

East End Medical Centre

Quality Report

61 Plashet Road
Plaistow
London
E13 0QA
Tel: 020 84708186
Website:

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East End Medical Centre on 16 January 2016. Overall the practice is rated as good.

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

- Data showed some patient outcomes were low compared to the national average. The practice was an outlier for QOF clinical targets with regard to mental health indicators, including dementia; asthma and COPD (chronic obstructive pulmonary disease).
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they found it easy to make an appointment, although not with a preferred GP. Urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had 26 patients on its learning disability register; however, only 15 (58%) had had an annual health check and care plan review.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Monitor patient outcomes and take action to improve performance where this is identified.
- Provide staff with appropriate training, including, for example, safeguarding, information governance and Mental Capacity Act 2005.

The areas where the provider should make improvement are:

- Maintain a written record of the checks of the emergency drugs.
- Review the support given both to patients recently bereaved and to patients identified as carers.
- Consider providing patients with written information if they have been referred under the two week wait system.

- Encourage staff to always remove smart cards from computers when they are left unattended, regardless of whether the room can be locked.
- Ensure all sinks are supplied with paper towels.
- Add additional emergency contact numbers to the business continuity plan.
- Ensure entries in the electronic patient record system are clearly recorded.
- Ensure all patients with a learning disability have an annual health check and care plan review.
- Review the level of demand for appointments to ensure the service provided is adequate to meet patient needs.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



Data showed some patient outcomes were low compared to the national average. The practice was an outlier for QOF clinical targets with regard to mental health indicators, including dementia; asthma and COPD (chronic obstructive pulmonary disease). Data from 2015/16 showed, for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 20% compared to the CCG average of 84% and England average of 89%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 4% compared to the CCG average of 81% and England average of 84%.

Summary of findings

- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP guidance questions. (01/04/2015 to 31/03/2016) was 57% compared to the CCG and England average of 76%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) was 54% compared to the CCG average of 87% and England average of 90%.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed the practice was comparable to others in most areas of care.
- 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.
- All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced.
- The practice provided facilities to help patients be involved in decisions about their care, including translation services and a mobile induction loop for patients who were hard of hearing.
- We noted that the practice offered carers an annual flu jab but did not provide any other specific support.
- If families suffered a bereavement the practice sent a sympathy card but did not call or visit.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group to secure improvements to services where these were identified. The practice met with the local CCG every three months, and also attended monthly cluster meetings.

- Patients said they found it easy to make an appointment, albeit not always with their preferred GP. Urgent appointments were available the same day.
- Patients could access alternative GPs, at this practice, on Monday evenings and Saturday mornings via the local GP co-operative.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, arrangements to monitor and improve quality were not always effective.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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 overall for the care of older people, but as requires improvement in effective for this population group.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.
- The practice gave a flu vaccination to 72% of (eligible) patients over the age of 65 (2015/16) which was slightly below the 75% target but above the national and local performance. The practice nurse would visit elderly housebound patients to administer the flu vaccine.

People with long term conditions

The practice is rated as good overall for the care of people with long-term conditions; but as requires improvement in effective for this population group.

Good



This practice was an outlier for QOF clinical targets with regard to asthma and chronic obstructive airways disease:

- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP guidance questions. (01/04/2015 to 31/03/2016) was 57% compared to the CCG and England average of 76%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) was 54% compared to the CCG average of 87% and England average of 90%.
- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice used 'Coordinate My Care' for all its end of life patients (Coordinate My Care is an NHS clinical service sharing information between patients' healthcare providers, coordinating care, and recording wishes of how patients would like to be cared for).

Performance for diabetes related indicators was similar to the national average:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 74% compared to the CCG average of 72% and England average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 76% compared to the CCG average of 79% and England average of 80%.

Families, children and young people

The practice is rated as good overall for the care of families, children and young people, but as requires improvement in effective for this population group.

- The practice offered sexual health screening for people aged 16 – 24. It provided family planning advice and coil fitting.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a post-natal clinic and 8 week baby checks.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 81%.

The practice's performance for childhood immunisations (1 April 2015– 31 March 2016) was below standard in two of four sub indicators:

The percentage of children aged 1 with full course of recommended vaccines

The percentage of children aged 2 with pneumococcal conjugate booster vaccine

However it was above standard for the other two sub indicators:

The percentage of children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine

Good



Summary of findings

The percentage of children aged 2 with Measles, Mumps and Rubella vaccine

More recent data provided by the practice indicated that the low figures had improved. The practice nurse told us that if parents did not bring their child in for vaccinations she would call them at least twice more.

