

Stratford Health 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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stratford Health Centre on 15 December 2016. Overall, the practice is rated as good.

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

- The practice analysed any incidents which occurred and identified the lessons learned.
- The practice participated in a monthly multi-disciplinary team meeting (MDT) pilot in Newham CCG. Colleagues from community services met with staff from the practice to discuss patients with multiple comorbidities and recurrent hospital admissions.
- The practice's computer system highlighted when a child was on the child protection register.
- 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.

- The practice had adopted Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation.
- The practice carried out appropriate recruitment checks for staff prior to employment.
- Staff had received chaperone training and we saw posters in the waiting area informing patients that they could ask for a chaperone. All staff within the practice had received checks with the Disclosure and Barring service.
- The practice offered appointments each day Monday to Friday from 8.30am until 6.30pm in the evening. The last three appointments were kept for families to access appointments after school and for patients who worked. The practice was open on Saturday afternoons for patients who were unable to attend during the week.
- The practice worked with the Patient Participation Group to develop the practice.

The areas where the provider should make improvement are:

Summary of findings

- Ensure the recommendations from the 2014 infection control audit are all fully implemented.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- The practice should keep written records of verbal as well as written complaints

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



- Staff understood their responsibility for reporting and recording incidents. Staff used an incident book and recorded incidents on to the practice's computer system which allowed them to be analysed and reviewed.
- We saw examples of medicines alerts received during 2016 and saw the practice had searched their registers of patients to see if any might be affected.
- The practice's computer system highlighted when a child was on the child protection register.
- All staff we spoke with were aware of the importance of identifying and acting on any concerns about vulnerable adults and children.
- Staff had all received training in safeguarding and basic life support.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.
- Emergency medicines were easily accessible to staff in a secure area of the practice and clinical staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice carried out appropriate recruitment checks for staff prior to employment

Are services effective?

The practice is rated as good for providing effective services.

Good



- The lead GP told us they forwarded all relevant new clinical guidelines to the clinical staff working in the practice and they set up in house education events to discuss the implementation of new guidelines. The practice also participated in an education programme run by the local CCG where new guidelines were discussed.
- We saw examples of care plan templates which had been developed based on recent guidance for example a diabetes template which had been updated following the publication of new guidelines in December 2016.

Summary of findings

- The practice was participating in a quality improvement programme developed by the local CCG. The programme included reviewing the use of metformic glucose strips for patients with diabetes and reviewing vitamin D prescribing and reviewing the care of patients with atrial fibrillation.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The most recent published results for the year 2014-2015 showed the practice had achieved 97% of the total number of (QOF) points available.
- The practice reviewed unplanned hospital admissions and readmissions and was risk profiling patients to identify those who were likely to be admitted to hospital.
- The practice had an induction programme for newly appointed staff including locum GPs. This covered safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.
- Childhood immunisation rates were slightly below the national standard of 90% for three out of four vaccinations for two year olds. The number of children who had received the second dose of their measles, mumps and rubella vaccination at the age of five was 81% compared with 77% in the CCG and 88% nationally.

Are services caring?

The practice is rated as good for providing caring services.

- One hundred and fifty six (71%) of two hundred and nineteen patients who responded to a survey run by the practice said they were treated with dignity by reception and other non clinical staff.
- 77% of patients were likely to recommend the practice to friends and family. 46% were extremely likely to recommend them, 31% likely, 6% were unlikely and 6% very unlikely to recommend them.
- Curtains were provided in consulting rooms to maintain patient's privacy and dignity during examinations, investigations and treatments.
- Consultations and treatment took place in closed rooms and conversations taking place in these rooms could not be overheard.

