

The Ashchurch Medical Centre (also known as Ashchurch Medical Centre)

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to The Ashchurch Medical Centre (also known as Ashchurch Medical Centre)	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	14
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Ashchurch Medical Centre on 6 January 2016. The overall rating for the practice was requires improvement. The practice was rated requires improvement for providing safe, effective, caring, responsive and well-led services. This was specifically in relation to aspects of risk management, systems to improve the quality of care, multi-disciplinary team working, service provision, and patient satisfaction and engagement.

The full comprehensive report on the 6 January 2016 inspection can be found by selecting the 'all reports' link for The Ashchurch Medical Centre on our website at www.cqc.org.uk.

An announced comprehensive inspection was undertaken on 10 October 2017. The practice is rated as requires improvement for providing effective services and good for providing safe, caring, responsive and well-led services. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had some defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework 2016/17 showed some patient outcomes were below average for the locality and compared to the national average.
- There was evidence of quality improvement activity including clinical audit.
- Patient satisfaction survey information we reviewed showed patients felt the practice offered a good service and staff were helpful, friendly, attentive and polite and treated them with dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with 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 accessible facilities and was equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The practice proactively sought and analysed feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

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

The areas where the provider should make improvement are:

- Review the storage arrangements of environment cleaning equipment and consider an independent external led Infection and prevention control review.
- Consider installing an independent thermometer to confirm accuracy of the vaccine fridge temperature.
- Implement a tracking system to monitor the use of blank prescription pads.
- Continue to monitor and improve Quality and Outcomes Framework performance.
- Continue to encourage the uptake of childhood immunisations.
- Continue to encourage the uptake of the cervical screening programme to eligible women.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received 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 some defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework 2016/17 showed some patient outcomes were below average for the locality and compared to the national average. The practice had achieved 62% of the total number of points available for all of the clinical indicators measured in comparison to locality and national averages of 90% and 95% respectively.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff with the exception of the practice nurse who was due to have one.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 patient satisfaction scores were at or above local and national for consultations with GPs but fell below in some areas for consultations with nurses.
- Survey information we reviewed showed patients felt the practice offered a good service and staff were helpful, friendly, attentive and polite and treated them with dignity and respect.
- Information for patients about the services available was 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.

- The practice understood its population profile and had engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 accessible facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

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 leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to identify risk and to monitor and improve quality, but the latter required further development.

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In six examples we reviewed we saw evidence the practice complied with these requirements.
- The GP partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice was in the process of setting up a virtual PPG with the aim of recruiting around one hundred patients from a broad spectrum.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- All older patients had a named GP to promote continuity of care. The practice provided telephone access and put named carer's on patient's records to facilitate communication.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice used the electronic frailty index to identify patients classed as moderately or severely frail and called them or arranged a home visit for review to create/update integrated care plans. Patients were given a copy of their care plan to keep at home including list of past medical history and current medication.
- Regular multi-disciplinary team meetings attended by district nurses, community matron, palliative care nurses and social services were held to discuss and manage the needs of older patients with complex medical care.
- The practice made use of the local Community Independent Service (CIS) to support acutely unwell patients at home where possible and avoid hospital admission.

People with long term conditions

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

Good



- All patients had a named GP and there was a system to recall patients for a structured six to 12 monthly medication review depending on co-morbidities and medicines prescribed.
- The practice was responsive to the needs of patients with long term conditions, and offered home visits and urgent appointments for those with enhanced needs.
- The practice nurse had a lead role in monitoring patients with chronic disease. Patients were contacted to book for reviews of their long term condition and reminders were placed on repeat prescriptions.
- Regular multi-disciplinary team meetings attended by district nurses, community matron, palliative care nurses and social services were held to discuss and manage the needs of older patients with complex medical care.

Summary of findings

- Warfarin monitoring was performed in house by the practice nurse for patients able to attend the surgery. For housebound patients there was an arrangement with a neighbouring GP practice to offer warfarin monitoring at home.

