

Claremont 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?	Good	
Are services well-led?	Requires improvement	

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 Claremont Medical Centre on 08 March 2016. Overall the practice is rated as requires improvement.

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

- A system was in place for reporting and recording significant events and there was an open and transparent approach to safety.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were low compared to the national average. There were too few staff with the necessary skills and experience to ensure patients' clinical needs were met.
- Most non clinical staff had not completed, or were overdue mandatory and refresher training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a documented leadership structure, however there was an over reliance on the main GP partner to make decisions and authorise changes.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure there are sufficient staff with the appropriate skills, knowledge and experience to meet the clinical needs of patients and improve outcomes.
- Ensure non-clinical staff have the skills and knowledge they need through a programme of mandatory and refresher training.

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure governance arrangements are in place that effectively monitor and improve the quality and safety of services provided and mitigate risk.

In addition the provider should:

- Strengthen systems in place to make the out of hours GP service aware of patients' end of life decisions.

- Amend the consent process for minor surgery to include a written record of the risks involved and of the discussion held with the patient about these risks.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems and processes in place to keep patients safe and safeguarded from abuse, although training had not been completed / or was overdue for some staff in basic life support, infection control and safeguarding adults at risk.
- Pre-employment checks were not carried out and / or recruitment information was not available as required.
- A risk assessment had not been completed to determine whether or not a disclosure and barring service (DBS) check should be completed for non clinical staff that may be called on to act as chaperone.
- Risks to patients were assessed and managed for the most part, however some actions to address areas for improvement identified in the fire risk assessment completed in July 2015 were overdue, for example portable appliance testing.
- On the day of the inspection the practice did not have an operational defibrillator or oxygen cylinder for medical emergencies. The provider installed this equipment shortly after the inspection.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for diabetes and hypertension were below the national average.

Requires improvement



Summary of findings

- There was evidence of appraisals and personal development plans for all staff although mandatory refresher training for most non clinical staff was overdue, including safeguarding children and adults, infection control, basic life support and the Mental Capacity Act 2005.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were too few clinical staff to ensure patients' clinical needs were met.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The provider had bid successfully for an improvement grant to extend the premises to increase GP and practice nurse capacity and access to a wider range of services for local people.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients while expanding the practice, however there was no strategy or detailed plans in place to support the implementation of the vision.
- There was a documented leadership structure and staff felt supported by management. However, there was an over reliance on the main GP partner to make decisions and plans, and to authorise changes.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Some risk management systems were lacking, however. Risks had not been assessed or were not being managed around recruitment checks, staff training and chaperone arrangements.
- The practice had not succeeded in establishing a patient participation group with a stable membership although it held patient participation events.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Requires 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

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Home visits were available where required and older people were prioritised for same day appointments.
- The practice liaised with other health and care providers to ensure those with complex needs or at high risk of avoidable unplanned admission to hospital were provided with the right level of support at home.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Data showed patient outcomes were low compared to the national average for diabetes and hypertension related Quality indicators. Outcomes for patients with other long term conditions were similar to national averages.
- The ratio of reported versus expected prevalence for COPD was low compared to the national average (practice 0.17, national 0.63). The ratio of reported versus expected prevalence for coronary heart disease was similar to the national average (practice 0.5, national 0.71)
- Longer appointments and home visits were available when needed, although access to a practice nurse was very restricted.
- The practice liaised with other health and care providers to ensure those with complex needs and or high risk of avoidable unplanned admission to hospital were provided with the right level of support at home.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. We saw examples of the practice working with other agencies to support vulnerable families and to ensure children were well looked after.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 80% which was above the CCG average of 72% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for babies and children. Babies and children were prioritised for same day appointments.
- We saw positive examples of joint working and regular liaison with midwives.
- The practice offered HPV vaccination for adolescents and chlamydia testing.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice recognised and supported people whose circumstances may make them vulnerable, for example those with addictions and those experiencing domestic violence.
- We saw examples of the practice providing support to people that prevented them becoming homeless.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability and completed annual health checks with them.
- The practice regularly worked with other health and care professionals in the case management of vulnerable patients, including the palliative care nurse.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average (CCG 81%, national 84%), although exception reporting for this indicator was high (practice 18%, CCG 8%, national 8%).
- The practice's patient outcomes for mental health indicators were comparable with national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses (17 patients in total):
 - Who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 100%
 - Whose alcohol consumption has been recorded in the preceding 12 month was 100% (CCG 89%, England 90%).
- Staff had a good understanding of how to support patients with mental health needs.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety nine survey forms were distributed and 103 were returned. This gave a response rate of 26% (England response rate 38%) and represented four per cent of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 62% and the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 68%, national average of 76%).
- 72% of patients described the overall experience of this GP practice as good (CCG average 77%, national average of 85%).
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 70%, national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Feedback about getting an appointment was mixed with three people commenting it was difficult to get an appointment when they wanted one and four commenting this was easy. One person commented it was difficult to see the doctor of their choice. Two people commented they had to wait a long time for the phone to be answered and three people commented about appointments running late, although two of these added they did not mind so much because they knew the doctor listened well and was good at giving you the time you needed.