Good



Summary of findings

- Patients told us they felt involved in decision making about the care and treatment they received.
- 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.
- The practice had identified patients who were carers and supported them. However, the number of carers identified was smaller than expected, less than 1% of the practice list size

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us things were improving and it was much easier to get an appointment now compared with a few months ago. They said they used to have ring twice or three times to get an appointment but now they rang up and can get a same day appointment or get one for two or three days ahead.
- The practice offered appointments from 8.30 in the morning each day from Monday to Friday until 6.30 in the evening. The last three appointments were kept for families to access appointments after school and for patients who worked.
- The practice was open from 12.30pm to 3pm on Saturdays for patients who found it difficult to attend during the week.
- Patients could contact the surgery to book emergency appointments, same day appointments, 48 hours appointments and advance appointments up to four weeks ahead. with clinicians.
- The practice nurse and healthcare assistants (HCAs) provided regular asthma and chronic obstructive pulmonary disease (COPD) reviews.
- The practice provided childhood immunisation clinics and six week health surveillance for babies.
- The practice carried out ECGs onsite, provided screening for latent tuberculosis (TB) and chlamydia screening.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients who required vaccinations which were only available privately were referred to private travel clinics.

Are services well-led?

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

Good



- Staff spoke enthusiastically about the changes which had occurred since the new lead GP had joined the practice.

Summary of findings

- The practice was working with the patient participation group to reassure patients about the change of lead GP and plans for developing the practice.
- The practice had governance processes which supported the delivery of the strategy and good quality care.
- The practice held monthly meetings where significant events, incidents, audits, complaints and compliments, safety alerts, patients safeguarding issues and practice performance were discussed. The practices governance structure was being reviewed and updated.
- There were two practice managers one focused on the practice's information governance and IT, the other managed the nursing staff.
- The practice had governance processes which supported the delivery of the strategy and good quality care.
- The practice carried out a patient survey during September 2016 and October 2016. Two hundred and twenty two patients responded to the survey.

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



- The practice monitored the health of older patients to prevent and detect any health problems such as visual impairment, hearing, mobility, memory or cardiovascular problems. Health checks for the over 75s were offered together with flu vaccinations.
- There was a register for carers and the practice organised quarterly carers meetings. Carers were offered flu and other vaccinations.
- High risk patients who were discharged from hospital were followed up to avoid further admissions and cared for alongside community colleagues according to an agreed care plan.
- Social needs were identified and discussed with colleagues from the community and social services multi disciplinary meetings if necessary.
- The practice developed end of life care plans with patients and their families. These were put in place and recorded on the practice's clinical system. Information about patient's end of life plans were shared for example with the ambulance service

People with long term conditions

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

Good



- The practice manager, nurses and healthcare assistants managed the chronic disease registers and patient recall process.
- There were longer appointments for reviewing patients with long term conditions.
- Patients were usually reviewed every six months to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with community nurses and social care colleagues to provide multidisciplinary care.
- The practice contributed to a quality improvement programme developed by the CCG which increased the range and level of monitoring for patients with long term conditions. The programme also supported patients to manage their own care for example diabetic self monitoring blood glucose testing strips.

Summary of findings

Families, children and young people

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

Good



- Young people who were unable to attend during practice opening hours were able to access evening and weekend booked appointment service through GP Cooperative.
- The practice provided same day consultation for children and families. Children were given priority appointments in evening clinics after school.
- The practice provided antenatal and postnatal care and contraceptive services.
- Mothers were able to feed their baby in a room within the practice.
- Young people were offered contraception advice and were referred to sexual health clinics
- Chlamydia screening was available.
- The practice worked with the local with the local health visiting team to ensure children's vaccinations were up to date. The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG average of 81% and the national average of 82%.
- Childhood immunisation rates were below the national standard of 90% for three out of four vaccinations for two year olds. The number of children who had received the second dose of their measles, mumps and rubella vaccination at the age of five was 81% compared with 77% in the CCG and 88% nationally.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people

Good



- The practice was aware of the needs of the working age population and had adjusted the services provided to ensure patients could access care when they needed it.
- Patients could book an appointment on Saturday afternoons if they found it difficult to attend during the working week.
- The practice was aware of the needs of the working age population and had adjusted the services provided to ensure patients could access care when they needed it.
- Patients could also book online appointments and had access to online prescriptions
- Appointment slots at the end of the day were held for patients who worked during the day and needed an urgent appointment.