Families, children and young people

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

- The practice had safeguarding procedures and policies in place. Information on safeguarding children was displayed in all consulting rooms and it was a standing agenda item at the practice team meeting. Staff had received role appropriate training and were aware of their responsibilities to raise concerns and who to contact.
- Immunisation rates 2015/16 were relatively high for all standard childhood immunisations, but fell below the 90% national expected coverage of immunisations given to children up to two years of age.
- Appointments were available outside of school hours.
- The practice offered routine ante-natal and post-natal care as well family planning and contraceptive services.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- Extended hour pre-bookable appointments were available at other GP practices within NHS Hammersmith & Fulham CCG, for patients unable to attend the practice in normal working hours. Telephone consultations were also available daily.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered NHS health checks for patients aged 40 to 74 years of age and 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.

Good



Summary of findings

- Patients identified as vulnerable had a named GP to promote continuity of care. The practice kept a list of patients living in vulnerable circumstances, such as homeless people. Reception staff were aware these patients may need urgent access to appointments.
- The practice offered annual health checks and medication review with the GP and nurse for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- QOF data 2016/17 showed that 54% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 80% and the national average of 84%.
- All patients experiencing poor mental health were invited to annual care plan and/or dementia care plan review. There were dedicated appointment slots for these reviews and where possible appointments were booked with the patient's named GP to promote continuity of care.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had access and referred patients to the primary care mental health support worker for additional support and management.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing comparable to or above local and national averages. Three hundred and forty eight survey forms were distributed and 109 were returned. This represented a completion rate of 31% and 2% of the practice's patient list. The results showed the practice was performing at or just below local and national averages. For example,

- 81% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 71% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Comments received described staff as friendly, compassionate, and knowledgeable and the environment as clean and hygienic.

We spoke with ten patients including during the inspection. All patients said they were very satisfied with the care they received and thought staff were caring and understanding. Results from the Friends and Family Test (FFT) for the period January 2017 to August 2017 showed that 82% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

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

Action the service **SHOULD** take to improve

- Review the storage arrangements of environment cleaning equipment and consider an independent external led Infection and prevention control review.

- Consider installing an independent thermometer to confirm accuracy of the vaccine fridge temperature.
- Implement a tracking system to monitor the use of blank prescription pads.
- Continue to monitor and improve Quality and Outcomes Framework performance.
- Continue to encourage the uptake of childhood immunisations.
- Continue to encourage the uptake of the cervical screening programme to eligible women.

The Ashchurch Medical Centre (also known as Ashchurch 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 The Ashchurch Medical Centre (also known as Ashchurch Medical Centre)

The Ashchurch Medical Centre is a well-established GP practice situated within the London Borough of Hammersmith and Fulham. The practice lies within the administrative boundaries of NHS Hammersmith and Fulham Clinical Commissioning Group (CCG) and is a member of the GP locality group, Network One. The practice is located at 134 Askew Road, Shepherd's Bush W12 9BP with good transport links by bus services.

The practice provides primary medical services to approximately 5,200 patients and holds a General Medical Services Contract and Directed Enhanced Services Contracts. The services provided include chronic disease management, maternity care and health checks for patients 45 years plus. Health promotion services include, cervical screening, childhood immunisations, contraception and family planning.

The practice operates from a converted three storey building owned and managed by one of the GP partners. There are four consultation rooms and a reception and waiting area on the ground floor of the premises and administration offices on the upper floors. There is wheelchair access to the entrance of the building and toilet facilities for people with disabilities.

The practice population is ethnically diverse and has a lower than the national average number of male and female patients between 5 and 19 years of age and higher than the national average number of patients 25 to 54 years of age. There is a lower than the national average number of patients 55 years of age plus. The practice area is rated in the fourth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2015/16 shows that the practice has a higher percentage of patients with a long-standing condition compared to the CCG average and a lower percentage than the England average (50%, 42%, and 53% respectively).

The practice team comprises of two GP partners; one male and one female, one female salaried GP and one male long term locum GP, who collectively work a total of 22 clinical sessions a week. They are supported by a practice nurse who works three days a week, a practice manager and four administration/reception staff.

The opening hours in the morning are 8.30am to 1pm Monday, Tuesday, Thursday and Friday and 8.30am to 1.30pm Wednesday and in the afternoon from 3pm to

Detailed findings

6:30pm Monday, Tuesday and Friday and 1.30pm to 6.30pm on Wednesday. Appointments in the morning are from 8.30am to 11.40am Monday to Friday and in the afternoon from 3:20pm to 5:50pm Monday, Tuesday and Friday and 1:30pm-5:50pm on Wednesday. Telephone consultations are offered daily and bookable appointments can be booked two weeks in advance. Urgent appointments are available for patients who need them. Patients can access extended hours pre-bookable appointments Monday to Friday and on Saturday and Sunday at other GP practices within NHS Hammersmith & Fulham CCG.