Working age people (including those recently retired and students)

The practice is rated as good overall for the care of working-age people (including those recently retired and students), but as requires improvement in effective for this population group.

- 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 full range of health promotion and screening that reflects the needs for this age group. In the year 2015-16, 225 patients had attended for an NHS health check. Ninety seven percent of patients aged over 45 (1788) had had their blood pressure checked in the last year.
- The practice was a hub for providing extended hours appointments on Mondays and Saturdays (the service being provided by the local GP co-operative).
- Early (0830) morning appointments were available with the nurse and health care assistant.

Good



People whose circumstances may make them vulnerable

The practice is rated as good overall for the care of people whose circumstances may make them vulnerable, but as requires improvement in effective for this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. There were 26 patients on the learning disability register. In the current year (from 1 April) 15 (58%) of these had had an annual health check and care plan review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- 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 practice is rated as requires improvement overall for the care of people experiencing poor mental health (including people with dementia) but as inadequate for effective for this population group. This practice was an outlier for QOF clinical targets with regard to mental health indicators, including dementia.

- Only 20% of people experiencing poor mental health had had a comprehensive agreed care plan documented in the record in the preceding 12 months (01/04/2015 to 31/03/2016) compared to the CCG average of 84% and England average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 51% compared to the CCG and England average of 89%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 4% compared to the CCG average of 81% and England average of 84%.
- The practice had 100 patients on its mental health register. In the current year (from 1 April 2016) just 9% of these patients had had an annual physical health check and had their care plan reviewed. Just 14% had had their alcohol consumption recorded.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. A community mental health nurse conducted one clinical session per month at the practice.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in most areas. Three hundred and sixty five survey forms were distributed and 104 were returned. This represented a response rate of 28% compared to 38% nationally, and 1.6% of the patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 66% and the national average of 76%.
- 75% of patients described the overall experience of this GP practice as good, the same as the CCG average but below the national average of 85%.

- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 68% and 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. We received 43 comment cards which were all positive about the standard of care received. Patients commented that the receptionists were professional; the GPs listened; the environment was always safe and hygienic and the doctors treated them with care, respect and dignity.

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

Areas for improvement

Action the service **MUST** take to improve

- Monitor patient outcomes and take action to improve performance where this is identified.
- Provide staff with appropriate training, including, for example, safeguarding, information governance and Mental Capacity Act 2005.

Action the service **SHOULD** take to improve

- Maintain a written record of the checks of the emergency drugs.
- Review the support given both to patients recently bereaved and to patients identified as carers.
- Consider providing patients with written information if they have been referred under the two week wait system.

- Encourage staff to always remove smart cards from computers when they are left unattended, regardless of whether the room can be locked.
- Ensure all sinks are supplied with paper towels.
- Add additional emergency contact numbers to the business continuity plan.
- Ensure entries in the electronic patient record system are clearly recorded.
- Ensure all patients with a learning disability have an annual health check and care plan review.
- Review the level of demand for appointments to ensure the service provided is adequate to meet patient needs.

East End Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to East End Medical Centre

The East End Medical Centre provides services to approximately 6600 patients in east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Newham Clinical Commissioning Group (CCG) which has 61 member practices serving a registered patient population of approximately 371,300. The practice provides a number of enhanced services including Meningitis provision; Childhood Vaccination and Immunisation Scheme; Facilitating Timely Diagnosis and Support for People with Dementia; Influenza and Pneumococcal immunisations; Learning Disabilities; Patient Participation; Unplanned admissions and Rotavirus & Shingles immunisation.

The practice is registered as a partnership, but is in the process of re-registering as an individual due to the recent retirement of one of the partners. The staff team consists of one female (partner) GP, two salaried GPs (one male, one female), a long term female locum GP, a part time female nurse practitioner, a full time female practice nurse, a full time female health care assistant, a practice manager, business manager and administrative and secretarial staff. The practice provides 25 GP sessions per week. The service

is provided from this location only, and is located in an adapted residential property. The premises are accessible for patients with mobility difficulties with consulting rooms on the ground floor of the three storey building.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from, approximately, 9.30am to 12pm and 4pm to 6pm daily. Appointments with the nurse and the health care assistant can be made from 8.30am each morning. The practice is a hub for providing extended hours appointments on Mondays (6.30pm – 9pm) and Saturdays (9am – 1pm, the service being provided by the local GP co-operative). In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that needed them. The practice provides an online appointment booking system and an electronic repeat prescription service.