Summary of findings

- The practice provided a full range of health promotion and screening, to meet the needs for this age group.

People whose circumstances may make them vulnerable

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

- Patients with a learning disability were invited for an annual health check.
- Staff were trained to identify safeguarding concerns and report these to the safeguarding authorities.
- The practice organised interpreters for patients who did not have English as their first language.
- Carers' details were recorded on the practice system to ensure they were offered for flu vaccinations and other support.
- The practice met monthly with other health and social care professionals in the case management of vulnerable patients

Good



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). .

- Patients experiencing poor mental health had their physical health needs reviewed annually.
- Practice staff worked closely with the local community mental health team to access advice and support for patients
- Patients with mental health conditions were referred to adult psychological therapies (IAPT services for counselling or cognitive behaviour therapy).
- Practice staff discussed referred patients with the community mental health team during practice meetings to identify any deterioration and discuss appropriate management and referral for specialist intervention.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable with the CCG average of 87% and the national average of 84%. The percentage of patients with a mental health condition who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 57% compared with 84% in the CCG and 88% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice informed patients experiencing poor mental health about how to access support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. This contains data collected from July to September 2015. Three hundred and sixty eight surveys were distributed and 97 of the forms were returned. This represented 5% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to a GP or a nurse the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good or fairly good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area which was the same as the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. Most of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said reception staff were friendly and welcoming. Other comments referred to not always being able to get a convenient appointment, unhappiness about having to see a locum GP and difficulty getting through on the phone first thing in the morning.

We spoke with four patients during the inspection. Most patients said things had improved at the practice in recent months. They said they found it easier to get through to the practice and book an appointment. Some patients were unhappy with how often they saw a locum doctors and hoped the practice would be able to recruit permanent GP's.

Stratford Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector and a GP specialist adviser.

Background to Stratford Health Centre

Stratford Health Centre is located in, East London. Dr Anil Shah had recently taken over as lead GP in December 2016 following the retirement of Dr Matthew Chang. The practice was located in an old cinema building on one of the main streets in Stratford. The building was modified to provide suitable accommodation for a GP surgery. The practice was part of the Newham Clinical Commissioning Group (CCG).

The practice provides primary care services to 6600 patients. 33% of patients on the list were aged 18 or younger compared with the national average of 21%. The number of people over the age of 65 was 4.2% compared to the national average of 17%. The majority of the practices patients were aged 20 to 44 years of age. The proportion of elderly and children and young people aged 0-19 was less than the England average.

There is one full time lead GP, five long term locums and one salaried GP. There are three male and two female GPs. There are three part time practice nurses, a nurse practitioner and two healthcare assistants. The practice has appointed two salaried GPs who will be joining the practice early in 2017.

The lead GP was retiring and there had been uncertainty about who would be leading the practice. The new lead GP was announced a few weeks before our inspection. Staff had been updating the practice's policies, which reflected the change.

The practice is not a training or teaching practice for GPs but provides training for practice nurses.

The practice is open from 8.30am until 6.30pm each day from Monday to Friday and from 12.30pm until 3.00pm on Saturdays. Appointments were available from 8.30am until 6.30pm

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice has not been previously inspected.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the practice nurse, receptions staff and the lead GP. We also spoke with patients who used the service.
- We spoke with community staff who worked with the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff understood their responsibility for reporting and recording incidents. There was an incident book and incidents were also recorded on to the practice's computer system which allowed them to be analysed and reviewed.
- Staff we spoke with told us they would all inform the lead GP of any incidents. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information and were told about any actions to improve processes to prevent the same thing happening again.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- Incidents were discussed at practice staff meetings. The lead GP told us there had been four incidents in the last 12 months. For example, a locum GP had been unfamiliar with the process of making two week wait referrals where there was a suspicion of cancer. This had resulted in a delay in making the referral. As a result, the practice had developed an information pack for locum GPs with information about the process.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.