The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice was previously inspected under the new methodology on 6 January 2016 and achieved an overall rating of requires improvement. They were rated as requires improvement for providing safe, effective, caring, responsive and well led services.

Why we carried out this inspection

We undertook a comprehensive inspection of The Ashchurch Medical Centre on 6 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, caring, responsive and well-led services.

During the inspection we identified concerns in relation to aspects of risk management, systems to improve the quality of care, multi-disciplinary team working, service provision, and patient satisfaction and engagement. The full comprehensive report on the 6 January 2016 inspection can be found by selecting the 'all reports' link for The Ashchurch Medical Centre on our website at www.cqc.org.uk.

We asked the provider to take action and we undertook a follow up inspection on 10 October 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share to share what they knew. We carried out an announced visit on 10 October 2017. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager, administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Detailed findings

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

Are services safe?

Our findings

At our last inspection on 6 January 2016, we rated the practice as requires improvement for providing safe services as the systems and processes in respect of managing risks were not effectively assessed, monitored and mitigated across all areas. This specifically related to documentation of significant events, risk monitoring, safeguarding adults arrangements and emergency provisions.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our last inspection on 6 January 2016 documentation of significant events was not thorough and did not include evidence of shared learning.

At this inspection there was an effective system 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).
- From the sample of six documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident involving an error with a child immunisation the practice discussed the event

and made changes to their protocol. This included the requirement of the child being provided by the parent/guardian so that records could be checked before immunisations were administered.

Overview of safety systems and process

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

- At our last inspection on 6 January 2016 there were gaps in the arrangements for safeguarding adults including the absence of a clear policy and training for all staff. At this inspection arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurse level 2 and all other staff level 1.
- 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, which had been absent for some staff at the last inspection on 6 January 2016. (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 but there were areas of weakness.

- We observed the premises to be clean and tidy and there were cleaning schedules and monitoring systems in place. However, we saw that some environment cleaning equipment and the way stored did not follow national guidance. There was no evidence of any training completed by the cleaner employed by the practice, but shortly after the inspection we were shown that relevant training had been arranged.

Are services safe?

- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.
- At our last inspection on 6 January 2016 we found that no IPC audits had been undertaken to identify any improvements required. At this inspection we saw evidence of two self-assessment IPC audits that had been conducted in March and July 2017 and actions taken as a result. An external IPC review had not been undertaken.
- We observed that there were no separate receptacles for the disposal of sharps used to administer cytostatic medicines for example, hormone containing medicines. There was no lockable clinical waste bin outside the premises. We were advised shortly after the inspection that both were now in place.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised most risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal) but there were areas of weakness.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored but there were no systems to monitor their use. We observed that there was no independent thermometer or separate data logger to confirm the accuracy of the fridge temperature.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

At our last inspection on 6 January some risks to patients were assessed and managed but the practice had not undertaken risk assessments for infection control and control of substances hazardous to health

At this inspection there were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety (H&S) policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice did not have a legionella risk assessment or perform any water temperature checks. A water sample for legionella testing had been undertaken in January 2017 where no bacterium was detected. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

At our last inspection on 6 January 2016 the practice had some arrangements in place to respond to emergencies and major incidents however, they did not have an automated external defibrillator (AED) or a risk assessment to negate the need.

Are services safe?

At this inspection the practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, it was observed that there was no Benzylpenicillin injection in stock for the treatment of suspected bacterial meningitis, but this was immediately rectified.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident form was available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection on 6 January 2016, we rated the practice as requires improvement for providing effective services as there were gaps in the arrangements for clinical audit and multi-disciplinary team working and some patient outcomes were low compared to other GP practices.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017, however there was little improvement in Quality and Outcomes Framework (QOF) performance. The practice remains rated as requires improvement for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date including locum staff. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

At our last inspection on 6 January 2016 Quality and Outcomes Framework (QOF) data from 2014/2015 showed performance indicators for some clinical areas, were below CCG and national averages. Although the practice participated in CCG led clinical audit, there was no evidence of completed clinical audits demonstrating quality improvement.