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

Claremont Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Adviser.

Background to Claremont Medical Centre

Claremont Medical Centre is located in Walthamstow in North East London. It is one of the 45 member GP practices in NHS Waltham Forest CCG.

The practice serves a predominantly White population (84%). A further seven per cent of the local population identifies itself as Asian / Asian British and three per cent as Black / African / Caribbean / Black British. The practice is located in the third more deprived decile of areas in England. At 79 years, male life expectancy is equal to the England average. At 83 years, female life expectancy is equal to the England average.

The practice has approximately 2,920 registered patients. Services are provided by the Claremont Medical Centre partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up of two GPs.

The practice is in purpose built health care premises and all patient areas are accessible to wheelchair users. There are three GP consulting rooms and one practice nurse room. The practice has a car park.

In addition to the one GP partner working at the practice there is a salaried GP and two long term locum GPs, and they all work part time. The GP partner is working

additional sessions to bring the GP complement up to 10 sessions a week, or 1.1 whole time equivalent (WTE) GPs while the provider seeks to recruit another GP to work at the practice. Patients have access to male and female GPs.

The provider is in the process of recruiting a practice nurse or nurses. In the meantime there is one practice nurse from a neighbouring practice working four hours a week and one of the other GPs is also working additional sessions.

There is a practice manager, two senior receptionists and a receptionist who all work part time at the practice.

The practice's opening times are:

- Monday, Tuesday and Friday – 9.00am to 6.00pm
- Wednesday – 9.00am to 8.00pm
- Thursday – 9.00am to 1.00pm

Outside these hours patients are directed to an out of hours GP service.

Appointments with a GP are available between the following times:

- Monday – 9.30am to 11.30am, 1.00pm to 3.00pm, and 5.00pm to 6.00pm
- Tuesday – 9.30am to 11.30am and 3.00pm to 6.00pm
- Wednesday – 9.00am to 11.30am and 3.00pm to 8.00pm (extended hours)
- Thursday – 9.00am to 1.00pm
- Friday – 9.00am to 1.00pm and 4.00pm and 6.00pm

Claremont Medical Centre is registered with the Care Quality Commission to carry on the following regulated activities at 29-31 Claremont Road, Walthamstow, London E17 5RJ: Diagnostic and screening procedures; Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Detailed findings

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.

We have not inspected this service before.

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 8 March 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed documentation the provider gave us about the operation, management and performance of the service.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed significant event records and incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient had been given the wrong prescription a system was introduced whereby the patient was asked to check and sign for their prescription.

Overview of safety systems and processes

Not all of the practice's systems and processes were adequate to keep patients safe and safeguarded from abuse:

- Staff had received training on safeguarding children relevant to their role. GPs were trained to level 3 and the interim part time practice nurse was trained to level 2. Clinical staff had received safeguarding adults training, however almost none of the non-clinical staff had received this training. The practice manager told us the plan was for staff to complete this training in April 2016. Safeguarding policies were in place, reflected relevant legislation and local requirements and 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 GP for safeguarding and they provided reports where necessary for other agencies and for safeguarding meetings.
- A notice in the waiting room advised patients that chaperones were available if required. However, non

clinical staff that might be called on to act as a chaperone had not been trained for the role nor had they received a disclosure and barring service (DBS) check. (DBS to determine whether or not a disclosure and barring service (DBS) check should be completed for these staff.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The main GP partner was the infection control clinical lead. There was an infection control protocol in place and an infection control audit had been completed in the last 12 months. We saw evidence that action was taken to address the improvements identified by the audit. However, not all staff had not completed infection prevention and control training. The practice manager told us the plan was for staff to complete this training in April 2016.
- 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 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files. They did not contain the information that must be available in relation to each person employed, for example a full employment history, satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health social care, proof of identity including a recent photograph and, where relevant, a disclosure and barring service (DBS) check.

Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- Not all procedures were in place for monitoring and managing risks to patient and staff safety. 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

Are services safe?

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). There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

- The practice had a fire risk assessment which was completed on 01 July 2015 and identified areas for improvement. While some areas had been addressed, others were overdue, including portable appliance testing to ensure electrical appliances and equipment are safe to use.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The provider was looking to recruit an additional practice nurse, GP and receptionist. In the meantime the main GP partner was making up the shortfall in GP cover and one of the other GPs was making up some of the practice nurse shortfall. The practice very occasionally used agency GP locum staff. Non clinical staff were working flexibly to cover the receptionist vacancy.

Arrangements to deal with emergencies and major incidents

Not all of the practice's arrangements to respond to emergencies and major incidents were adequate.

- The practice did not have a working oxygen cylinder and defibrillator available on the premises. The provider sent us evidence shortly after the inspection to show replacement equipment had been purchased.
- Not all staff had basic life support training in the last 18 months. The practice manager told us the plan was for staff to complete this training in April 2016.
- 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.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a reciprocal arrangement with a neighbouring practice to use their premises if needed.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

People's care and treatment did not always reflect current evidence based guidance.

- While the practice had systems in place to keep clinical staff up to date, there were too few of these staff with the necessary skills or experience to meet patients' clinical needs.
- The practice did not have systems in place to monitor that guidelines were followed. This resulted in poor outcomes for some groups of patients, for example patients with diabetes and patients with hypertension.

Management, monitoring and improving outcomes for people

People's outcomes were variable with some significantly worse than expected. The Quality and Outcomes Framework (QOF) is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 80.5% of the total number of points available (CCG average 94%, England average 95%). The overall clinical exception rate was six percent (CCG average 9.5%, England average 9%). (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).

There was wide variation in exception reporting for the individual clinical domains, however. For example, exception reporting was lower than the CCG and England averages for atrial fibrillation (practice 0%, CCG 11%, England 11%); cancer (practice 0%, CCG 16%, England 15%), diabetes mellitus (practice 6%, CCG 12.5%, England 11%), and mental health (practice 2%, CCG 7%, England 11%). It was higher than average for chronic obstructive pulmonary disease (COPD) (practice 28%, CCG 10%, England 12%) and dementia (practice 22%, CCG 9%, England 8%).

Data showed patient outcomes were significantly low compared to the national average for:

- Diabetes related indicators for blood glucose control (practice 57.5%, national 77.5%), blood pressure (practice 57%, national 78%), influenza immunisation (practice 77%, national 94%), and cholesterol (practice 66%, national 81%).
- The hypertension related indicator for blood pressure (practice 70.5%, national 84%)
- The ratio of reported versus expected prevalence for COPD (practice 0.17, national 0.63).

The practice nurse left the provider in an unplanned way in September 2015. The provider put this, together with the ongoing practice nurse vacancy and possible weaknesses in exception reporting as an explanation for these poor results. For example, the practice nurse used to perform spirometry which is a test that can help diagnose COPD. The provider was aware of the need to improve performance, for example in the area of patients with diabetes, but no detailed plans were in place to achieve this.

The practice's patient outcomes in other areas were comparable with national averages. For example, for mental health indicators, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses (17 patients in total):

- Who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 100%
- Whose alcohol consumption has been recorded in the preceding 12 month was 100% (CCG 89%, England 90%).

There was some evidence of quality improvement including clinical audit, however there was no overarching clinical improvement strategy or action plan in place to address the practice's low QOF performance overall.

- There had been two completed clinical audits in the last two years, where the improvements made were implemented and monitored. These related to the prescribing of:
 - PDE5 inhibitor, medicines such as Sildenafil or Tadalafil which are used to treat erectile dysfunction. The audit was designed to ensure the safety and cost effectiveness of this treatment. The audit was first carried out in January 2015 and repeated in January 2016. The second cycle of the audit showed that the

Are services effective?

(for example, treatment is effective)

practice continued to meet three of the four standards set, for example that 100% of patients should be prescribed generic Sildenafil as the first choice, and that it had improved the proportion of patients being prescribed quantities of four tablets per month from 92% to 96% of the original cohort.

- Topical corticosteroids, which are used to treat certain skin conditions. The audit was designed to ensure patients were treated in line with NICE guidance. The audit looked at three standards, for example that patients on these medicines have been reviewed at least annually and that very potent topical corticosteroids are not used for more than four weeks without a break. The audit was first carried out in January 2015 and repeated in March 2015. The second cycle of the audit showed the practice had improved performance against each of the three standards, from a range of 66% to 70% in January to 100% for all three standards in March.
- The practice participated in local audits and CCG led clinical benchmarking and peer review.