- Infection control audits were carried out annually however, an audit had not been carried out in 2015 and there was a small number of actions from the 2014 audit which had not yet been resolved. The report had

recommended a number of changes to the sinks used for hand washing. The practice had implemented the majority of changes and had a plan for completing the final stage of the work by installing mixer taps.

- There was an infection control protocol in place and staff had received up to date training.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- The practice described how they acted on medicine alerts. We saw examples of four medicine alerts received during 2016 and saw the practice had searched their registers of patients to see if any might be affected and changed patients medicines where required.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice participated in a monthly multi disciplinary team meeting (MDT) pilot in Newham CCG to discuss patients with multiple co-morbidities and recurrent admissions. The practice had created integrated care plans to support the involvement of a range of professionals in caring for patients with complex needs. The needs of vulnerable and older patients, patients with mental health, long term conditions and children in need were all discussed. These meetings involved GP's, practice nurses, the community matron, district nurses, palliative care nurses and social workers.
- We saw the practice's safeguarding policy and staff we spoke with were all familiar with how to access this. The policy contained up to date contact details for safeguarding leads in the local authority and CCG.
- The principal GP was the practice lead for safeguarding and had completed level 3 safeguarding training. The practice nurse had completed level two training. Other staff had completed in house training in safeguarding at level one.

Are services safe?

- The practice's computer system highlighted when a child was on the child protection register. There were four children flagged on the system and the lead GP had reviewed their cases since joining the practice in December 2016.
- All the staff we spoke with were aware of the importance of identifying and acting on any concerns about vulnerable adults and children.
- All staff employed by the practice had received adult life support training.
- There were notices in the reception area advising patients that they could ask for a chaperone to be present during examinations. Staff had been trained to carry out chaperoning and all staff within the practice had received a disclosing and barring service (DBS) check. (DBS)
- The practice maintained a supply of emergency medicines and emergency equipment including adults and children's resuscitation masks. The practice had a defibrillator available on the premises and oxygen was available in emergencies.
- Defibrillator equipment was checked weekly and the pads were in date.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had a system in place for monitoring uncollected prescriptions.
- The practice had adopted Patient Group Directions (PGD) to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The practice offered electronic prescriptions which were sent electronically to the pharmacy where patients could collect their medicines.
- We checked the practices arrangements for storing vaccines appropriately and found fridge temperatures were monitored daily and the practice was following good practice with regards to the storage of vaccines for example with those with the shortest expiry date stored at the front of the fridge.
- The practice worked with district nurses to ensure housebound patients were taking their medicines in line with the instructions on their prescription.
- We reviewed seven employment files of clinical and non clinical staff and found registration status and all the other pre-employment checks had been carried out prior to employment. For example, there were records of references from previous employers, professional registration details had been checked and the practice had checked with the disclosure and barring service (DBS) that the person did not have any convictions which meant they were unsuitable for working with patients.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Health and safety, fire safety and other safety policies were all up to date. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff were aware of where spillage kits were located and how to use these in the event of a specimen or other spillage.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- Plans were in place for disruptions to the service. Staff told us there had been a problem with the switchboard which staff had been able to rectify by following the practice's emergency procedures process.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and clinical staff knew of their location.
- A business continuity plan had been developed which included plans to transfer the service to another local GP practice in the event of major disruption.
- Reception staff kept emergency contact numbers for incidents which occurred during working hours and out of hours and week-ends.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- All new clinical guidelines were sent to the lead GP who read them and forwarded them to appropriate clinical and non clinical staff. The practice held in house education events to discuss the implementation of new guidelines. The practice participated in an education programme run by Newham CCG where new guidelines were discussed. The practice also used guidelines developed by Newham CCG based on NICE and other national guidance.
- The practice monitored that guidelines were conducted by carrying out searches of patient records once alerts were issued to ensure appropriate action was taken.
- Staff told us they could also access guidelines on the from the CCG NICE portal and used this information to deliver care and treatment that met patients' needs.
- The practice provided a locally enhanced service for diagnosing and supporting people with dementia and a service for providing annual health checks for patients with a learning disability.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

