkit and had a clinical review including a review of medication. Patients care plans were updated to reflect changes.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Older patients with enhanced needs were offered same day appointments.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing caring and responsive services. There were, however, examples of good practice. For example:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice maintained registers for patients with long term conditions which was used to plan reviews and recalls.
- Repeat prescribing was in place for those whose conditions such as blood pressure were controlled and regularly reviewed.
- At our inspection on 8 May 2016 the practice's Quality and Outcomes Framework (QOF) performance for long term condition was significantly below local and national averages. At this inspection we found this had improved and is now comparable with local and national achievements.

Families, children and young people:

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing caring and responsive services. There were, however, examples of good practice. For example:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake

Are services effective?

(for example, treatment is effective)

rates for the vaccines given were below the target percentage of 90% or above, however quarterly data submitted at local level showed the practice's achievements varied between 70% and 90%.

- Post-natal and baby checks were offered to mothers and babies.
- The practice offered the human papillomavirus (HPV) vaccine free of cost to adolescent female patients.
- The practice offered a range of contraceptive methods and provided information and advice on family planning.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing caring and responsive services. There were, however, examples of good practice. For example:

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme. Cervical cytology screening at the practice was underpinned by up to date policies.
- The practice took part in the "catch up" programme and informed eligible patients to have the Men C and MMR vaccines.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Appointments were available outside of normal working hours for these patients.
- Telephone consultations were offered and patients could book appointments online.

People whose circumstances make them vulnerable:

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing caring and responsive services. There were, however, examples of good practice. For example:

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

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

This population group was rated good for providing effective care but requires improvement overall due to the rating for providing caring and responsive services. There were, however, examples of good practice. For example:

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is in line with the expected national level of 70%. There were six patients on the practice's dementia register and only one of those had been exception reported.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. The practice was performing above local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice: 100%; CCG: 94%; national: 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG: 96%; national: 95%).
- The practice worked closely with the wider mental health team in the case management for patients experiencing poor mental health.

Monitoring care and treatment

At the inspection on 8 March 2016 patients outcomes were variable with some significantly lower than local and national averages. At this inspection, the most recent

Are services effective?

(for example, treatment is effective)

published Quality Outcome Framework (QOF) results were 93% (81% at previous inspection) of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96%. This showed an improvement on previous year's achievements. The overall exception reporting rate was 12% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements to clinical practice.
- The practice was involved in quality improvement activity, for example, regular discussion with other GPs. The practice was aware that there needed to be more focus on driving improvements through other clinical and non-clinical initiatives. They told us that this was due to them being in temporary accommodation for nearly one year following the fire.
- There had been two clinical audits undertaken in the last two years, both of which were completed audits where the improvements made were implemented and monitored. One example was an audit of patients who had been taking Methotrexate (type of drug known as a disease-modifying anti-rheumatic drug (DMARD) which is often prescribed for patients with rheumatoid arthritis and may also be used to treat certain types of cancer). This audit was undertaken to ensure prescribing and monitoring were in line with best practice guidelines from NICE. The clinical team reviewed the clinical record for the seven patients who had been prescribed methotrexate and found that shared care agreements, blood monitoring as per the recommended schedule and special notes were all in place. Further findings from the audit showed that none of the seven patients had presented with any side effects and one patient was not co-prescribed folic acid. It was documented that the practice would contact this patient to discuss the benefits of taking folic acid alongside methotrexate.

- Where appropriate, clinicians took part in local and national improvement initiatives. For example, we saw evidence the practice had signed up to the local CCG primary care access-Local Improvement Scheme for 2017/18.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice had an effective process in place to manage two weeks wait referrals.
- 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.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

- The practice coded patients who were at risk of developing diabetes and provided them advice on lifestyle, diet and exercise.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The process for seeking patients consent for minor surgery had improved when we undertook our inspection.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our previous inspection on 8 March 2016, we rated the practice as good for providing caring services.

At this inspection on 16 January 2018 we found the results from the National GP patient survey were below local and national averages and the practice could not demonstrate what they had done to address these. The practice is now rated as requires improvement for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test received by the practice. FFT results for December 2017 showed that all patients (100%) who filled in the survey would recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were not always treated with compassion, dignity and respect. 370 surveys were sent out and 112 were returned. This represented over 4% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.

- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 92%; national average - 95%.
- 70% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 80%; national average - 86%.
- 59% of patients who responded said the nurse was good at listening to them; (CCG) - 87%; national average - 91%.
- 63% of patients who responded said the nurse gave them enough time; CCG - 86%; national average - 92%.
- 81% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 59% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 84%; national average - 91%.
- 74% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

The management team was not aware of these results on the day of inspection, however, they highlighted that they had faced difficulties in trying to recruit permanent GPs and practice nurses and felt this was the reason the practice scored below local and national average scores. Following the inspection, we received information from the practice that they had introduced an in-house patient survey.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

Are services caring?

- We did not see how staff communicated with those patient who had difficulty hearing and or visually impaired.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Carers details were captured on the new patient registration form and posters in the reception area encouraged patients to identify themselves as carers. The practice's computer system alerted GPs if a patient was also a carer which was also used to maintain the carer's register. The practice had identified 53 patients as carers (2% of the practice list).

- Various services supporting carers were advertised in the waiting area.
- The practice offered longer appointments for patients who were carers. They were also invited to attend the practice's annual flu clinic.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment was mixed. Some results were significantly below local and national averages:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.

- 71% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 75%; national average - 82%.
- 57% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 58% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

When we spoke to the management team as well as practice nursing staff they were not aware of these results. There was evidence to suggest that the practice management team did not have regular discussion with nursing staff which meant that issues were only shared on an ad-hoc basis. We reviewed the minutes of practice meetings held in the last six months and saw that the locum nurse did not attend these meetings. The practice told us that practice nursing sessions had increased from one to four and GP sessions had increased to 11 per week. At the time of our inspection on 16 January 2018, the practice could not demonstrate there was an action plan to improve patient experiences.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- All staff had received training in information governance.
- Staff files contained signed copies of confidential statements.
- The practice complied with the Data Protection Act 1998.
- We had concerns about the lack of privacy for patients in the reception area and the practice was very responsive by building a screen to minimise conversations being overheard by other patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 8 March 2016, we rated the practice as good for providing responsive services.

At this inspection patients rated the practice below average on how they could access treatment and care. The practice was aware of this and had taken steps to address some of the identified issues. The practice is now rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments) .
- We saw examples the practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, by arranging face to face interpreting service for patients whose first language was not English.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- One of the GPs undertook minor surgery.

Older people:

- All patients were made aware of their named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice discussed those patients with additional needs in the monthly integrated care meetings (ICM).

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Two records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered a range of service to meet the needs of the local population such as Chlamydia testing, contraception and HPV vaccination.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients could book appointments online.

People whose circumstances make them vulnerable:

- Staff we spoke to on the day of inspection knew how to recognise signs of abuse.
- Longer appointments were available for this group of patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- There was evidence which suggested the practice liaised regularly with various mental health organisations.

Timely access to the service

The 13 patients we spoke with on the day told us they were able to access care and treatment from the practice within an acceptable timescale for their needs. This was not reflected in the 2017 national GP patient survey and the practice also told us patients told them how difficult it was to access service. Management told us they had sought to improve access by installing another telephone line, however this took longer than anticipated due to issues with the telephone provider. We saw evidence that the new telephone line should have been installed in January 2018 and this meant the practice would have two incoming telephones lines at all times. We saw notices which informed patients that they could book appointments online and this was also advertised on NHS Choices website. Patients told us they were happy with the online booking system.

- From the information reviewed, we found that patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with on the day told us the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. This was not supported by observations on the day of inspection and completed comment cards. 370 surveys were sent out and 112 were returned. This represented over 4% of the practice population.

- 57% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 57% of patients who responded said they could get through easily to the practice by phone; CCG - 59%; national average - 71%.
- 79% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 78%; national average - 84%.
- 67% of patients who responded said their last appointment was convenient; CCG - 73%; national average - 81%.
- 58% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 18% of patients who responded said they don't normally have to wait too long to be seen; CCG - 47%; national average - 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year. This complaint was directly sent to NHS England from a secondary care service. We reviewed this complaint and found it was satisfactorily handled in a timely way.
- The practice did not have a process in place to log verbal concerns.
- The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care. For example, the complaint we looked at showed that the practice investigated and followed up the allegations made. The complaint was properly responded to and reflected on by the practice team during staff meeting.

