

The Gadhvi Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

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 The Gadhvi Practice on 24 October 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for The Gadhvi Practice on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 31 July 2017. We found that improvements had been made since the previous inspection. Overall the practice is now 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 was aware of the requirements of the duty of candour.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. This was an area of improvement since our previous inspection.
- 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.
- 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. However feedback from the national GP patient survey about the ease of

Summary of findings

accessing the service was consistently lower than local and national averages. The practice had identified a number of actions to improve access but these had not yet been fully implemented.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clearer leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients.

The areas where the provider must make improvement are:

- The practice must establish effective systems and processes to improve patient access in line with patient feedback. Acting on patient feedback is an element of good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- The practice should improve its approach to care planning for patients with mental health problems.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 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 were informed as soon as practicable, 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 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.
- The practice had arrangements in place to respond to emergencies and major incidents.

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 compared to the national average.
- Staff were aware of current evidence based guidance. Clinical audits 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 worked 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



- Information for patients about the services available was accessible.
- Data from the national GP patient survey showed patients rated the practice in line with the local and national average for most aspects of care.

Summary of findings

- Patients participating in the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example it offered a range of services including minor surgery, travel vaccinations and shared care for patients with substance misuse.
- The practice took account of the needs and preferences of patients with life-limiting conditions including patients with dementia.
- Most patients we spoke with said they found it easy to make an appointment with a named GP if preferred and urgent appointments were available the same day.
- However the practice consistently scored below the local and national averages on the national GP patient survey for patient experience of access to the service and this had not improved since our previous inspection. The practice had plans to extend opening hours and appointment accessibility and was monitoring telephone access.
- 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 showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

The practice is rated as good for providing well-led services.

- Following our previous inspection, the practice had made significant improvements. The practice had reviewed its goals, values and organisational structure and now had a clearer vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice had reviewed its policies and procedures and held regular governance meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of good quality care. This included improved 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, 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 had developed an action plan to address ongoing issues raised by patients, particularly around patient access to the service.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered 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.
- For those older patients identified with the most complex needs and at risk of sudden deterioration, the practice carried out care planning and liaised with other health and social care services.

People with long term conditions

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

Good



- The practice kept registers of patients with long term conditions and these patients were called for a regular review. Patients with long term conditions at risk of sudden deterioration or hospital admission were identified as a priority.
- The practice held monthly diabetes care clinics attended by a dietician. One of the GPs had recently taken on a lead role for diabetes within the practice and was attending training on the effective management of diabetes in primary care.
- Practice performance on managing long term conditions was comparable to the local and national averages.
- 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.
- One of the GP partners provided education sessions on safe fasting during Ramadan at a local community centre.
- The practice followed up patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people

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

Good



- The practice provided antenatal, postnatal and childhood immunisations.

Summary of findings

- Immunisation rates were high for standard childhood immunisations with the practice achieving the 90% immunisation targets. The practice encouraged pregnant women to have the flu and pertussis (whooping cough) vaccinations.
- Appointments were available outside of school hours and the premises were suitable for babies and young children with facilities for baby changing facilities and private space for breast feeding if required.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were systems in place 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 A&E attendances.

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).

- The practice offered online appointment booking and an online prescription service. Telephone consultations were available daily.
- At the time of the inspection, the practice did not offer face to face appointments outside normal working hours. The practice was restricted in its opening because the health centre as a whole was only open from 9am to 6.30pm. The practice was planning to offer extended hours opening from November 2017. In addition the practice was signing up the local primary care hub service offering evening and weekend appointments.
- The practice provided a full range of health promotion and screening reflecting the needs for this age group.
- Patient uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 81%. Since our previous inspection, the practice had implemented procedures to ensure women with abnormal test results were followed up.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice had recently written to all ten patients on the register inviting them for their annual review and health check. One patient had attended to date.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice had access to attached 'social prescribing' service.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. The practice was trained and aware of the Identification and Referral to Improve (IRIS) domestic abuse procedures.
- 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.
- The practice offered shared care for patients with substance misuse problems.