At this inspection QOF achievement 2016/17 remained below CCG and national averages for some clinical indicators however, unverified and unpublished QOF data for the first half of 2017/18 demonstrated some improvement. There was evidence of completed clinical audit cycles to demonstrate quality improvement.

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 from 2016/17 was 62% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 95%. The overall clinical exception rate was 8%, which was lower than the clinical commissioning group (CCG) average of 12% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The most recent published QOF results for diabetes related indicators 2016/17 showed that;

- 64% of patients on the diabetes register had an IFCC-HbA1c less than or equal to 64 mmol/mol measured in the last 12 months, compared to the CCG average of 76% and England average of 79.5%. Exception reporting 2016/17 was 3%, which was lower than the CCG and England rate of 12%.
- 67% of patients on the diabetes register had total cholesterol level of 5mmol/l or less measured in the last 12 months, compared to the CCG average of 78% and England average of 80%. Exception reporting 2016/17 was 4%, which was lower than the CCG and England rates of 12% and 13% respectively.
- 60% of patients on the diabetes register had a blood pressure reading of 140/80 or less measured in the last 12 months compared to the CCG average of 74% and England average of 78%. Exception reporting 2016/17 was 2%, which was lower than the CCG and England rates of 12% and 9% respectively.

The most recent published QOF results for mental health related indicators 2016/17 showed that;

- 32% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to the CCG average of 88% and England average of 90%. Exception reporting was 2%, which was lower than the CCG and England rates of 13% and 12.5% respectively.
- 65% of patients with schizophrenia, bipolar affective disorder and other psychoses; alcohol consumption had been recorded in the preceding 12 months; compared to the CCG average of 89% and England average of 91%. Exception reporting was 2%, which was lower than the CCG and England rates of 9% and 10% respectively.

Are services effective?

(for example, treatment is effective)

The most recent published QOF results for other health related indicators 2016/17 showed that;

- 71% of patients on the register with hypertension had a blood pressure reading measured in the last 12 months that was 150/90mmHg or less; compared to the CCG average of 81% and England average of 83%. Exception reporting was 3%, which was lower than the CCG and England rates of 6% and 4% respectively.
- 37% of patients with asthma on the register who have had asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions; compared to the CCG and England average of 76%. Exception reporting was 3.5%, which was lower than the CCG and England rates of 4.5% and 8% respectively.

The practice was aware of lower QOF performance and considered a number of factors attributable. This included unforeseen absence and up skill training of the recently appointed practice nurse, underuse of electronic templates for long-term condition reviews and read coding errors in the clinical system (read coding is a tool used to capture and analyse clinical data). We saw some examples where this had occurred including patient clinical assessments that had either been completed in a secondary care setting or at the practice, but had not been read coded and therefore not included in QOF performance data.

The practice had put in measures to address identified issues which they anticipated would increase QOF achievement data in 2017/18. This included staff education and wider use of electronic templates for long term conditions to improve read coding and to alert when tests and assessments were due. They had also implemented regular weekly appointment slots for completion of care plans for patients with dementia and those experiencing poor mental health.

Unpublished and unverified QOF data for 2017/18 demonstrated a projected increase in performance for some clinical indicators when measured against the full year achievement rates for 2016/17. For example, data for the six month period from April 2017 to September 2017 showed that;

- 42% of patients on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to 32% for the 12 month period from April 2016 to March 2017.
- 37.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to 54% for the 12 month period from April 2016 to March 2017.

At our last inspection on 6 January 2016 we saw that the practice participated in CCG led clinical audit however, there was no evidence of completed clinical audits to demonstrate quality improvement. At this inspection there was evidence of quality improvement including completed clinical audit cycles:

- There had been five clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice conducted an audit on the prescription of anticoagulation for patients with atrial fibrillation as per best practice guidelines. First cycle date found 82% of patients were receiving anticoagulant medication in line with guidelines. The practice discussed the results at the practice meeting to raise awareness of the issue and invited the patients identified as not receiving appropriate anti-coagulation in for review to discuss this. Subsequent re-audit found improvement in results with now 96% of patients being prescribed appropriate anti-coagulation.