- The most recent published results for the year 2014-2015 showed the practice had achieved 97% of the total number of points available with an exception reporting rate of 4%. (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 QOF results were better than the CCG average of 92% and national score of 95%.

- The ascertainment of patients with coronary heart disease (CHD) was lower than expected. The ratio of reported versus expected prevalence for CHD was 0.4 compared to 0.6 in the CCG and 0.7 nationally. The practice was aware of this and the incoming lead GP told us they intended to strengthen the arrangements for identifying patients at risk. The practice was planning to review how the disease register was organised to increase the identification of patients with CHD. The practice was planning to carry out an ECG for all patients with hypertension.
- The practice reviewed unplanned hospital admissions and re-admissions and was risk profiling patients likely to require admission to hospital. The practice contacted patients within 72 hours of discharge to identify if they required support with any particular needs.
- The practice had carried out medicines reviews and reviewed the care provided for discharged patients.
- The practice bench-marked itself against other practices in the CCG for example for the percentage of patients with atrial fibrillation (AF) not on a blood thinning medicine. The CCG target was that patients with AF were not receiving blood thinning medicines should be less than 5%. Benchmarking data showed that 8% of the practice's patients were not receiving these medicines compared with the CCG average of 13%. The figures provided a baseline in September 2014 for measuring improvement.
- The percentage of patients with diabetes on the register whose blood sugar levels were measured as being within the expected range was 71% compared with 73% within the CCG and 78% nationally.
- The percentage of patients on the diabetes register whose last blood pressure was 140/80 mmHg or less was 95% compared with 83% in the CCG and 73% nationally.
- The percentage of patients on the diabetes register, who had influenza immunisation in the preceding winter months was 99% compared with 94% in the CCG and 94% nationally.
- Antibiotic prescribing was higher for the practice when compared to other practices in the CCG and the national average. This practice had reviewed this and a clear plan was being followed to reduce the volume of antibiotic

Are services effective?

(for example, treatment is effective)

prescribing. Total antibiotic prescribing rates reduced from 21% to 20% overall between 2015 and 2016. The use of particular antibiotics such as co-amoxiclav had reduced from 4% to 3% and cephalosporins from 12% to 9% during the same period.

- 84% of patients with a mental health condition such as schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record for the preceding 12 months compared with 84% in the CCG and 89% nationally.
- The practice participated in the CCG's medicines management quality improvement scheme for 2016-2017. The scheme included reviewing the care provided to patients with asthma, atrial fibrillation and diabetes and to reduce the overuse and inappropriate use of antibiotics to reduce the spread of antimicrobial resistance.
- There had been four clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice had reviewed the use of antibiotics following an audit. The practice had reduced the total amount of antibiotics prescribed but had not fully achieved the anticipated reduction due to the demand from patients for antibiotics. The practice was reviewing the use of glucose strips for patients with diabetes, reviewing vitamin prescribing, reviewing the care for patients with atrial fibrillation.

Effective staffing

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

- The practice had an induction programme for newly appointed staff including locum GP's. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how staff had completed basic life support, equality, diversity, and conflict resolution training. 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.

- Staff records we reviewed showed that all staff had received and appraisal in the last 12 months when their training and development needs were discussed. Staff told us training sessions were sometimes held in the surgery. .
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They stayed up to date with changes to the vaccine programmes by accessing on line resources and vaccine training provided by the CCG.