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

Life expectancy for males is 79 years (CCG average 77; England average 79) and females 84 years (CCG average 82, England average 83). The practice has fewer patients with a long standing health condition than both the CCG and England average (44% compared to 48% and 54% respectively).

The population in this CCG area is 43% Asian or Asian British. The second highest ethnic group is white (29%). The practice sits in an area which rates within the third most deprived decile in the country, with a value of 30.5 compared to the CCG average of 32.9 and England average of 21.8 (the lower the number the less deprived the area).

Detailed findings

The patient population is characterised by an above England age average for patients, male and female, between the ages of 0 and 39. It had fewer patients, male and female, aged above 40 than the England average.

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.

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 16 January 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and administrative staff; and spoke with patients who used the service.
- Observed how patients were being cared for.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 book kept in reception for staff to log any issues. The practice had an incident recording form which 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).
- There had been five such events in the preceding year and 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 safety records, incident reports and patient safety alerts. Staff showed us a recent alert relating to the cold weather; and another relating to defective drug delivery units. Alerts were received by the practice manager who circulated them to clinicians, and also printed off those that were relevant to the practice. Clinicians were asked to sign to say they had read them. We saw that at one of the staff meetings in the preceding 12 months these were discussed, lessons were shared and action was taken to improve. They were also discussed at clinical and management meetings. For example, staff discussed with us incidents where patients had become very irate because items from their repeat prescriptions were being missed out. This had been raised at a staff meeting and staff had highlighted the need, as a team, to be more vigilant.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice nurse was trained to child safeguarding level 2 and non-clinical staff to level 1. At the time of the inspection we could not evidence that two of the GPs had attended level 3 training. Following the inspection we were sent a certificate to indicate one GP had undergone the training the week following the inspection, whilst the other had completed it in 2014.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff could refer to a chaperone policy if required. We noted that this did not advise staff on where to stand whilst chaperoning. This was added to the policy immediately following the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy although we saw that some sinks were not supplied with paper towels. There was a general cleaning schedule in place, which detailed the areas to be cleaned on a daily and weekly basis. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The local clinical commissioning group had carried out an external audit in 2015; and the practice had self-audited the following year. We saw that where issues were highlighted action had been taken.
- We noted that the practice's infection prevention and control policy stated that all staff members would have

Are services safe?

their immunity status assessed and recorded. We found that this was not the case; however, the practice revised its policy to state that clinical staff would have their status assessed, which is what they intended to have in the policy. They showed us evidence that they complied with this.

- 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 and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice 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). These were all in date and appropriately signed.
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). These were in date and correctly signed.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, one or two references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice manager ensured that any locum GPs had undergone the required vetting as they were able to access the locum agency database to review the checks that had been undertaken.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The last calibration of equipment had taken place in December 2016. Clinical staff took responsibility for cleaning their own equipment. We saw, for example, that the practice nurse maintained a written log of the cleaning she had carried out. The practice had a variety of other risk assessments in place to monitor safety of the premises such as health and safety, disability access, 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). We saw that where the need for improvement was identified, action had been taken.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had identified that with an increasing patient list additional staff, both clinical and non-clinical were required. This had resulted in the appointment of a business manager, and plans to increase the number of clinicians by adding an additional salaried GP and finding replacements for the recently retired partner and the soon to retire remaining partner. In the interim, the practice used regular locums to cover any gaps.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff in reception also had an alarm button which was linked to the local police station.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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. We noted that the practice did not stock atropine even though it carried out coil fittings (atropine is used when the heart rate drops, which is a possible complication of a coil being fitted). This was ordered by the practice manager during the inspection. Staff told us they checked the emergency drugs weekly, but did not keep a written record of this.
- 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 the lead GP, but not for any other staff. A copy of the plan had been lodged with the local clinical commissioning group.

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 had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Guidelines were discussed in clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 were 71% of the total number of points available, compared to the CCG average of 91% and England average of 95%. The practice felt that this low figure was as a result of them taking on over 2000 temporary patients at the start of 2016 due to the closure of a neighbouring practice, and that this had particularly impacted on the outcomes for their mental health patients.

The practice had a higher than average exception reporting rate for the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months – 14% compared to the CCG average of 6% and England average of 7%. (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).