Effective staffing

Not all staff had the skills, knowledge and experience to deliver effective care and treatment. There were too few staff with the necessary skills, knowledge and experience to meet the clinical needs of patients.

- The practice had an induction programme for all newly appointed staff and for locum GPs. The programmes covered the practice's systems and processes, for example health and safety and safeguarding, as well as role specific information and coaching.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- There was a system of annual appraisals in place and staff had received an appraisal within the last 12 months. Staff told us they had training to cover the scope of their work, for example on using the electronic patient system to enable patients to order repeat prescriptions online. However most non clinical staff had not received or were overdue mandatory training in safeguarding vulnerable adults, infection control, and basic life support. The provider held a number of

training certificates for the practice nurse, however these showed they were overdue basic life support training (last completed on 11/02/2014 and valid for 12 months).

- There was support for revalidating GPs.
- The practice had a very limited practice nurse complement in place while it attempted to recruit to its practice nurse vacancy (less than half a day week) and was deploying 1.1 WTE GPs. This was not sufficient to meet the clinical needs its practice list of some 2,900 patients as reflected in the practice's low QOF performance.

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 although there were areas where improvements could be made.

- This included care and risk assessments, care plans, medical records and investigation and test results. There was however some variability amongst the GPs' patient records we looked at with some being more complete than others. The main GP partner agreed to provide some training and to complete a records audit to improve record keeping.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However there was evidence that the out of hours GP service was not always informed when a patient had made a decision that resuscitation should not be attempted and to decline hospital admission as part of their end of life plan.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs or at high risk of avoidable unplanned admission to hospital.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff sought patients' consent to care and treatment in line with legislation and guidance although there were areas where improvements should be made.

- Clinical 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.
- The practice carried out minor surgery and written consent was taken for these procedures. However, it was not clear from the documentation we reviewed that a written record was kept of the risks involved, and of the discussion held with the patient about these risks as part of the consent process.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Smoking cessation and dietary advice were available within the practice and patients were also signposted to relevant services.

- We saw examples of patients and carers being supported well, for example around housing and access to care services.

The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%. There was a policy to offer the screening test opportunistically when women attended the practice for another reason. One of the female GPs spoke Arabic and this supported Somali and Sudanese women to have the test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

At 41%, the practice's uptake for bowel cancer screening was lower than the England average but similar to the CCG average (CCG 49%, England 58%). Its uptake for breast cancer screening was similar to the CCG and national averages (practice 67%, CCG 63.5%, England 72%).

At 01 October 2015 the practice had achieved the 90% target for childhood immunisations given to two year olds and to five year olds.

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.

- 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.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring, and treated them with dignity and respect.

We spoke with three patients who all said they were highly satisfied with the care provided by the practice and that their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% national average of 85%.

For reception staff, the results were in line with CCG and national averages:

- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

For practice nursing staff, the practice's score was significantly below the national average. However, there had been a change in the practice nursing staff since the national GP survey results published in January 2016:

- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% to the national average of 82%.

Staff spoke a number of languages in common with their practice population and translation services were available for patients where required.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Staff demonstrated an awareness of the needs

of carers, for example they would discuss with them any concerns or difficulty they were having and signpost them to support services. The practice offered health checks and the flu vaccination to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer their sympathies and any further support that they may require.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the provider had bid successfully for a grant to extend the practice to accommodate additional GP and nursing staff and to increase the range of service available to patients at the centre.

- The practice opened until 8.00pm on Wednesday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, for example those experiencing mental health problems.
- Home visits were available for older patients and for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children, older people, and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The provider had bid successfully for a grant to install automatic doors and a hearing loop to improve access for disabled people.

Access to the service

The practice's opening times were:

- Monday, Tuesday and Friday – 9.00am to 6.00pm
- Wednesday – 9.00am to 8.00pm
- Thursday – 9.00am to 1.00pm

Patients were directed to an out of hours GP service outside these time.