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 8 March 2016, we rated the practice as requires improvement for being well-led as the practice's leadership and governance did not always support the delivery of high-quality person centred care. In addition, we found that the provider's governance framework was not operated effectively to ensure overall patient safety for example, there were gaps in recruitment checks, mandatory training and ineffective processes and systems meant that risks to patients were not always managed appropriately.

These arrangements had improved when we undertook a follow up inspection on 16 January 2018. The practice is now rated as good for providing well-led services.

Leadership capacity and capability

The management told us they had the capacity and skills to deliver high-quality, sustainable care, however they discussed at great lengths that the practice had been through a difficult period in the last two years. They told us there had been changes to the management and clinical team due to illnesses, deaths and the disastrous fire which weakened an already fractured governance framework. When we asked the practice about their strategy for the future, they told us there had been discussion with another local practice about a possible merger. The team told us there were no detail plan or any documented discussion about the merger as it was in the initial/brainstorming stage.

- There were instances throughout the inspection which demonstrated management had the experience to deliver the practice strategy and address risks to it.
- The lead GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The management team were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had a plan to develop the workforce by recruiting additional clinical staff.

Vision and strategy

The practice had a vision which now formed part of their business plan. The practice's vision was to give something back to the community & offer the people of Walthamstow especially the highly deprived ward of Higham Hill a better health care. In addition they told us they were patient-centred and their goal was to promote good outcomes for patients.

- We received evidence following our inspection that the practice had a strategy and supporting business plans to achieve their vision. Strategy plans reviewed referred to improving the healthcare they offered to patients by renovating and expanding the medical centre.
- The strategy discussed by the management team was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Management staff acted on behaviour and performance inconsistent with the vision.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- We found that the locum practice nurse who had worked at the practice for over one year was not invited to attend practice meetings.

Are services well-led?

Good 

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

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however the practice could not demonstrate that important business functions were shared and discussed with all members of the clinical team.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The lead GP had oversight of MHRA alerts, incidents, and complaints, however this was not discussed formally with the practice nursing staff.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information, however this needed strengthening to improve patient experiences.

- Quality and operational information was not always used to ensure and improve performance, for example, management was not aware the practice was performing below local and national averages as highlighted in the latest GP patient survey.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external organisations to support the service, but a comprehensive understanding of the practice was not always maintained. For example, we found that management team were not all aware of the GP national survey and its results and therefore were not aware of patient's feedback about access, GP and nurse consultations.

A full and diverse range of patients', staff and external partners' views and concerns were encouraged, but this was not always acted on by the management team. For example, the provider was not aware of the most recent national GP patient survey which meant that steps had not been put in place to improve patients experience with how

Are services well-led?

Good 

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

they were cared for and accessed the service. Management could not demonstrate that they had devised a strategy to counteract their poor performance, for example, they had not undertaken additional surveys to ascertain whether initiatives they were considering to implement would improve the services offered to patients. The practice told us this was because the service continuity had been disrupted by the fire of October 2016. We reviewed previous years national GP survey results and found these were in line with local and national averages.

- There was an active patient participation group (PPG) who told us they met bi-monthly. They told us the practice listened to their views, feedback and acted on suggestions about possible improvements to the service.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and Innovation

The provider's business plan demonstrated that they were committed to growing as an organisation. It specified that the practice's ambition was to be able to facilitate and offer local residents secondary care within a primary care setting. The lead GP told us For example, before the fire of October 2016, the practice had been successful in achieving improvement funding from NHS England (NHSE) to further extend the medical centre. In conjunction with the expansion, there were detailed plans in place to maintain, increase capacity and improve existing services.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The practice was not aware of the low GP patient survey results which meant that appropriate action was not taken to improve survey results so that it is in line with local and national averages.• The practice did not have a process in place to record verbal concerns or complaints. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>