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 plans, medical records and investigation and test results. Results were received electronically or scanned on to the system. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services or after they were discharged from hospital. Monthly multidisciplinary meetings were held in the practice when care plans for patients with complex needs were reviewed by a multidisciplinary team of health and social care professionals. Staff participating in MDT meetings had access to the practice's clinical information system.
- Vulnerable patients had access to a 'care navigator' who worked with the practice and visited the patients at home to discuss their needs.
- A tracking system was in place for monitoring two week wait referrals to ensure these were actioned.
- The practice kept a register of patients with long term conditions for example asthma, diabetes, a mental health condition, chronic obstructive pulmonary disease (COPD), coronary heart disease. The registers were used for monitoring the patient's condition and calling them in for review.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol dependency treatment were signposted to the relevant service. Local pharmacies provided stop smoking support. The practice could refer patients to an exercise referral scheme for patients needing to lose weight. The practice also provided pre-diabetes checks.
- People with a learning disability received an annual health check.
- The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients

who did not attend for their cervical screening. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results or who had not attended their colposcopy appointment.

- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. 42% of patients had participated in the bowel screening programme over the previous 30 months compared with 40% in the CCG and 58% nationally. 62% of women registered at the practice had attended for breast screening in the last three years compared with 59% in the CCG and 72% nationally.
- Childhood vaccine rates were below the national standard of 90% for three out of four vaccinations for two year olds. The number of children who had received the second dose of their measles, mumps and rubella vaccination at the age of five was 81% compared with 77% in the CCG and 88% nationally.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- The friends and family results analysis for 2016 showed 77% of patients were likely to recommend the practice to friends and family. 46% were extremely likely to recommend them, 31% likely, 6% were unlikely and 6% very unlikely to recommend them.
- The analysis highlighted problems getting through to the practice on the telephone and the need to improve the process for repeat prescriptions. The practice had decided to replace their telephone provider as a result and encouraged as many patients as possible to move over to the electronic prescribing service.
- The practice had developed a patient survey to obtain feedback from patients. One hundred and fifty six (71%) out of 219 patients who responded said they were treated with dignity by reception and other non-clinical staff.
- Curtains were provided in consulting rooms to maintain patient's privacy and dignity during examinations, investigations and treatments.
- Consultations and treatment took place in closed rooms and conversations taking place in these rooms could not be overheard.

One patient we spoke with told us they were disappointed that their GP was leaving the practice after many years. They said they valued the continuity of care they had received and had been very happy with them. They said the practice was improving and getting an appointment was getting better but reception staff did not always appreciate that patients valued seeing the same GP.

We spoke with a parent who had brought her child to the surgery. They said they had been told to bring their child along that morning but they had been waiting for over an hour. They said they would have liked their child to be seen by a paediatrician or a GP with an interest in children.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored highly for consultations with GPs and nurses. For example:

- 76% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 93% elsewhere in the CCG and the national figure of 97%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.
- 83% of patients said the GP was good at listening to them compared to the CCG average of 82% and the national average of 89%.

We received a total of 26 CQC comment cards from patients. Most of the 26 comment cards we received were positive about the service experienced. Patients said reception staff were friendly and welcoming. Other comments referred to not always being able to get a convenient appointment, unhappiness about having to see a locum GP and difficulty getting through on the phone first thing in the morning. The practice had appointed two new GP's who were due to take up post shortly in response to patient feedback.

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.
- Patients 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.
- The practice used a telephone translation service to support patients who needed a translator. Staff in the practice spoke several languages such as Urdu, Punjabi and Gujarati. There was a hearing loop available in the practice for patients with a hearing impairment.
- Results from the national GP patient survey showed 72% of patients felt involved in planning and making decisions about their care and treatment compared with 75% in the CCG and 81% nationally.

Are services caring?

