The Palms 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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Palms Medical Centre on 17 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for The Palms Medical Centre on our website at www.cqc.org.uk.

This comprehensive announced follow up inspection was undertaken on 13 June 2017. We found that some improvements had been made since the previous inspection. However we also identified some additional concerns. Overall the practice remains rated as requires improvement.

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

- There was an effective system in place for reporting, recording and learning from significant events and other incidents.
- The practice was not proactively identifying and managing all risks for example, in relation to medicines management.
- The GPs assessed patients' needs and could demonstrate that care was being delivered in line with current evidence based guidance. However, care planning was underdeveloped and was an area for improvement.
- The practice was able to demonstrate that most staff had the skills, knowledge and support to deliver effective care and treatment. However, the practice had not put in place sufficient arrangements to support one staff member to ensure they were always acting within their clinical competencies and in line with good practice.
- Patients' feedback was positive about the quality of consultations at the practice. The practice scored well on the national GP patient survey for these aspects of care.
- The practice had taken some action to improve access to the service for example offering more

Summary of findings

appointments. However, patient feedback on the experience of accessing the practice by telephone remained mixed and the practice scored significantly below average on the national GP patient survey in this area.
- The practice had taken recent action to improve cervical screening uptake but this had not yet had a meaningful impact on practice performance which remained below average.
- Patients could consult a male or female GP and a translation service was available. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear and stable leadership structure and staff said they were well supported. However the practice partners took a reactive approach to some important aspects of governance and this required improvement.
- Information about services and how to complain was available at the practice and easy to understand.

The areas where the practice must make improvement are:

- The practice must ensure that persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- The practice must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes acting on feedback from patients, staff members and relevant external bodies.

The areas where the provider should make improvements are:

- The practice should review its appointment and telephone system to ensure the service is accessible to patients.
- The practice should review its systems and processes for managing medicines, for example properly documenting medicines reviews in care plans.
- The practice should develop a clinical audit programme that is shaped by practice priorities and routinely includes completed audit second stage cycles to ensure that improvements are sustained.
- Care plans should include sufficient detail to enable the coordinated delivery of care to patients with complex needs and those receiving palliative care.
- The practice should continue to focus on increasing cervical screening uptake rates.
- The practice should continue to identify patients who are carers and respond to their needs.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- The practice had an effective system for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice.
- When things went wrong patients were informed, given an explanation and a written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had defined systems, processes and practices to minimise most risks to patient safety. However systems for managing medicines required improvement, for example, properly documenting medicines reviews in care plans.
- 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 arrangements in place to respond to emergencies and major incidents.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes tended to be in line with the CCG and national averages for most indicators.
- Staff were aware of current evidence based guidance.
- The practice had carried out clinical audit which demonstrated quality improvement. However, the practice had carried out few two-cycle audits.
- The practice was not able to demonstrate all staff had the skills, knowledge and support to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However appraisals were not always comprehensive. For example the health care assistant's recent appraisals did not include any assessment of their clinical skills and performance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- End of life care was coordinated with other services involved, however we found that these patients' care plans were underdeveloped and did not always include important information.
- The practice's cervical screening uptake rates remained lower than average.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed that patients tended to rate the practice in line with the local averages.
- Patients who participated in the inspection were positive about the quality of care and their experience of consultations. Patients told us they were treated with compassion and respect and they were involved in decisions about their care and treatment.
- The practice provided information about the service for patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had increased the number of identified carers from 10 to 43 since our previous inspection. This was still below 1% of the practice population.

Are services responsive to people's needs?

Requires improvement

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

- The practice understood its population profile and used this understanding to meet the needs of its population for example in the range of services offered at the surgery.
- The practice now offered more appointments since our previous inspection. It had plans to improve access through further changes to the appointment system.
- However, the practice had made limited progress with ease of access to the practice. The practice tended to score below the local and national averages for the accessibility of the service on the national GP patient survey, particularly for telephone access.
- The practice had suitable premises and was appropriately equipped to treat patients and meet their needs.
- The practice had a complaints policy and encouraged comments and suggestions.

Summary of findings

- Written information for patients about local services and other health information was displayed in English. The practice had a website with a translation facility.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well led.