This practice was an outlier for QOF clinical targets with regard to mental health indicators, including dementia; asthma and COPD (chronic obstructive pulmonary disease). Data from 2015/16 showed:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 20% compared to the CCG average of 84% and England average of 89%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 51% compared to the CCG and England average of 89%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 4% compared to the CCG average of 81% and England average of 84%.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP guidance questions. (01/04/2015 to 31/03/2016) was 57% compared to the CCG and England average of 76%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) was 54% compared to the CCG average of 87% and England average of 90%. The practice was aware of the low QOF outcomes and stated they were focused on improving them, particularly for mental health indicators.

There was evidence of quality improvement including clinical audit.

- We saw three clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example they used the general practice outcome standards to review their performance against other local practices.
- Findings were used by the practice to improve services. As a result of the most recent Clinical Commissioning Group's report on the practice (September 2016), staff had taken action to restart the patient participation group, and displayed posters in the waiting room informing patients of the number of appointments that

Are services effective?

(for example, treatment is effective)

were not kept, and asking patients to cancel appointments they did not need; and requesting them to reduce waiting times by only discussing one problem at each appointment.

Information about patients' outcomes was used to make improvements. For example, the two cycle audit of the prescribing of combined oral contraception had led to an increase in the number of patients receiving an annual blood pressure review (76% in the first cycle rising to 95% in the second); and an improvement in the number of patients receiving three monthly follow ups (76% in the first cycle rising to 94% in the second).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw records in staff files of completed induction checklists although they were not always signed by the employee.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw the practice nurse had undergone training in wound management, diabetic foot examination and venepuncture.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The nurse undertaking cervical smears had attended annual update training. The stated their smear success rate was 79%, just 1% below the CCG target. They had not yet undertaken any smear audits since starting work at the practice 11 months earlier.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support,

one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Clinical staff were provided with protected learning time.

- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training. Not all staff had undergone training in information governance or (where appropriate) training in mental capacity. Post the inspection the practice told us that modules in both of these areas had been added to staff training portfolios.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of these meetings. Practice staff commented on having good access to the community matrons, midwives, health visitors and the rapid response team.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The practice had a consent form for patients who were undergoing a procedure and we saw these in use.

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, although not all clinical staff had undergone training in the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Sixty three percent of females aged 50 – 70 had been screened for breast cancer in the last 36 months, compared to the CCG average of 59% and national average of 72%. Forty one percent of patients aged 60 – 69 had been screened for bowel cancer in the past 36 months, compared to the CCG average of 40% and national average of 60%.

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. We saw the practice had a satisfactory system in place for referring patients under the two week wait process; however, patients were not given any information in writing if they were referred this way.

The practice's performance (1 April 2015– 31 March 2016) for childhood immunisations was below standard in two of four sub indicators:

The percentage of children aged 1 with full course of recommended vaccines

The percentage of children aged 2 with pneumococcal conjugate booster vaccine

However it was above standard for the other two sub indicators:

The percentage of children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine

The percentage of children aged 2 with Measles, Mumps and Rubella vaccine.

More recent data provided by the practice indicated that the low figures had improved.

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. Posters in the waiting room informed patients of the sorts of checks and clinics that were available, for example regarding asthma, insulin management, chronic obstructive pulmonary disease and hypertension. An electronic blood pressure machine was available in the reception for patients to use themselves. It was fitted with a screen to provide patient privacy. 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. We noted that staff were not routinely asked to sign a confidentiality statement. Immediately post the inspection the practice sent us a copy of a new statement which they told us all existing staff had signed and which would form part of the recruitment pack going forward.

- 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. Conversations at the reception desk could be overheard however we observed staff were careful not to disclose private or confidential information.
- We noted the reception area was fitted with a screen for patients to log themselves in but this was not operational. We observed staff clearly explaining to each patient how they would be called in for their appointment.
- We saw that there was a range of information in the waiting room regarding clinics and health services, including mental health services.
- The practice had wheelchair accessible, breast feeding and baby changing facilities.

All of the 44 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, caring and treated them with dignity and respect. Some of the cards included feedback for improvement. For example, patients commented that it was difficult to get an appointment when calling in at 830am or 2pm, and suggested increasing the number of doctors so as to improve availability of appointments.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the

care provided by the practice and said 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 in most instances patients felt they were treated with compassion, dignity and respect. The practice was comparable in most areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 78% of patients said the GP gave them enough time, the same as the CCG average but below the national average of 87%.
- 78% of patients said they had confidence and trust in the last GP they saw, which was below the CCG average of 86% and the national average of 92%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

Are services caring?

