

King Edwards Medical Centre

Quality Report

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Date of inspection visit: 22 May 2017

Date of publication: 20/07/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at King Edwards medical Centre on 7 October 2015 and rated the practice as requires improvement for the safe key question and good for effective, caring, responsive and well-led. This led to an overall rating of Good. Breaches of legal requirements were found and requirement notices were issued in relation to staffing and fit and proper persons employed. The full comprehensive report can be found by selecting the 'all reports' link for King Edwards Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection which we undertook on 22 May 2017 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 October 2015. At this inspection we found that the requirements of the notices had been met; Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Clinicians participated in regular clinical audits which were used to modify current practices and demonstrated quality improvement.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- Staff told us that interpretation services were available for patients who did not have English as a first language, however we saw no notices in the reception areas informing patients this service was available.
- The practice offered a “carers” clinic in association with the local carers association which focused on patients “social prescribing healthcare needs” including loneliness; we noted the practice had identified less than one per cent of its practice list as carers.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure the interpreting/translation services are brought to the attention of patients.
- Review ways of improving childhood immunisation rates.
- Review high exception reporting for diabetes and consider ways to bring this down.
- Ensure patients are provided with up-to-date information on how to access out of hours services.

The areas where the provider should make improvement are:

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There was an infection prevention and control (IPC) protocol and staff had received up to date training.
- The practice had adequate arrangements to respond to emergencies and major incidents such as a business continuity plan.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average in most areas compared to CCG and national averages. Data showed that diabetes exception reporting was higher than the CCG and national averages.
- Staff were aware of current evidence based guidance.
- Clinicians participated in regular clinical audits which were used to modify current practices and demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff liaised and held regular meetings with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice above average for several aspects of care.

Summary of findings

- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice offered a “carers” clinic in association with the local carers association which focused on patients “social prescribing healthcare needs” including loneliness; we noted the practice had identified less than one per cent of its practice list as carers.

Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, early morning walk in appointments were available for patients who required immediate clinical attention and for those who were not able to attend during normal working hours.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and reviewed annually.
- The practice leaflet contained out-of-date information by advising patients to contact NHS direct for advice and treatment outside of surgery hours; NHS Direct services discontinued in March 2014.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas such as paediatric care used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff we spoke to on the day were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- We saw that the practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services for example, those requiring extra support were referred to social services.

People with long term conditions

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

Requires improvement



- Clinical staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the CCG and national averages, however the practice's exception rates were markedly higher. For example, The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 91%, compared to the CCG average of 67% and national average of 78%. This was achieved with an exception rate of 38% which was higher than the CCG average of 15% and national average of 13%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with four or more long term conditions were encouraged to join a primary care organisation which assisted them with complex health and social needs.

Families, children and young people

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

- From the two documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Uptake rates for the immunisations given were mixed when compared to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 79% to 86% which was below the national expected coverage of 90%.
- Early morning appointments were prioritised for those patients who required immediate review, for example, sickle cell patients of which the practice had high numbers.
- Patients at risk of or with a history of domestic violence were monitored and referred appropriately.
- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice offered drop in chlamydia testing clinics.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example and extended opening hours.
- Patients could book appointments online.
- The practice offered telephone consultations and daily walk in appointments was available.
- 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.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances, for example, those with a learning disability.
- The practice had a bypass telephone number which was given to this group of patients for immediate access to the service.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Appointments were pre-arranged and longer for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice carried out advance care planning for patients living with dementia.

Summary of findings

- Performance for dementia related indicators was better than the CCG and national averages. For example, all 13 patients with a diagnosis of dementia had a care plan and was reviewed face-to-face in the preceding 12 months; the practice did not exception report any patients.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was higher than the CCG and national averages. One hundred per cent (100%) of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records, in the preceding 12 months compared to the CCG average of 90% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various local and national support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice performance was above or in line with local and national averages. Three hundred and fifty six (356) survey forms were distributed and 115 were returned. This represented a response rate of 32% which was less than 1% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 83% 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 national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients said they felt the GPs offered individualised care and addressed their concerns. Comment cards stated staff were friendly, helpful, polite and treated them with dignity and professionalism.

We spoke with 10 patients including six members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

King Edwards Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second GP specialist observer, and an Expert by Experience.

Background to King Edwards Medical Centre

King Edwards Medical Group is a family run practice which is owned and maintained by the GPs. The practice operates across two sites; the main branch King Edwards is situated at 1 King Edwards Road, Barking, Essex IG11 7TB. The practice is based in a purpose built building, located on a busy main road and is well served by local bus routes. Parking is available and includes disabled parking bays. Additional parking is available on surrounding streets. All parts of the premises are wheelchair accessible. The branch surgery named Thames View Medical Centre operates from Bastable Avenue, Barking, Essex, IG11 OLG.