- Following our previous inspection, the practice had made improvements. However, the practice could not yet demonstrate that actions had led to meaningful change for example, in patient experience of telephone access and in cervical screening uptake despite longstanding concerns.
- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- The practice had governance procedures in place but its arrangements in relation to delegating an extended range of clinical tasks to the healthcare assistant were inadequate and put patient safety at risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. The practice did not provide adequate clinical supervision and support for the health care assistant.
- The provider was aware of the requirements of the duty of candour. The practice had systems for identifying notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice could not locate all evidence requested on the day of the inspection. Key information was not immediately accessible to the senior team.
- There was some focus on continuous learning and improvement.

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

Requires improvement

The provider was rated as requires improvement for the care of older people. The provider was rated as requires improvement for providing safe, effective and responsive services and inadequate for providing well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered personalised care to meet the needs of the older patients in its population.
- Older patients with complex needs were referred to the local intermediate care team (ICM) which provided multidisciplinary case management. The GPs attended ICM meetings to review their patients.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence. For example, the practice offered eligible older patients the seasonal influenza, pneumococcal and shingles vaccinations and offered patients over 75 an annual health check.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as requires improvement for providing safe, effective and responsive services and inadequate for providing well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice monitored its performance in supporting patients with long term conditions through the Quality and Outcomes Framework (QOF). Data from the QOF showed that practice performance in managing long term conditions was comparable to the local average.

Summary of findings

- The practice followed up patients with long term conditions discharged from hospital.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice told us it provided patients with long term conditions with care plans when appropriate. However some of the plans we reviewed were under developed, for example including limited information on assessed needs.
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for providing safe, effective and responsive services and inadequate for providing well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. The midwives provided a regular antenatal clinic at the practice.
- Immunisation rates were high for standard childhood immunisations. The practice encouraged pregnant women to have the flu and pertussis vaccinations (whooping cough).
- Appointments were available outside of school hours and the premises were suitable for children and babies, for example with baby changing facilities.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- 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.
- The practice liaised health visitors and school nurses to support families and children, for example in following up potential safeguarding concerns.

Summary of findings

- The practice provided family planning and sexual health services (for example chlamydia screening) including to young people with capacity to consent.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for providing safe, effective and responsive services and inadequate for providing well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered appointments from 8am until 5.50pm to meet the needs of working patients. It did not offer 'extended hours' appointments (that is, appointments later in the evening or at weekends) but was able to direct patients to extended primary care services in the locality.
- The practice also offered online appointment booking and an electronic prescription service. Telephone consultations were available daily.
- The practice provided health promotion and screening services reflecting the needs for this age group.
- The practice's cervical screening coverage was 66% which was significantly lower than the national average of 81% and had not improved since our previous inspection. The practice had recently taken further action to increase uptake, for example holding a weekly evening cervical screening clinics and sending text message reminders.
- The practice provided contraceptive advice and one of the GPs could fit intrauterine devices (IUDs).

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for providing safe, effective and responsive services and inadequate for providing well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including a register of patients with a learning disability.
- Vulnerable patients were supported to register at the practice.

Summary of findings

- The practice offered longer appointments for patients with a learning disability, patients with an interpreter or other complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers associations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe, effective and responsive services and inadequate for providing well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Patients at risk of dementia were identified and offered an assessment. The practice maintained a register of patients diagnosed with dementia.
- In 2015/16, 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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 information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice tended to perform in line with local averages for satisfaction with consultations and below average for satisfaction with access to the service. For this survey 319 questionnaires were distributed and 113 were returned. This represented 1% of the practice patient list and a response rate of 35%.

- 66% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 74% and the national average of 85%.
- 45% of patients described their experience of making an appointment as good compared with the CCG average of 59% and the national average of 73%.
- 72% of patients described the receptionists at this surgery helpful compared with the CCG average of 78% and the national average of 87%.
- 91% of patients had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 90% and the national average of 92%.
- 75% of patients said the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care compared with the CCG average of 76% and the national average of 82%.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 13 comment cards, the majority of which were wholly positive about the service. We also spoke with five patients on the day.