- 72% 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%.
- 70% 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% and the national average of 82%.
- 76% 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. If an interpreter was

required staff told us they would usually make arrangements for someone to come in in person, rather than talk over the telephone as it made it easier for the patient.

- The practice had a mobile induction loop so that hard of hearing patients could take it into consulting rooms during their appointment with a GP or nurse.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (2% of the practice list). Other than offer carers a flu jab annually the practice did not provide any other specific support to them.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card, but they did not call or visit. There was not any information in the waiting area regarding bereavement services.

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. The practice met with the local CCG every three months, and also attended monthly cluster meetings.

- Patients could access alternative GPs, at this practice, on Monday evenings and Saturday mornings via the local GP co-operative.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The premises were accessible; a hearing loop and translation services were available.
- The practice had placed two cushioned chairs with arms and higher seats in the reception area to make elderly or infirm patients more comfortable whilst they were waiting.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example patients seeking asylum or those facing domestic violence could be registered using the practice address.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with GPs were from, approximately, 9.30am to 12pm and 4pm to 6pm Monday to Friday. Appointments with the nurse and the health care assistant could be made from 8.30am each morning. The practice was a hub for providing extended hours appointments on Mondays (6.30pm – 9pm) and Saturdays (9am – 1pm, the service being provided by the local GP

co-operative). In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- 37% of patients with a preferred GP usually got to see or speak with that GP compared to the CCG average of 47% and England average of 60%.
- 54% of patients felt that normally had to wait too long to be seen, compared to the CCG average of 50% and England average of 34%.

We saw that the practice had reviewed these outcomes and had put an action plan into place. For example, the practice had increased the number of telephone consultations for each clinician to six per day to improve access to patient's clinician of choice. People told us on the day of the inspection that they were able to get appointments when they needed them; however, staff commented on the need for more clinicians as they were unable to offer a sufficient number of appointments to meet patient demand.

The practice had a system in place to assess:

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

If patients called in for an urgent, on the day appointment, staff would gather as much detail as they could to give to the GP. Staff told us that many of their patients they knew very well, and they could quickly pick up when they were unwell. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective 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 was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster in the waiting room which outlined who to contact and how the practice would respond.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled and dealt with

in a timely way. The practice manager was the complaints lead, and told us that written complaints were acknowledged within three days, and a final outcome letter sent within two to three weeks. Where possible verbal complaints were dealt with at the time they were made. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, in response to patient feedback the practice had increased the number of telephone consultations and had also changed the phone system to make it easier for patients to get through to speak to a member of staff.

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

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, however these were not always effective.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We noted on three occasions however that staff left their rooms leaving their smart cards in their computers.

Leadership and culture

On the day of inspection the partner in the practice demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care.

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 support training for all staff on communicating with

patients about notifiable safety incidents. The partner 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.

There was a clear leadership structure in place and 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. All staff were involved in discussions about how to develop the practice, and the partner 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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a feedback box in reception, and also a Friends and Family test box and forms. The PPG met quarterly. The group had eight members and the practice told us they were trying to find ways to encourage more members to join, for example by holding coffee mornings and putting a poster in reception. We talked with one member who told us the practice was receptive to their ideas and suggestions and was very open in sharing things such as complaints and significant events with them.
- The practice had gathered feedback from staff through staff meetings, informal group supervision sessions, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the

Are services well-led?

Good 

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

practice was run. For example, one member of staff had suggested that they use a team meeting at three monthly intervals to refresh everyone's understanding of basic life support as they felt that unless the skills were regularly practiced they would not be as effective as they could be. This suggestion was due to be implemented at a forthcoming meeting.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice was part of local federation of nine practices, which worked together in, for example, medicine management, and staff sharing.

The practice was in the process of joining a new trial which would test patients who had been on holiday to a country on the tuberculosis risk register, and providing them with subsequent care pathways if they tested positive.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The registered person has not ensured that the care and treatment of service users is appropriate and meets their needs.</p> <p>Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national averages for a number of clinical indicators related to long term conditions including diabetes, asthma, dementia and mental health.</p> <p>Exception reporting figures were higher than average for a number of clinical indicators including those related to mental health conditions and chronic obstructive pulmonary disease (COPD).</p> <p>This was in breach of regulation 9 (1) 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 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>The registered person has not ensured that staff had received such appropriate training as was necessary to enable them to carry out the duties they were employed to perform.</p> <p>This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>