The practice holds a Personal Medical Services (PMS) contract (PMS contracts are locally agreed contract between NHS England and the practice). The practice provides NHS primary care services to approximately 8200 people living in the London Borough of Barking and Dagenham and is part of the Barking and Dagenham Clinical Commissioning Group (CCG). The practice is located in the second most deprived decile of areas in England and data shows most patients are between (0 to 49) with a lower than average proportion of patients aged above 50. Data shows income deprivation affecting children (IDAC) in 2015 was 32%, which was higher than the national average of 20%.

The practice is staffed by two full-time male and two part-time female GP partners. They are supported by two part time practice nurses, a female health care assistant (HCA), full time practice manager and eight full time reception and administrative staff.

The practice's opening hours are from 8:30am to 6:30pm Monday to Friday with the exception of Thursday when the practice closes at 1pm (CCG wide). Extended hours are offered outside of the normal contractual agreement on Tuesday, Wednesday, Friday from 7am to 8am and Thursday 7.30am to 8am. Out of hours services are provided by the GP Hub and NHS 111 services when the practice is closed. Information about the Out of Hours services is provided to patients on the practice website as well as through practice leaflet and on posters. The practice had a functioning website which assisted patients in accessing the service; patients could book appointments, request prescription and register as a new patient online.

King Edwards Medical Centre is registered to provide the following regulated activities from 1 King Edwards Road, Barking, Essex IG11 7TB and Bastable Avenue, Barking, Essex, IG11 OLG:

- Diagnostic and Screening Procedures
- Treatments of Disease, disorder or injury
- Family Planning
- Maternity and Midwifery.

Why we carried out this inspection

King Edwards Medical Centre was previously inspected on 7 October 2015 and was rated good in effective, caring, responsive and well-led and requires improvement in safe. The practice was rated good overall.

Detailed findings

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. We carried out an announced visit on 22 May 2017. During our visit we:

- Spoke with a range staff including three GPs, practice nurse, practice manager and spoke with 10 patients including six members of the PPG who used the service.
- Observed how patients were being cared for in the reception area.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 27 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

Are services safe?

Our findings

At our previous inspection on 7 October 2015 we found the practice's safety systems and processes had gaps which included insufficient recruitment checks, training in safeguarding for clinical staff and prescription monitoring. At this inspection, we found the practice had addressed these issues satisfactorily.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a hard copy recording form available as well as on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The lead GP was the accountable person for managing serious incidents.
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a cyber-attack which affected the practice; the practice documented this as an incident and we saw that this was discussed with all staff. From this significant event, we saw where the practice implemented an action plan and this included informing patients of the incident, printing the practices appointment list in advance and had liaised with the local CCG.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

At the last inspection in October 2015 the systems, processes and practices in place to minimise risks to patient safety required improvement. At this inspection, we saw evidence which confirmed the practice took steps to address the issues which were identified.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare; flow charts with local contacts were located in all treatment rooms and reception office. The lead GP was the lead member of staff for safeguarding and staff we spoke to were aware of this. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurses were trained to child protection or child safeguarding level 3, the practice manager to level 2 and non-clinical staff to level 1. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were up to date cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. An

Are services safe?

external audit undertaken in March 2017 by the locality's IPC team identified several problems such as out of date legionella risk assessment; we found that this had been remedied satisfactorily by the practice.

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

There were processes 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were now systems in place to monitor their use. Patient Group Directions 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).

We reviewed five personnel files for a mixture of staffing groups and found appropriate recruitment checks had been undertaken prior to employment and was done in accordance with recruitment policy. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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

- There was a health and safety policy and the practice had risk assessed different areas within the practice including the waiting area.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals across both sites who had received appropriate fire training. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice maintained hot and cold water outlet logs.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager told us that they did not use a rota as the same staff worked at all times. Non-clinical staff tended to cover each other during sickness and annual leave. Locums were used to cover the GPs in their absences; locum GPs had access to a locum pack which contained information specific to both sites.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- 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.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held of site by senior members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. These guidelines could be accessed from the desktop, and staff indicated they understood by signing and dating the "alerts" record.
- 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 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. This was achieved with an overall exception rate of 17% which was higher than the CCG rate of 9% and national rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice told us their QOF figures for 2015/16 had been impacted on when they switched clinical systems due to data migration problems.