Patients participating in the inspection commented that the practice provided a good quality service in a safe and clean environment. Comments about the doctors, nurses and the quality of clinical care were wholly positive. Patients and gave us examples of compassionate, patient-centred care. Critical comments focused on difficulties experienced when telephoning the practice and waits of over two weeks for non urgent appointments. Several patients also commented that some of the receptionists were not always helpful.

Areas for improvement

Action the service MUST take to improve

The areas where the practice must make improvement are:

- The practice must ensure that persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- The practice must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes acting on feedback from patients, staff members and relevant external bodies.

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- The practice should review its appointment and telephone system to ensure the service is accessible to patients.
- The practice should review its systems and processes for managing medicines, for example properly documenting medicines reviews in care plans.
- The practice should develop a clinical audit programme that is shaped by practice priorities and routinely includes completed audit second stage cycles to ensure that improvements are sustained.
- Care plans should include sufficient detail to enable the coordinated delivery of care to patients with complex needs and those receiving palliative care.
- The practice should continue to focus on increasing cervical screening uptake rates.
- The practice should continue to identify patients who are carers and respond to their needs.

The Palms Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser.

Background to The Palms Medical Centre

The Palms Medical Centre provides primary medical services to approximately 8200 patients in the Newbury Park area of Redbridge through a general medical services contract. The service is provided from a single, purpose built health centre. The practice is expanding.

The current practice staff team comprises two GP partners (male and female), two salaried GPs (male and female), and a health care assistant. At the time of the inspection, the practice had a vacancy for a permanent practice nurse and engaged locum practice nurses to provide nursing services to its patients. The practice also employs a practice manager and receptionists and administrators.

The practice is open from 8am until 12.30pm every weekday and from 1.30pm until 6.30pm on Monday, Tuesday, Wednesday and Friday. Appointments are available until 5.50pm on these days. The practice offers online appointment booking and an electronic prescription service. The GPs make home visits when appropriate. When the practice is closed, patients are advised to use a contracted out of hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access NHS 111, urgent and out of hours primary care services.

The practice has a similar practice population profile to the national average with around 6% of practice patients below the age of four and 7% aged over 75. The local population is ethnically diverse, for example at the last census around 27% of the local population were black or

Asian by ethnicity. The local area is similar to the national average in terms of socio economic indicators.

The practice is a training and teaching practice and provides training posts and placements for trainee GPs and undergraduate medical students.

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

Why we carried out this inspection

We undertook a comprehensive inspection of The Palms Medical Centre on 17 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. As a result of that inspection, we rated the practice as requires improvement overall. In particular we rated the practice as:

- requires improvement for providing effective and responsive services
- good for providing safe, caring and well led services

Following the publication of the inspection report, we issued a requirement notice against (Regulation 17 Good governance). The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for The Palms Medical Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a further announced comprehensive inspection of The Palms Medical Centre on 13 June 2017. This inspection was carried out to assess whether improvements had been made and to update our ratings of the practice as appropriate. During this inspection we identified safety concerns about inadequate clinical supervision and support governing the practice of the health care assistant and issued the practice with a warning notice for a breach of regulation 18.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and the clinical commissioning group to share what they knew.

We carried out an announced visit on 13 June 2017. During our visit we:

- Spoke with a range of staff (including the GP partners, one of the salaried GPs, the practice manager, the healthcare assistant and reception staff.
- Reviewed 13 comment cards where patients shared their views and experiences of the service and spoke with five patients.
- Reviewed a sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions and those requiring palliative care.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies; written protocols and guidelines; audit reports; patient complaint files; meeting notes; and monitoring checks.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

At our previous inspection on 17 March 2016, we rated the practice as good for providing safe services. At this inspection we identified a number of concerns, particularly around the management of medicines and the practice is now rated as requires improvement for providing safe services.