People experiencing poor mental health (including people with dementia)

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%. The practice had not reported any exceptions.
- The practice presented case studies demonstrating that it carried out advance care planning for patients with dementia including consideration of 'do not resuscitate' decisions. The practice involved patients and their carers in care planning.
- The practice had identified 63 patients on its mental health register. The practice had care plans in place for two thirds (67%) of these patients. This was below the local and national average of 89%. However, the practice had not reported any exceptions compared to the national exception reporting rate of 13%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and was aware of services available to patients in crisis.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice informed patients experiencing poor mental health how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- After the inspection, the practice informed us it was using its multidisciplinary team meetings to review patients on the mental health and dementia registers to review and update care plans as appropriate.
- Since our previous inspection, all clinical staff had been trained on the Mental Capacity Act 2005 and their responsibilities in relation to this legislation.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice tended to perform in line with local and national averages. For this survey 332 questionnaires were distributed and 112 were returned. This represented 2% of the practice patient list and a response rate of 30%. The results showed that:

- 76% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 82% and the national average of 85%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 79% of patients described the receptionists at this surgery helpful compared with the CCG average of 87% and the national average of 87%.
- 96% of patients had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 94% and the national average of 95%.

The practice encouraged patients to complete the NHS Friends and Family feedback survey after using the service. Results between April and July 2017 showed that 83% of 57 patients who had completed the survey would recommend the practice to others.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection and we also spoke with four patients during our visit. We received 33 comment cards, 28 of which were wholly positive about the service. Critical comments tended to focus on the length of time to book an appointment which patients told us had ranged from one to three weeks. Patients told us they could access the service without delay if they were experiencing an urgent problem.

Patients participating in the inspection commented that the practice provided a good quality service in a safe, hygienic environment. The receptionists were described as friendly and some patients noted a recent improvement in reception. Patients consistently told us the GPs at the practice were excellent and listened carefully to them and responded appropriately. Patients gave us examples of compassionate, patient-centred care which took account of their individual circumstances and cultural background.

Areas for improvement

Action the service **MUST** take to improve

The practice must establish effective systems and processes to improve patient access in line with patient feedback. Acting on patient feedback is an element of good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- The practice should improve its approach to care planning for patients with mental health problems.

The Gadhvi Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Gadhvi Practice

The Gadhvi Practice is located in Hackney in North East London. The practice provides primary care services through a general medical services (GMS) contract to approximately 4800 patients in the local community.

It is located on the ground floor within the purpose built Fountayne Road Health Centre. Two further GP practices and community services are also located within the building and share the waiting area.

The practice provides a range of enhanced services such as minor surgery, child health clinics, and a travel health service including yellow fever vaccination. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services; family planning; treatment of disease, disorder or injury; and diagnostic and screening procedures.

The staff team at the practice includes two GP partners, a long term locum GP, a health care assistant, a practice manager, a deputy practice manager, and a team of reception and administrative staff. In total the GPs typically provide 24 clinical sessions per week. The practice has also recruited a locum practice nurse to cover a vacancy. Patients have the choice of a male or female GP. The practice teaches medical students on short term placements.

The practice opens between 9am and 6.30pm every weekday except Thursday when it closes for the afternoon from 1pm. The practice telephone line is open during opening hours but the health centre itself closes between 1pm and 1.30pm over lunch. GP appointments are typically available from 9.30am to 11am, with telephone consultations running from 11am to 12.30pm. In the afternoon GP appointments are available between 3.30pm to 5.30pm. Appointments include home visits, online pre-bookable appointments and urgent appointments for patients who need them.

Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider until 8am. Between the hours of 8am and 9am the out-of-hours service provider contacts the practice duty doctor with details of patients that need care.

The practice population is characterised by higher than average levels of income deprivation and average levels of life expectancy. The population is relatively young with only 10% of patients aged over 65 compared to 17% nationally. The practice population is ethnically and culturally diverse with patients who are orthodox Jewish, Caribbean, African, Asian, Polish, Turkish, white British and Indian by background.

Why we carried out this inspection

We undertook a comprehensive inspection of The Gadhvi Practice on 24 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. As a result of that inspection, we rated the practice as inadequate overall. In particular we rated the practice as:

- inadequate for providing safe and well led services

Detailed findings

- requires improvement for providing effective, caring and responsive services

Following the publication of the inspection report, the practice was placed into special measures for a period of six months. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for The Gadhvi Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of The Gadhvi Practice on 31 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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Are services safe?

Our findings

At our previous inspection on 24 October 2016 we rated the practice as inadequate for providing safe services. This was because:

- there were gaps in systems, processes and practices to keep patients safe including chaperoning arrangements; the maintenance of the premises and equipment; staff recruitment checks and fire safety arrangements
- the practice was not appropriately equipped for a medical emergency
- the practice did not have systems in place to ensure that test results were always followed up for example, when a GP was on leave.