Information about patients' outcomes was used to make improvements such. For example, the practice used risk stratification tools to identify patients at risk of hospital admission and invite them in for review to create integrated care plans aimed at reducing this risk. The practice had weekly slots for care plan review appointments.

Effective staffing

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

The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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, discussion at practice team meetings and attendance at CCG led events.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months with the exception of the practice nurse who was due to have one.
- Staff received training that included: safeguarding, fire safety awareness, basic-life support, information governance and infection and prevention control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

At our last inspection on 6 January 2016 limited multidisciplinary working took place to routinely review and update care plans for at risk patients. At this inspection we saw evidence that this had been addressed.

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of six documented examples we reviewed we found that the practice shared relevant information with other services in a timely way for example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Regular meetings took place with other health care professionals, including the community matron and district nurses when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was no minor surgery performed at the practice. Consent for joint injections was documented in the patient's electronic records using a standard template.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation
- Smoking cessation advice was available once a week from a CCG smoking cessation advisor.
- The most recent published results 2016/17 for the cervical screening programme showed the practice uptake rate was 61%, which was below the CCG average of 71% and significantly below the national average of 81%. Exception reporting was 5% compared to the CCG and England rates of 10% and 7% respectively. Unverified and unpublished data for the six month period from April 2017 to September 2017 demonstrated an uptake rate of 57%.

There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as

Are services effective?

(for example, treatment is effective)

a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

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

The practice did not achieve the 90% national expected coverage of immunisations given to children up to two years of age in all of the four areas measured. For example;

Data 2016/17 showed that;

- 89% of children aged one had received the full course of recommended vaccines.
- 83% of children aged two had received pneumococcal conjugate booster vaccine.

- 84.5% of children aged two had received haemophilus influenza e type b and Meningitis C booster vaccines.
- 84.5% of children aged two had received Measles, Mumps and Rubella vaccine.

Immunisation rates for five year olds were mostly below CCG or national averages. For example;

- Measles, Mumps and Rubella dose one vaccinations for five year olds was 86%, compared to the CCG average of 93% and the national average of 95%.
- Measles, Mumps and Rubella dose two vaccinations for five year olds was 76%, compared to the CCG average of 72% and the national average of 87%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years of age. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our last inspection on 6 January 2016, we rated the practice as requires improvement for providing caring services in relation to low patient satisfaction scores in some areas and lack of information made available to support patients.

These issues had improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing effective services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 17 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 friendly, compassionate, and knowledgeable and treated them with dignity and respect.

We spoke with ten patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published 7 July 2017 showed patients felt they were treated with compassion, dignity and respect. Results were at or above local and national averages for its satisfaction scores on consultations with GPs but fell below in some areas on consultations with nurses. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 88% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%.
- 75% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 79% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with 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.

Results from the national GP patient survey published 7 July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages for its satisfaction scores on consultations with GPs but fell below on consultations with nurses. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.

Are services caring?

- 83% 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%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.
- 76% 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 was aware of the areas where patient satisfaction scores fell below other practices and we saw evidence that they had implemented actions in an effort to improve them.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (1.7% of the practice list). Patients identified as carers were offered longer appointments, annual health checks and flu immunisations. Written information was available to direct carers to the various avenues of support available to them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection on 6 January 2016, we rated the practice as requires improvement for providing responsive services as there were absences in provisions available to patients such as extended hour appointments, a hearing loop system and information about translation services. Patient feedback reported difficulties accessing pre-bookable appointments.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- Longer appointments were available for patients with a learning disability and for those patients with multiple long term conditions.
- 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.
- The practice sent text message reminders of appointments for patients signed up to receive them.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately and were directed to other services for any travel vaccinations not performed.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- Interpretation services were available and information about this was displayed in the waiting area. Practice staff were able to communicate in languages spoken by some of the practice population, including Hindi, Punjabi, Bengali and Croatian.
- The practice still did not have a hearing loop system to assist patients with reduced ranges of hearing, but one had been placed on order.

- Patients could book routine appointments and request repeat prescriptions on line.