Safe track record and learning

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

- Staff informed the practice manager or GP partners of any incidents or significant event. Significant events were recorded electronically and there was an incident reporting book behind reception. Incidents were discussed and any action points or learning shared with the wider staff team. The significant event recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong, affected patients were invited to meet with the GPs or the practice manager and were told about any actions to prevent the same thing happening again. The practice kept a record of all correspondence.
- The practice analysed significant events and maintained a log on the computer system for future reference.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings at which incidents were discussed. Lessons were shared and action was taken to improve safety in the practice. For example, the practice changed its prescribing protocols following a significant event which led to a patient running out of their medicines. The practice amended its protocol to ensure that reception staff referred all prescription requests to the GPs including cases where patients refused a consultation.

- The GPs individually received national safety alerts electronically, for example alerts about medicines and medical devices. The practice manager kept a record of relevant safety alerts on file. The clinicians were asked to sign the file copies as a check to show they had read and acted on this information.

Overview of safety systems and process

The practice had defined systems, processes and practices in place to minimise risks to

patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice's records showed that the GPs provided reports promptly where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child protection or child safeguarding level 3. Locum staff were provided with summary information about practice safeguarding protocols and the practice manager checked they had completed safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Since our previous inspection, the practice had engaged a contract cleaning company and had developed a new cleaning schedule and monitoring checklist.
- The practice had disposable patient privacy curtains and was replacing these annually or as required. Recommended practice is to change privacy curtains routinely every six months or as required.
- One of the GPs was the formal infection prevention and control clinical lead. The practice manager was responsible for managing the cleaning and waste disposal contracts. The health care assistant carried out

day to day infection control checks and monitored the stock of personal protective equipment. The practice did not have any specific role descriptions for staff members leading on infection control.
- There was an infection prevention and control policy and related procedures, for example including hand washing, safe handling of sharps, waste disposal and practice cleaning schedules. The practice carried out an internal annual infection prevention and control audit.

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) although there were areas for improvement.

- The practice had processes in place for handling repeat prescriptions which included the review of high risk medicines. Almost all patients were referred to a local clinic for warfarin prescription and ongoing follow-up and monitoring.
- We were told that the practice followed up patients after discharge and acted on any directions for changes to medicines. However this was not always well documented in the patient notes.
- We were told that patients were informed about medicines they were prescribed and potential side effects but the clinicians did not document this in the patient records.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice participated in medicines audits, with the support of the local clinical commissioning group pharmacy team to ensure prescribing was in line with best practice guidelines.
- Blank prescription stationery was securely stored and there were systems to monitor their use.
- Patient group directions were adopted by the practice to allow locum practice nurses to administer medicines in line with legislation. However, the practice could not locate the patient specific directions enabling the health care assistant to administer vaccinations on the day of the inspection. The practice supplied us with copies of these patient specific directions after the inspection.
- The practice could not show us clear protocols for the health care assistant to refer to in carrying out their responsibilities which included an extended role in administering zoladex injections. The practice also could not show us the health care assistant's training in relation to administering vaccinations or evidence of competencies achieved. The practice submitted evidence of external training certificates and evidence that it had developed new written protocols following the inspection.

We reviewed the personnel files for staff members recruited since our previous inspection 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 (for health professionals) and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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

- The practice had an up to date health and safety policy.
- The practice had an up to date fire risk assessment and carried out periodic fire drills in line with the fire evacuation plan.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a type of 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. The practice had recently recruited an additional salaried GP and had increased the number of clinical sessions provided. The practice had a vacancy for a practice nurse and was engaging locum practice nurses to provide a nursing service in the interim.

Arrangements to deal with emergencies and major incidents

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

Requires improvement

Are services safe?

- 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 clean utility room.
- The practice had a defibrillator available on the premises and oxygen. However, the practice did not have defibrillator pads suitable for use on children.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, the practice did not stock glucagon or diazepam which practices are recommended to keep for use in an emergency. (Glucagon is used to treat dangerously low blood sugar levels which, at the extreme, can cause coma. Diazepam is used to treat epileptic seizures.) The practice confirmed it had purchased these medicines immediately following the inspection.
- 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, NHS and commissioning agencies, suppliers and utility companies.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing effective services. The practice's clinical performance was variable, for example its cervical screening uptake rates were below average. The practice could not demonstrate it carried out completed clinical audit cycles to improve patient outcomes.