These arrangements had significantly improved when we undertook a follow up inspection on 31 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had arrangements in place for reporting and recording significant events and incidents including 'near miss' type incidents.

- Staff told us they would inform the practice manager or GPs of any incidents. All incidents were initially recorded in an incident book in the office and then logged electronically for further review and investigation.
- Practice policy and the senior staff members we spoke with were clear that when things went wrong, patients should be informed as soon as reasonably practicable, receive reasonable support, truthful information, a written apology and be informed about any actions to prevent the same thing happening again.
- Practice policy was in line with and included reference to the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice provided evidence that significant events and incidents had led to a change in practice. For example, the practice had added alerts to the records of patients with diabetes following an incident in which a patient became unwell after arriving at the practice. The patient was responded to appropriately and promptly but after discussion, the practice team had agreed that the alerts would be an additional safeguard.

- The practice carried out an analysis of incidents including an annual review to identify trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.

- The GPs individually received national safety alerts electronically, for example alerts about medicines and medical devices. The practice manager checked that these had been received and kept a record of relevant safety alerts on file. The practice was able to demonstrate that recent alerts had been acted on, for example following a recall alert in July 2017, the practice had checked to ensure that none of its patients were affected.

Overview of safety systems and process

Since our previous inspection, the practice had improved the systems, processes and practices in place to minimise risks to patient safety.

Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead GPs for safeguarding children and vulnerable adults. The practice's records showed that the GPs provided reports promptly where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the locum practice nurse were trained to child protection or child safeguarding level three. Other staff members were trained to child safeguarding level one.

Notices at reception, in the waiting room and the consultation rooms 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 had put in place systems to ensure that all laboratory tests and other important clinical information was acted on in a timely way including when GPs were

Are services safe?

away on leave or tests had been ordered by locum clinicians. The practice had developed a written protocol for reference and a duty doctor system. The electronic records system was checked at the end of each day to ensure that all outstanding results had been reviewed and cleared. We reviewed the records system and saw there was no backlog of outstanding test results or other patient-related correspondence.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy and patients confirmed this was typical in their experience. There were cleaning schedules and monitoring systems in place including for individual items of equipment. The landlord (a local NHS trust) was responsible for providing the contract cleaning service and we were told they were responsive to the practice's requirements.
- The practice manager was the operational lead for infection prevention and control and liaised with the local infection prevention teams to keep up to date with best practice. The health care assistant had day to day responsibilities for carrying out monitoring and infection control checks in the practice. They had received infection control training to support them in this role.
- There was an infection prevention and control policy and related procedures, for example including hand washing, safe handling of sharps, waste disposal and practice cleaning schedules. The practice carried out an annual infection prevention and control audit. The practice had also had an external infection control audit carried out in the days before the inspection. The practice had scored highly on this and had either already addressed the identified actions or had included actions in its planning, for example to upgrade the sinks.
- The practice had replaced the flooring where it had been worn and carried out a deep clean since our previous inspection.

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).

- The practice had recently reviewed its processes for handling repeat prescriptions which included the review of high risk medicines.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice was carrying out medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient group directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The health care assistant administered the influenza vaccination under patient specific directions which were authorised by the doctors.
- The practice had a system for reviewing uncollected prescriptions but at the time of the inspection this was typically triggered after eight to twelve weeks, which might be too slow to identify patients at risk. Following the inspection, the practice informed us they had implemented a monthly check.

The practice had reviewed its recruitment and induction policies and procedure since our previous inspection. We reviewed the personnel files for one staff member recruited since our previous inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body (for health professionals) and the appropriate checks through the Disclosure and Barring Service.

The practice stored paper records containing confidential personal information. Staff were trained on information governance. Confidential information and records were securely stored and out of sight.

Monitoring risks to patients

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

- The practice had an up to date health and safety policy. Since our previous inspection, the practice had assigned named members of staff as having lead roles and responsibilities in relation to health and safety.

Are services safe?