Data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and national averages, however the practice's exception rates were markedly above average. For example, The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 91%, compared to the CCG average of 67% and national average of 78%. This was achieved

with an exception rate of 38% which was above the CCG average of 15% and national average of 13%. We raised this with the provider who told us they were aware of these large variations. They told us the high exception reporting was due to issues with coding, corrupted data migration and the practice had a high number of patients who went abroad for long periods of time. During the inspection the provider provided us with 2016/17 QOF data which showed similar results for the aforementioned indicator and with an exception rate of 33%.

- Performance for mental health related indicators was above the CCG and national averages. One hundred per cent (100%) of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records, in the preceding 12 months compared to the CCG average of 90% and national average of 89%. This was achieved with an exception rate of 15% which was above the CCG average of 5%, but comparable to the national average of 13%.
- Performance for dementia related indicators was above the CCG and national averages. For example, all 13 patients with a diagnosis of dementia had a care plan and was reviewed face-to-face in the preceding 12 months; the practice did not exception report any patients.
- The percentage of patients with asthma, on the register, who had an asthma review undertaken in the preceding 12 months was 80% which was comparable to CCG and national averages of 75% and 76% respectively. This was achieved with an exception rate of 3% which was similar to the CCG average of 3% and national average of 8%.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years, six of these were completed audits where the improvements made were implemented, monitored and ongoing. The practice audited patients on the high risk medicine methotrexate (a drug used to treat inflammatory arthritis, certain types of cancer and other diseases). The main aim of the audit was to review all patients usage, dosage and compliance with the medicine. Cycle one of the audit was carried out in 2016

Are services effective?

(for example, treatment is effective)

and we noted that all the 21 patients on methotrexate had their medication reviewed, dosage adjusted if required, compliance checked, and blood tests requested if needed; one patient selected was incorrectly coded on the clinical system. The practice used the results obtained from the first cycle to review their prescribing process and how they monitored patients who were under secondary care. In the second cycle all patients blood tests were recorded on the system which allowed for ongoing monitoring. This audit led to safer, appropriate prescribing and monitoring.

- Other audits related to other high risk medicines, gestational diabetes and novel oral anticoagulants (NOACS) where findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house and external training.

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.
- Referral letters were used by GP's rather than standard forms.
- From the sample of 26 documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on fortnightly when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

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

- Staff we spoke with during the inspection understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All employed clinicians had received training in Deprivation of Liberty Safeguards (DoLS).

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.
- We saw that the GP had assessed a patient's capacity when they discontinued taking a high risk medicine.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from nurses or they were referred to the local smoking group. The practice manager told us they had recently recruited a healthcare assistant (HCA) who would undertake these sessions going forward.
- QOF data showed that 100% of patients aged 15 years and over who smoked had this information recorded and was offered appropriate cessation support by the practice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 81%. This was achieved with an exception rate of 12%, compared to CCG rate of 8% and national rate of 7%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up

women who were referred as a result of abnormal results. Audit trail showed that the practice had three inadequate samples which were followed up. The practice had a policy to offer telephone, text messages and written reminders for patients who did not attend for their cervical screening test. Longer appointments were available for those with a learning disability and the practice ensured a female sample taker was available across both sites.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer which were in line with the local CCG average, but below national average. Public Health data showed that 60% of females aged between 50-70 years were screened in the last three years for breast cancer; this was compared to the CCG average of 63% and national average of 73%. 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were mixed when compared to CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 79% to 86% which was below the national expected coverage of 90%. MMR dose1 vaccine given to five year olds was 91% which was comparable to the CCG average of 87% and national average of 94%. MMR dose 2 at 66% was in line with the CCG average of 72%, but below the national average of 88%. The practice told us the mobile population as well as change in contact details made it difficult to follow up patients. The practice nurse told us parents were educated about the importance of vaccinations and non-attenders were referred to the GP or health visitor to be followed up.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the GPs offered an individual care and addressed their concerns. Comment cards stated staff were friendly, helpful, polite and treated them with dignity and professionalism.

We spoke with 10 patients including six members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 88%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 92%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 80% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 79% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% 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.

Clinical and non-clinical staff we spoke with during the inspection told us children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 78% and the national average of 86%.

Are services caring?

- 91% of patients said the last GP they saw was good at involving them in decisions about their care which was better than the CCG average of 73% and national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language, however we saw no notices in the reception areas informing patients this service was available. Patients were told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is an electronic tool which enables the most appropriate services to be offered to patients and gives them a choice of place, date and time for their first outpatient appointment in a hospital).
- Patients with complex health and social needs were referred with their consent to other primary care services to oversee and direct their care.