These arrangements had improved to some extent when we undertook a follow up inspection on 13 June 2017 although we identified new concerns around the supervision and support provided to the health care assistant in carrying out an extended role and we also found that care planning was sometimes underdeveloped. The practice oversaw a range of clinical audit projects but could only provide limited evidence of completed audit cycles. The practice remains rated as requires improvement for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, case reviews, a programme of clinical audit and team discussion.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), performance against national screening programmes and clinical audit to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2015/16 (the most recent published results), the practice achieved 94.2% of the total number of points available compared with the clinical commissioning group (CCG) average of 94.5% and national average of 95.3%. The practice had improved its QOF performance since our previous inspection when it achieved 92.9% of available points.

Practice exception rate reporting on the QOF for clinical indicators was below average at 4% overall compared to the CCG average of 8% and the national averages 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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG average. For example, 66% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 68% and the national average of 78%. (The practice exception reporting rate was 4% for this indicator which was below the national rate of 13%.)
- The percentage of diabetic patients whose last blood pressure reading was in the normal range was 76% which was in line with the CCG and national averages of 79% and 78% respectively. (The practice exception reporting rate was 4% for this indicator which was below the national rate of 9%).
- Performance for mental health related indicators was comparable to the national and local averages. In 2015/16, 26 of 33 (79%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the national average of 84%. The practice had reported one exception.
- 57 of 62 (92%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was comparable to the national average of 89%. The practice had reported three exceptions for this indicator (5%) which was below the national rate of 13%. The practice had recorded patients' alcohol consumption in 97% of cases and smoking status in 99% of cases. This was higher than the national average (95%).

There was evidence of some focus on quality improvement. The practice provided two examples of clinical audits carried out within the practice since our previous inspection and also provided three examples predating our previous inspection from 2015/16:

Requires improvement

Are services effective?

(for example, treatment is effective)

- Clinical audits had been prompted by changes to guidelines, GP and medical student interests and local prescribing priorities. The practice also participated in locality based audits, national benchmarking and regularly liaised with the local NHS prescribing team.
- Clinical audits we reviewed included an audit of the medical management of patients with poorly controlled type 2 diabetes; an audit of a pro-forma for oral contraceptive checks; an audit of the secondary prevention of coronary heart disease; and, an audit of the management of patients identified with 'pre-diabetes'.
- One of the audits we reviewed was a completed second stage cycle audit. This investigated the use of a structured pro-forma for checks of patients prescribed the combined pill. The second stage audit showed that clinical documentation was more comprehensive for patients reviewed with the aid of the pro-forma but there remained scope for raising awareness about the tool within the practice, for example, with locum and trainee doctors. The audit also generated some recommendations for improvement in the pro-forma itself and using these checks as an opportunity to prompt eligible women to attend for cervical screening.

Effective staffing

The practice could not demonstrate that all staff had the skills and knowledge to deliver effective care and treatment.

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

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training or external training opportunities as appropriate. Staff with specific roles, for example chaperoning were given appropriate training and guidance.

However, the practice was not able to demonstrate how it ensured role-specific training and updating for all relevant staff. In particular, the health care assistant could not show us written protocols they referred to in carrying out extended roles for example in administering Zoladex injections and was not always clear about when they should refer patients to the GP.

The practice had a vacancy for a practice nurse. It engaged locum practice nurses to administer childhood vaccinations, take samples for the cervical screening programme and provide travel vaccinations. The practice checked that locum nurses had received appropriate training to enable them to carry out this work safely.

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, mentoring, clinical supervision and support for revalidating GPs and nurses. The practice had recruited a new practice manager shortly before the inspection visit. All staff had received an appraisal within the last 12 months or had an appraisal booked with the new manager.

Coordinating patient care and information sharing

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

- This included care and risk assessments, medical records and investigation and test results.
- 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 meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

- Practice clinicians attended multidisciplinary meetings as part of the local whole systems integrated care programme at which care plans were routinely reviewed and updated for patients with complex needs.
- The practice also liaised with health visitors, community nurses and the local palliative care team to coordinate care and share information. However, we reviewed the

Requires improvement

Are services effective?