- The practice had an up to date fire risk assessment and carried out periodic fire drills in line with the fire evacuation plan. Staff we spoke with, including locum staff were familiar with the evacuation procedures. There were designated, trained fire marshals covering all three practices within the health centre.
- All electrical and clinical equipment had recently been checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had put in place a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a type of bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, the practice had secured a locum practice nurse to cover a practice nurse vacancy while they sought a permanent appointment. The GP partners had also reviewed staffing needs in the context of a recent GP retirement and their plans to increase practice opening hours. They had agreed to recruit an additional full-time GP. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had improved the arrangements in place to respond to emergencies and major incidents since our previous inspection.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had purchased its own defibrillator and pads since our previous inspection. Staff had been trained on how to use the defibrillator and the battery was routinely checked.
- The practice was also equipped with oxygen, a first aid kit and accident book. The first aid kit was well organised and all items were in date.
- Emergency equipment and medicines were 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, NHS and commissioning agencies, suppliers and utility companies.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 October 2016 we rated the practice as requires improvement for providing effective services. This was because:

- the rate of exception reporting under the 2014/15 Quality and Outcomes Framework was higher than average for some indicators
- we had concerns about the induction process for locum clinicians
- the practice did not have a system in place to ensure all patients with an abnormal cervical smear test were followed up
- consent was not always appropriately recorded in the patient notes and some clinical staff members had not been trained on their roles and responsibilities under the Mental Capacity Act 2005.

These arrangements had significantly improved when we undertook a follow up inspection on 31 July 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussion at clinical meetings; multidisciplinary case reviews and clinical audit and benchmarking.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), performance against national screening programmes and clinical audit to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2015/16 (the most recent published results), the practice achieved 91.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.9% and national average of 95.3%.

Practice exception rate reporting on the QOF for clinical indicators was now below average at 7% overall compared to the CCG and national averages of 9% and 10% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, 72% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 78%. The practice exception reporting rate was 4% for this indicator which was below the national rate of 13%.
- Performance for mental health related indicators was more variable. In 2015/16, 78% of 63 patients diagnosed with mental illness had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 90% and the national average of 84%. The practice had reported no exceptions compared to the national exception rate of 7%.
- 57% of 63 patients with a diagnosed psychosis had a comprehensive care plan in their records which was significantly below the CCG and national averages of 89%. The practice had reported no exceptions compared to the national exception rate of 13%. The practice had reported no exceptions compared to the national exception rate of 13%. The practice told us they were actively updating patients' care plans on review and we saw evidence of this.
- The practice had recorded the alcohol consumption of patients with a diagnosed psychosis in 84% of cases which was comparable to the CCG and national averages of 89%. The practice had reported no exceptions for this indicator compared to the national exception rate of 10%.
- The practice had a relatively young population and local issues of substandard housing. The percentage of patients diagnosed with asthma who had a recorded asthma review in the last 12 months was 77% which was comparable to the CCG average of 83% and the national average of 76%. The practice exception rate was 2% compared to the national rate of 7% for this indicator.

Are services effective?

(for example, treatment is effective)

- At our previous inspection we raised a concern about the relatively high rate of hypnotic prescribing at the practice in 2014/15. In 2015/16 this was at comparable levels at 1.85 prescribing units compared to the national average of 0.98.
- At our previous inspection, we highlighted the practice's relatively high QOF exception reporting rates as an area for concern both overall and for several individual indicators. The practice was no longer an outlier in terms of its exception reporting either overall or for any individual indicator.

There was evidence of a focus on quality improvement. The practice had carried out clinical audits since our previous inspection:

- Clinical audits had been prompted by changes to guidelines, the previous inspection report, incidents and local prescribing priorities. The practice participated in locality based audits, national benchmarking and regularly liaised with the local NHS prescribing team.
- The practice had carried out four clinical audits since our previous inspection visit. One of these was a completed audit where the audit had been repeated to ensure that observed improvements had been sustained over time.
- For example, since our previous inspection, the practice had participated in a CCG-wide second cycle audit into prescribing for upper respiratory tract infection. The results showed that the practice team were prescribing in line with guidelines in relation to dose, duration of course and indication in 70% of cases compared with 20% in the initial audit. The practice was using delayed prescriptions in 15% of cases compared against 5% in the initial audit. The practice's results were in line with the CCG average and below the national threshold.

Effective staffing

Staff had the skills and knowledge to deliver effective care and treatment. The practice had reviewed its induction programme for all newly appointed and temporary staff including locum clinicians. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was a written locum pack with information including safeguarding contacts; local referral pathways and emergency arrangements.

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

The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example in carrying out condition-specific reviews. Staff with specific roles, for example chaperoning were given appropriate training and guidance. Since our previous inspection, one of the GP partners, who had a special interest in diabetes had retired. This role had been picked up by another of the partners who was booked to take a course in diabetes care run by Warwick Medical School.