Appointments with a GP were available between the following times:

- Monday – 9.30am to 11.30am, 1.00pm to 3.00pm, and 5.00pm to 6.00pm
- Tuesday – 9.30am to 11.30am and 3.00pm to 6.00pm

- Wednesday – 9.00am to 11.30am and 3.00pm to 8.00pm (extended hours)
- Thursday – 9.00am to 1.00pm
- Friday – 9.00am to 1.00pm and 4.00pm and 6.00pm

Appointments could be booked up to two weeks in advance and telephone consultations were available daily. Same day appointment for those who needed to be seen urgently, older people and babies and children were also available.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%. This result was comparable with the CCG average of 75%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%. This result was above the CCG average of 62%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There were designated clinical and non clinical responsible persons who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information about the complaints procedure was included in the practice leaflet and there was a poster on display in the waiting area asking patients to give their feedback.

We looked at two complaints received in the last 12 months and they had been handled satisfactorily in a timely and open way. Lessons were learnt from complaints and action was taken to as a result to improve the quality of care. For example, the practice had made improvements to its system for tracking referrals made outside the choose and book system.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The leadership and governance did not always support the delivery of high-quality person centred care.

The provider had a vision to extend the premises and increase the availability of GP and practice nurse care for local people and give them access to a wider range of services closer to home. It had been successful in a bid for an improvement grant for a four room extension, however there was no strategy or detailed plans in place to achieve the vision beyond this.

There were no detailed plans in place to address the provider's existing clinical workforce deficiencies and low patient outcomes.

The practice prided itself on being friendly, easily accessible, and caring and staff were committed to these values. The provider was particularly concerned that the nature of the doctor-patient relationship should be maintained throughout the planned extension and development of the practice, however there was no strategy or detailed plans in place to achieve this aim.

Governance arrangements

The practice's governance framework did not always operate effectively.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were however too few staff with the necessary knowledge, skills and experience to ensure patients' clinical needs were met. The provider had been unsuccessful in its attempts to recruit a replacement practice nurse and too few GPs were deployed to meet the needs of a practice list of some 2,900 patients and ensure their clinical safety.
- There were shortfalls in systems for recruitment checks and mandatory training for non clinical staff.
- Not all arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were robust, for example actions from the fire risk assessment completed in July 2015 were overdue, including portable appliance testing.

Leadership and culture

The main GP partner told us they prioritised safe, high quality and compassionate care. They did not demonstrate that the practice's leaders all had the necessary experience, knowledge, capacity or capability to lead effectively however. There was an over reliance by the rest of the team on the main GP partner to make decisions and authorise changes.

There were high levels of satisfaction amongst staff we spoke with. Staff told us the GPs in the practice were approachable and always took the time to listen to all members of staff. They were however unaware of how the planned expansion of the premises and practice would affect them, or of the part that they would play in this.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included mechanisms for communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff felt involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

There was some engagement with people who use services. The practice had not succeeded in establishing a patient participation group.

- The practice had gathered feedback from patients through patient participation events which it held every three to four months and advertised in the waiting area. It had not succeeded in recruiting members able to make an ongoing commitment to sustain a patient participation group (PPG), however. At the last PPG meeting in February 2016 it had been suggested that information be made available to patients that explained how the telephone queuing system worked and the provider was considering ways of doing this.

- GPs gathered feedback from patients through surveys and we saw they reflected on the results to identify areas where they are doing well and where they might improve.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>There were insufficient staff deployed by the provider to ensure patients' clinical needs were met which was reflected in the practice's low QOF performance.</p> <p>Persons employed by the service had not received such appropriate training as is necessary to enable them to carry out the duties they were employed to perform. Most non clinical staff had not completed or were overdue refresher training in basic life support, safeguarding adults at risk, infection control, chaperone, and the Mental Capacity Act 2005.</p> <p>This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>Recruitment procedures were not operated effectively to ensure that persons employed are of good character. Information that must be available in relation to each person employed was not available. A disclosure and barring service (DBS) check had not been completed for the interim practice nurse and there was no proof of identity and recent photograph on record. Neither of the two personnel files we looked at contained a full employment history or satisfactory evidence of conduct in previous employment relating to health care.</p>

This section is primarily information for the provider

Requirement notices

A risk assessment had not been completed to determine whether or not a disclosure and barring service (DBS) check should be completed for non clinical staff that might be called on to act as a chaperone.

This was in breach of regulation 19(1)(a)(2)(a)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Systems and processes were not in place to assess, monitor and improve the quality of the services provided. Some Quality and Outcomes Framework indicators for diabetes and hypertension were below national averages and there were no plans in place to improve quality and outcomes for these patients.

Systems and processes were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. Actions to address areas for improvement that had been identified in a fire risk assessment completed in July 2015 were overdue, including portable appliance testing.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.