(for example, treatment is effective)

care plans for all patients on the palliative care list (four) and found they were underdeveloped. For example, the care plans we reviewed did not include details about the outcome of recent reviews although the date of reviews had been recorded, limiting the usefulness of the plans in facilitating coordinated care.

- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice provided advice, support and services to promote and support patients to live healthier lives.

- The practice offered advice on diet, smoking and alcohol cessation and was sensitive to local cultural and religious customs. A smoking cessation advisor from the local acute and community trust attended the practice regularly to support patients who wanted to quit smoking.
- The practice routinely offered HIV screening to newly registering patients with an elevated risk.
- The practice participated in a local improvement scheme to identify patients with markers of 'pre-diabetes' and provide treatment and advice to prevent the disease developing.

Patient uptake for the cervical screening programme in 2015/16 was below average at 66% compared to the local average of 79% and the national average of 81%. Exception rate reporting for this indicator was 6% which was in line with the national average of 7%. The practice had not improved its performance since our previous inspection and unverified data for 2016/17 did not show significant improvement. The practice ensured a female sample taker was available, for example engaging locum practice nurses to cover a practice nurse vacancy.

Two written reminders were sent to patients who did not attend for their cervical screening test. The practice had also recently started to send text messages to women when their test was overdue (if they had consented to this form of communication). The practice had also recently introduced weekly evening cervical screening clinics which were well attended.

There was a system in place to check cervical screening results had been received and to follow up any delayed or missing results. The practice also checked that women who were referred for further investigation attended their appointment.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. In 2015/16, 72% of eligible female patients had attended breast screening compared with the CCG average of 71% and 46% of eligible patients had been screened for bowel cancer compared with the CCG average of 46% and the national average of 56%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance was in line with expectations. For example the practice was meeting the national 90% target for all standard childhood vaccines offered to children by the age of two.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Good

Are services caring?

Our findings

At our previous inspection on 17 March 2016, we rated the practice as good for providing caring services. The practice's results from the national GP patient survey tended to be in line with the local averages. We received positive feedback from patients during the inspection. However, the practice had only identified 10 patients as carers from a practice population of over 8000.

Patient feedback was in line with the local average and patients participating in the inspection were positive about the service when we undertook a follow up inspection on 13 June 2017. The practice had identified more patients who were carers since our previous inspection although the rate was still low. The practice is rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients.

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

Patients participating in the inspection commented that the practice provided a good quality service in a safe and clean environment. Comments about the doctors, nurses and the quality of clinical care were wholly positive. Patients gave us examples of compassionate, patient-centred care. Critical comments focused on difficulties experienced when telephoning the practice and waits of over two weeks for non urgent appointments. Several patients also commented that some of the receptionists were not always helpful.

The practice's results from the July 2016 national GP patient survey showed the practice tended to score in line with the local average for patient satisfaction scores with consultations. For example:

- 72% of patients said they found the receptionists at the practice helpful compared with the clinical commissioning group (CCG) average of 78% and the national average of 87%.
- 80% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82%, national average 87%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

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. Patient feedback from the comment cards we received was also positive. We also saw that care plans were personalised and included patients' goals and objective. The practice had recently started holding meetings at the practice between the lead GP, the extended nurse practitioner and community nurses to ensure the plans were being reviewed and implemented in a coordinated way.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was comparable to the local and national average, for example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 76% and the national average of 82%.

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

- Interpreting services were available for patients who did not speak English as a first language. The reception told us they rarely used this as practice patients tended to bring a friend or family member if they needed help understanding the consultation. We saw a notice in the reception areas informing patients the interpreting service was available.

Good

Are services caring?

- The practice had installed a hearing induction loop in the reception area since our previous inspection.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area that told patients how to access a number of support groups and organisations. One area of the waiting room included a dedicated information board for carers. Information about support groups was also available on the practice website.

The practice added alerts to the electronic record system if a patient was also a carer. The practice had identified 43 patients as carers (0.5% of the practice list). This was an improvement since our previous inspection when only 10 carers had been identified. Carers were offered flexible appointment times and the seasonal influenza vaccination. Written information was available to direct carers to the various avenues of support available to them, for example the local carers association.