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 83% of patients said the last GP they saw or spoke to was good at listening to them compared with the national average of 89%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 95%.
- 88% of patients had confidence and trust in the last GP they saw compared with 95% nationally.
- 80% of patients stated that last nurse they saw or spoke to was good at giving them enough time compared with an average of 82% of patients in the CCG and 92% nationally.
- 94% of patients had confidence in the last nurse they saw or spoke to compared with 93% in the CCG and 97% nationally.
- 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.
- The practice's computer system highlighted patients who were also carers patients were able to discuss the support they needed including the opportunity to access respite care. The practice had identified 44 patients who were carers (less than 1% percent of the practice list). The practice referred carers to the carer's network. Information about the carer's network including contact phone number was available on a display in the patient waiting area. Staff told us they provided flexible appointments for carers to ensure their needs were met. Written information was available to direct carers to support available to them. The practice organised quarterly carers' meetings and offered flu and other vaccinations.
- The practice used 'Coordinate My Care' for patients approaching the end of life. This was a system for recording information about patient's wishes which can be accessed by all the different groups of staff involved in caring for the patient.
- When a patient died, the practice sent a sympathy card to the family and offered bereavement counselling.

Patient and carer support to cope emotionally with care and treatment

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the CCG to secure improvements to services. This included working with the pharmaceutical advisor from the CCG to improve prescribing. The practice benchmarked their referrals to hospital against other practices in the CCG. The practice participated in protected learning time with other GP practices in the CCG.

- There were longer appointments available for patients with a learning disability.
- Home visits could be organised for older patients and patients who had clinical needs which resulted in difficulty attending the practice however the age structure of the population mean this was infrequent.
- The practice offered telephone appointments for older people, high risk patients, mothers with children and vulnerable patients. Reception staff prioritised appointments for vulnerable patient's to avoid unnecessary waits. If reception staff were unsure if a patients was a priority they asked for advice from the practice nurse or GP.
- Patients could contact the surgery to book emergency appointments, same day appointments, 48 hours appointments and advance appointments up to four weeks ahead.
- The number of appointments was planned according to the availability of medical and nursing cover available within the practice. The demand for appointments and waiting times was discussed at monthly practice meetings to ensure the service was responsive to patients' needs.
- Health screening appointments were offered to newly registered patients.
- We spoke with two patients who had booked a same day appointment on the morning of our inspection. One patient was confident about getting an appointment when they wanted one, the other patient told us this was the first time they had asked for a same day appointment and they surprised and pleased when they were offered one.
- The practice nurse) provided regular asthma and chronic obstructive pulmonary disease (COPD) reviews.

- The practice carried out ECGs onsite, provided screening for latent tuberculosis (TB) and carried out chlamydia screening.
- Patients were able to receive travel vaccinations available on the NHS. Patients who required vaccinations which were only available privately were referred to private travel clinics.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

- The practice was open from 8.30am to 6.30pm, Monday to Friday.
- The practice offered appointments with a nurse from 12.00pm until 3.00pm on Saturday afternoons.
- The practice offered appointments each day until 6.30pm. The last three appointments were kept for families to access appointments after school and for patients who worked.
- The practice provided telephone consultations and provided advice over the phone.
- Results from the national GP patient survey showed that patient's satisfaction about accessing care and treatment was comparable to local and national averages. 86% of patients were satisfied with the practice's opening hours compared to the national average of 79%. The practice had carried out a survey between September and October 2016. Two hundred and nineteen patients responded to the survey. 82 (37%) patients reported that they were usually able to book an appointment in advance 78 (35%) said they were always able to book an appointment in advance. 75% of patients who responded indicated they could usually book an emergency appointment on the same day.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The practice ensured there were four GP sessions each day to provide an adequate number of appointments to meet demand.
- We spoke with three patients in the waiting area the longest waited 15 minutes to be seen, the other two had been waiting approximately 10 minutes. They said the

Are services responsive to people's needs?