Access to the service

The practice was open from 8.30am to 1pm Monday, Tuesday, Thursday and Friday and 8.30am to 1.30pm Wednesday and in the afternoon from 3pm to 6.30pm Monday, Tuesday and Friday and 1.30pm to 6.30pm on Wednesday. Appointments in the morning were from 8.30am to 11.40am Monday to Friday and in the afternoon from 3.20pm to 5.50pm Monday, Tuesday and Friday and 1.30pm-5.50pm on Wednesday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were available for patients who needed them and telephone consultations offered daily. Patients had access to extended hour pre-bookable appointments Monday to Friday and on Saturday and Sunday at other GP practices within NHS Hammersmith & Fulham CCG.

Results from the national GP patient survey published 7 July 2017 showed that patient's satisfaction with how they could access care and treatment was at or above local and national averages, with the exception of telephone access and long waits from appointment time. For example;

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 89% of patients said that the last time they wanted to see or speak to someone they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 85%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%. (This demonstrated a 19% increase in patient satisfaction since the last inspection in January 2016).
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 71%. (This demonstrated an 18% increase in patient satisfaction since the last inspection in January 2016).

Are services responsive to people's needs?

(for example, to feedback?)

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 was aware where patient experience fell below local and national averages and had taken steps to improve this. For example, patients were encouraged to use on-line services to book appointments and two reception staff were allocated to answer calls at busy times.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was managed by the duty doctor who 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 a system for handling complaints and concerns.

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

We looked at five complaints received in the last 12 months and found they were satisfactorily handled in a timely manner, with openness and transparency and with written apologies where appropriate. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

For example, in response to one complaint received the practice had made changes to their vaccine ordering processes to improve stock control, taking into account advance vaccination appointments.

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 last inspection on 6 January 2016, we rated the practice as requires improvement for providing well-led services as there were areas of weakness in governance arrangements, quality monitoring to make improvements and engagement of patients in the delivery of the service.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

At our last inspection on 6 January 2016 the practice did not have a strategy or business plan in place to reflect their vision and values. At this inspection the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values. The plan set out five specific areas of focus; working together for patients, commitment to quality care, compassion and improving lives, education, respect and dignity.

Governance arrangements

At our last inspection on 6 January 2016 the practice did not have a full complement of essential policies, a comprehensive understanding of the performance of the practice was not maintained, there was no evidence to demonstrate improvements to patient outcomes from clinical audit. Practice meetings were not formally recorded and risk management was lacking in some areas.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and the practice nurse had lead roles in key areas. For example, the latter was the lead for Infection Prevention and Control and individual GPs had responsibilities for specific clinical areas such as diabetes, mental health and asthma.

- Practice specific policies were implemented and now included those that were absent at our last inspection. We saw that policies were updated and regularly reviewed.
- An understanding of the performance of the practice was maintained. The practice was aware of low QOF performance and demonstrated on-going work which aimed to include all clinical target measurements performed and consistency of clinical coding.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, which had been lacking at our last inspection.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions and now included those that were absent at our last inspection. However, risk arrangements for blank prescription monitoring and cleaning equipment storage were lacking.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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 to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP partners encouraged a culture of openness and honesty. From the sample of six documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and community matron to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

At our last inspection the practice had not proactively sought feedback from patients, they did not have a patient participation group (PPG) and patient feedback received was not formally analysed.

At this inspection the practice was in the process of setting up a virtual PPG with the aim of recruiting around a hundred patients from a broad spectrum. A PPG sign up

form was promoted in the practice and on the practice website. The plan was to gain feedback from the virtual PPG through on line surveys which was an on-going project.

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

- the NHS Friends and Family test, complaints and compliments received.
- staff through team 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.

There was evidence that patient feedback was analysed, monitored and discussed with the practice team and actions taken to improve patient experience. For example, staff work streams and training needs were reviewed in response to negative feedback.

Continuous improvement

There was a focus on learning and improvement within the practice and processes had been put in place to monitor performance for shortfalls to be addressed. It was the intention of the practice to expand the clinical team by appointing an additional GP by December 2017 and to apply for a resilience grant to recruit a health care assistant administrator and phlebotomist by April 2018. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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 Family planning services Maternity and midwifery services 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 operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</p> <ul style="list-style-type: none">• Data from the Quality and Outcomes Framework (QOF) showed some patient outcomes were below national averages and read coding errors had occurred. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>