Staff told us that if families had suffered bereavement they were encouraged to see their GP and were referred to local bereavement services as appropriate.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing responsive services. This was because of concerns identified around access to the service. Waits of two weeks or longer were common for routine appointments and patients reported particular difficulty accessing the surgery by telephone. The practice did not offer extended hours appointments and was closed on Thursday afternoons.

The practice had made some improvements when we undertook a follow up inspection on 13 June 2017. The practice had increased the number of appointments it offered and its reception capacity. It also had plans to change the appointment system and more closely monitor the telephone system. Patient feedback on access was below average. The practice remains rated as requires improvement 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:

- Pregnant women were able to attend the practice to see the local midwives for antenatal care. Patients could also access smoking cessation and a private physiotherapy at the surgery.
- The practice did not open for extended hours but appointments were available from 8am to cater for the needs of the working age population.
- 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 patients with urgent medical problems.
- The practice was also putting on a dedicated weekly evening clinic for cervical screening and this was proving popular with eligible patients.
- The practice sent text message reminders of appointments and test results and promoted online services. Uptake of online appointment booking was relatively high. Around 40% of patients were registered to use the online booking service.
- Patients were able to receive travel vaccines. The practice website and reception staff provided information on which vaccinations were available on the NHS and the fees charged for privately available vaccinations. This information also advised patients to book appointments at least six weeks in advance of travelling.
- The practice was equipped to treat patients and meet their needs.
- There were accessible facilities and telephone translation services available. The practice had installed an induction hearing loop since our previous inspection.

Access to the service

The practice had appointed a salaried GP and had increased the number of clinical sessions offered since our previous inspection in order to improve patient access. It had also increased the staffing of reception with an additional receptionist on duty in the afternoon.

The practice was open from 8am until 12.30pm every weekday and from 1.30pm until 6.30pm on Monday, Tuesday, Wednesday and Friday. Appointments were available until 5.50pm on these days. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be below the local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 20% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 85%.
- 80% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 29% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 43% and the national average of 58%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

We received mixed feedback about access from patients participating in the inspection. Most patients had not experienced any problems but we received some critical comments about the telephone system and waits of over two weeks for non urgent appointments. On the day of the inspection, routine appointments were available within one to two weeks. The reception staff told us access had improved since the practice recruited an additional salaried GP

The practice had conducted its own access survey in the weeks prior to our inspection. Nineteen patients had completed the survey and of these, ten had noted an improvement in obtaining an appointment over the last 12 months. The practice had told us it had plans to introduce a telephone triage system to encourage patients to resolve more minor problems through telephone consultation.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were asked to request home visits as early in the day as possible. The reception team passed the request to the GP to make the call back to the patient and make a decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had reviewed its system for handling complaints and concerns since our previous inspection.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, a summary leaflet. This included information about the NHS independent complaints advocacy service.

The practice had received 14 written and verbal complaints in the last 12 months. The three complaints we reviewed had been appropriately handled and dealt with in a timely way. The practice offered patients a written apology and a meeting where appropriate. Clinical complaints were reviewed at the practice clinical meeting. Lessons were learnt from individual concerns and complaints and action had been taken to review and improve the quality of care. For example, the practice manager had reminded staff about the facility to inform patients of any delays via the electronic information board in the waiting area.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 17 March 2016, we rated the practice as good for providing well led services. When we carried out a follow up inspection on 13 June 2017 we found the practice did not have effective governance in place to ensure the provision of safe care.

Vision and strategy

The practice vision was to provide the highest quality care to all patients regardless of background. The practice did not have a formal strategy defining specific objectives and outcomes but it had developed a mission statement, a statement of purpose and had also identified strategic priorities for improvement in the form of a 'change project'.

- The practice partners told us their immediate priorities were to improve patient experience and access and they had taken some action such as promoting online appointments and increasing the number of available appointments. They told us they were planning further changes, for example the introduction of a telephone triage system. However, patient feedback with access, particularly telephone access to the surgery, remained mixed and the national survey results remained below average.
- The practice was also investing in a new electronic records system to better underpin the way the practice supported patients, for example with long term conditions and facilitate easier reporting and auditing of its performance.