(for example, to feedback?)

on line system for ordering repeat prescriptions was very good. They told us they sometimes had problems getting through to the practice on the phone first thing in the morning but they waited a while and tried again.

- The practice was participating in a local CCG quality scheme which encouraged patients to book appointments online and access to their online medical record. The scheme also encouraged practices to use electronic prescriptions aiming for 50% of all prescriptions to be processed this way.

Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Complaints were recorded on to the practices computer system shared drive.

- The lead GP was responsible for handling complaints in the practice. We saw that information was available to help patients understand the complaints system. Complaints leaflets were available in the reception area.
- We saw a summary of the complaints for 2016. This showed the practice had received 12 complaints about a range of issues which included delays in waiting to see the GP, problems with the arrangements for a home visit. When a complaint was received, the practice offered patients an apology and an explanation. We saw evidence that complaints were dealt with promptly and effectively. We saw a complaint from a patient about how long they had waited to see a doctor. The GP was running late and the patient was unhappy that no one had kept them informed. The practice wrote apologising to the patient and organised a whiteboard for reception staff to let patients know how long they may have to wait to be seen.

Are services well-led?

Good 

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

Our findings

Vision and strategy

- We asked staff about the practice's vision and strategy and they told us the future of the practice had been uncertain. We were told that since the announcement of the new GP lead a few weeks before our inspection, staff had worked hard on a plan to improve the operation of the practice. They had appointed two new GPs who were due to take up post early 2017. The practice team had been restructured. Staff spoke enthusiastically about the changes which had occurred since the new lead GP had joined the practice. They described how they had brought procedures from their previous practice which were now being implemented.
- The practice was involved in discussions about the future organisation of primary care in the area.
- The practice was working with the patient participation group to reassure patients about the change of lead GP and plans for developing the practice.

Governance arrangements

- The practice had governance processes which supported the delivery of the strategy and good quality care.
- The practice held monthly meetings where significant events, incidents, audits, complaints and compliments, safety alerts, patients safeguarding issues and practice performance were discussed. There were two practice managers, one focused on information governance and IT and the other focused on staff management.
- Leads were identified for safeguarding, carers support, and support for patients with a learning disability. Staff were clear about the role leads performed and who to speak to when they required information or advice for example about support for a patient with a learning disability.
- Practice specific policies were implemented and were available to all staff.
- The performance of the practice was monitored by one of the practice managers who reported to the lead GP.

- The practice completed four audits; antibiotic prescribing, diabetes in pregnant women, new cancer diagnoses and emergency hospital admissions. The results of these audits were used to monitor quality and to make improvements to care.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were policies in place for the security of patient information which included staff confidentiality agreements.

Leadership and culture

- On the day of inspection the lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care. They described how they had updated the practice's policies and procedures since they had been confirmed as the lead GP.
- Staff told us the lead GP was approachable and supported staff to resolve problems.
- The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.
- The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice did not keep written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by the lead GP. We saw the agenda and minutes which showed staff met monthly. Staff told us they were able to raise things with the lead GP and at team meetings and felt confident and supported in doing so.

Are services well-led?

Good 

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

- Staff said they felt supported and worked effectively as a team and we observed staff worked well together. Staff were involved in discussions about how to run and develop the practice.

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

- The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback using practice designed surveys.
- The practice carried out a patient survey during September 2016 and October 2016. Two hundred and nineteen patients had responded to the survey. The results of the survey showed 53% of patients had enough information about repeat prescriptions and 72% always felt treated with dignity and respect.

- A patient participation group (PPG) was in place. The practice was working with the PPG to plan the future development of the practice.

Continuous improvement

- The practice had signed up to a Quality Improvement Programme in the CCG, which was designed to provide the practice's patients with higher levels of care and support. The quality scheme also encouraged patients to use electronic systems making appointments, ordering repeat prescriptions and accessing records. The practice submitted results of the quality initiatives to the CCG to allow these to be monitored.