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, for example, mental health, child abuse and vaccinations. Information about various support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers, less than 1% of the practice list. Data obtained from the practice showed that 42 carers have had health check done in the last year. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support, for example, the practice offered a "carers" clinic in association with the local carers association which focused on patients "social prescribing healthcare needs" including loneliness.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours Tuesday to Friday morning between 7am and 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and carers.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could book appointments online, in person or by telephoning the practice.
- The practice leaflet contained out-of-date information by advising patients to contact NHS direct for advice and treatment outside of surgery hours; NHS direct services discontinued in March 2014. Patients we spoke with on the day told us they knew how to access the 111 OOH services.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS; those only available privately were referred to other clinics or local pharmacies.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Feedback from the national GP patient survey highlighted poor telephone access; the practice had installed a new telephone system with an improved queuing system and which they told us should improve access.
- The practice had a bypass telephone number specifically for vulnerable patients.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice's opening hours were from 9am to 6:30pm Monday to Friday with the exception of Thursday when the practice closed at 1pm. Extended hours were offered outside of the normal contractual agreement on Tuesday, Wednesday, Friday from 7am to 8am and Thursday 7.30am to 8am. Out of hours services were provided by the GP Hub and NHS 111 services when the practice is closed. Information on the Out of Hours services was provided to patients on the practice website as well as through practice leaflet and on posters. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available daily for patients that needed them. Patients could book appointments online; the uptake rate for online booking at the time of inspection was 22%.

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% 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 68% and national average of 73%. The practice had an action plan to improve access to services which included a thorough review of telephone systems which would enhance patients experience. The action plan had a completion date of 30 April 2017 and management told us this was met. The practice told us they were confident access had improved since the installation of the new telephone lines based on patient feedback documented. The practice told us they would continue to evaluate telephone access to ensure patient demands were met.

Are services responsive to people's needs?

(for example, to feedback?)

- 58% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 62% and the national average of 76%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 47% and the national average of 58%.

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

The practice had a system to assess:

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

Staff told us that patients requesting a home visit were requested to contact the practice before 11am. The reception staff took the details of the person requesting a home visit and passed these on to the GP who triaged the patient and a visit was arranged after 11am if clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a

GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated complaints lead who handled all complaints in the practice.
- We saw that information was available on the practice website, practice leaflet and posters displayed in the reception area to help patients understand the complaints system.
- There was a verbal complaints and compliments book which were kept at reception.

The practice had received two written complaints within the last year that were dealt with by the previous practice manager; we found they were handled satisfactorily. Lessons were learned 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, both complaints we reviewed related to staff attitude and we saw that had been addressed by the practice..

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 mission statement which was underpinned by a vision to provide a safe and holistic approach to healthcare for all patients.

- Staff we spoke with articulated the mission statement and understood the values.
- The practice did not have a business plan, but they had a clear strategy which reflected the vision and values. This included redefining and rebranding practices to deliver multifaceted care.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Staff we spoke to knew who led in areas such as information governance, safeguarding and complaints.
- Practice specific policies were implemented and were available to all staff. The new practice manager told us that they would be updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice held weekly clinical and management meetings; practice meetings which included all staff across both sites were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all staff had received up to training in fire safety and basic life support and various risk assessments such as health and safety were undertaken to mitigate risks to patient and staff.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the senior team which included GPs and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice manager who had been in post for four months told us she was motivated and would use the experience acquired in previous health and social care settings to drive improvement. They told us their aim was to be a “beacon practice” who prioritised safe, high quality and compassionate care. Staff told us the partners were professional, open and helpful.

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

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

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held monthly and adhoc 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 were incentivised through vouchers and by awarding a “star” of the day to motivate them. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Patients including the patient participation group (PPG) and through surveys and complaints received. The PPG members met quarterly and understood the purpose of the group. They told us they submitted proposals for improvements to the practice management team, for example, the PPG told us they had suggested online repeat prescription service which had been acted on by the practice. Other suggestions from the PPG included early morning appointments and employing additional administrative staff.
- NHS choices feedback were summarised and used to evaluate the service based on the trend identified. For example, the practice manager showed us internal surveys had been undertaken to improve appointment access; results we reviewed, showed patients were happy with the current walk in appointment system.

- Staff through regular one to one and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice nurse told us that she had discussed extending ear care appointments with the lead GP who told her this would be actioned.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice; this included modernising both sites. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was one of two GP practices in the borough who took part in a HIV testing pilot scheme. The GPs told us they were motivated and this was demonstrable through the various initiatives individual GPs were involved with, for example, the lead GP was the director for a piloted primary care service. This service provided a joint approach care to patients with complex health and social care needs.