Staff members were clear in general terms about the vision and their responsibilities in the practice. The practice manager had been recently appointed and met with the GP partners regularly to review and respond to any business matters as they arose.

Governance arrangements

The practice had a governance framework in place but this did not ensure patient safety.

- There was a clear staffing structure and staff were aware of their own roles. However we had particular concerns about the arrangements in place to support and oversee the work of the health care assistant who carried out duties such as health checks and administered a range of injections including influenza, vitamin B12, contraceptive injections and Zoladex injections.
- We found the practice did not have adequate arrangements for providing clinical supervision to the healthcare assistant. We were told that the GP partners provided ongoing supervision and in-house training when required (for example on Zoladex administration) but they had not documented this. The healthcare assistant told us they had been initially supervised when administering Zoladex injections. There were no records of when and what this training and supervision covered or to show that the healthcare assistant was meeting required competencies.
- The practice was not ensuring that the healthcare assistant worked in accordance with clear protocols to report raised risks, for example blood pressure thresholds for diabetic patients. We were concerned that patients were not always being referred to a GP when this was clinically indicated.
- The healthcare assistant had received an annual appraisal within the last 12 months but this had not covered their clinical skills or competencies in sufficient depth.
- Practice specific policies were implemented and were available to all staff on the computer system.
- The practice was aware of areas of performance that were above or below local and national norms. We saw evidence of recent action taken to improve, for example the introduction of cervical screening evening clinics and text message reminders. However, these actions were relatively recent and unverified QOF data from 2016/17 did not show any improvement in the practice's cervical screening uptake rate.
- The practice was able to provide most of the evidence we requested during the inspection visit. However, key documents, for example evidence of some staff members' training and qualifications and patient specific directions in use on the day of the inspection, could not be located and had to be supplied after the inspection.

Leadership and culture

Are services well-led?

Inadequate

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

The practice was led by a stable partnership and had recently recruited a new practice manager.

- The senior team did not take a sufficiently proactive role in monitoring the service. The partners expressed high confidence in their practice team. This was positive but we found that the partners took a reactive approach and tended to assume the service was working well.
- Staff told us the practice held regular team meetings and policy and practice was discussed within the practice team. Staff told us they had the opportunity to raise any issues at team meetings and felt comfortable in doing so.

The practice 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 practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a clear explanation and a written apology.
- The practice kept written records of verbal and internet based interactions as well as written correspondence and learnt from these forms of feedback.

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

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

- The practice had an active patient participation group which had previously been involved in reviewing the practice patient feedback action plans.
- The practice also gathered patient feedback through, the NHS 'friends and family' survey, complaints, ad hoc comments, complaints and suggestions and comments and reviews posted on publicly available websites.
- Patient feedback particularly about the difficulties in getting through to the practice by telephone were consistent and longstanding. While the practice had taken some actions since our previous inspection, demonstrable progress remained limited and slow.
- The practice gathered feedback from staff through appraisals and staff discussion and training feedback.
- Staff told us they would feel comfortable giving feedback and could raise any concerns with the practice manager or partners.

Continuous improvement

There was a focus on continuous learning and improvement although there was scope to improve.

- The practice carried out clinical audit and encouraged medical students and trainees on placement at the practice to take on audit projects. The practice was unable to demonstrate a clear link between some of the audits carried out and practice priorities, for example students' personal interests had generally guided the selection of audit topics. The practice had also produced few completed two-cycle audits showing that improvements were being sustained in practice.
- The practice had identified opportunities to expand the range of services offered and improve the efficient delivery of services through new technologies. For example the practice was intending to participate in a Redbridge clinical commissioning group scheme facilitating a weekly video conference with cardiology consultants.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The practice had systems to seek feedback from patients but could not demonstrate that it had acted on this feedback, for example to significantly improve patient access to the service.

This section is primarily information for the provider

Enforcement actions

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The practice was failing to make sure that it deployed suitably qualified, competent and experienced staff to enable it to meet the regulatory requirements. In particular, the practice was failing to support and supervise the health care assistant in carrying out clinical duties at the practice putting patient safety and patient outcomes at risk.