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 with the immunisation programmes, for example by access to online resources.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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.

- The practice used and updated patient information including care and risk assessments, care plans, medical records and investigation and test results.
- The practice had improved its arrangements to manage laboratory test results and ensure these were followed up promptly since our previous inspection.
- 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

Are services effective?

(for example, treatment is effective)

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

- Practice clinicians attended multidisciplinary meetings as part of the local whole systems integrated care programme at which care plans were routinely reviewed and updated for patients with complex needs.
- The practice also liaised with health visitors, community nurses and the local palliative care team as required to coordinate care and share information.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All clinical staff had received training on their roles and responsibilities under the act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.
- The practice carried out minor surgery and used written consent forms to obtain informed consent from patients for these procedures.
- The practice was able to provide evidence of consent on request and had introduced audit for monitoring consent. This was an improvement since our previous inspection.

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 and those at risk of developing a long-term condition.
- The practice offered advice on diet, smoking and alcohol cessation and was sensitive to local cultural and religious customs in relation to lifestyle advice.

Patient uptake for the cervical screening programme in 2015/16 was 79% compared to the CCG average of 79% and national average of 78%. Exception rate reporting was 10% compared to the CCG average of 8%. The practice ensured a female sample taker was available. Two written reminders were sent to patients who did not attend for their cervical screening test followed by a telephone call.

The practice had implemented a system since our previous inspection to check cervical screening results had been received and to follow up any delayed or missing results. The practice checked that women who were referred for further investigation attended their appointment.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. In 2015/16, 58% of eligible female patients had attended breast screening compared with the CCG average of 60% and 37% of eligible patients had been screened for bowel cancer compared with the CCG average of 43%.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow up by a GP.

Are services caring?

Our findings

At our previous inspection on 24 October 2016 we rated the practice as requires improvement for providing caring services. This was because:

- data from the national GP patient survey showed that patients rated the practice lower than average for some aspects of care provided by the practice nurse
- we had concerns about the care shown to patients who telephoned the practice between 1pm and 1.30pm.

We saw improvements when we undertook the follow up inspection on 31 July 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were polite, kind and 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 treatment.
- We noted that consultation and treatment room doors were normally closed during consultations. Waiting room seating was located sufficiently far away from consultation and treatment rooms that conversations taking place in these rooms could not be overheard.
- The reception desk was located away from the patient seating area. Reception staff were able to talk to patients privately when patients wanted to discuss sensitive issues or if they were distressed.

Patients participating in the inspection commented that the practice provided a personal and caring service. The receptionists were described as friendly and helpful for example when patients needed an urgent appointment. Patients consistently said that they greatly valued their GP's advice and the doctors took care to listen and not rush. Patients we spoke with were positive about both the GPs and the practice nurses.

Results from the national GP patient survey showed the practice tended to score in line with the local and national averages for satisfaction scores with consultations. For example:

- 79% of patients said they found the receptionists at the practice helpful compared with the clinical commissioning group (CCG) average of 87% and the national average of 87%.
- 86% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 84%, national average 86%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 71% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%. Only 43 patients responded to this question, representing less than 1% of the practice patient list.

Since our previous inspection, the practice's nurse had left and the practice had engaged a locum nurse to cover the vacancy while they tried to recruit a permanent replacement. The practice told us that the lack of continuity during this period may also have affected patient experience.

Patients we spoke with also commented positively about the reception staff and some patients said they had seen improvements with the staff being more helpful when booking appointments. The reception staff had received more training since our previous inspection, particularly around answering the telephone appropriately including over the lunch break.

Care planning and involvement in decisions about care and treatment

Patients told us they had been fully involved in decision making about the care and treatment they received. They also told us they had enough 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 saw that care plans were personalised and included patients' goals and objective. The practice had recently

Are services caring?

started holding meetings at the practice with the lead GP, the extended nurse practitioner and community nurses to ensure the plans were being reviewed and implemented in a coordinated way.

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.

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

- Interpreting services were available for patients who did not speak English as a first language. We saw notices in the reception areas informing patients this service was available.
- Some information leaflets were available in easy read format.
- Staff members spoke a range of languages including several Indian languages, German, French and Hebrew.
- The practice had installed a hearing induction loop in the reception area and the receptionists knew how to operate it.

Patient and carer support to cope emotionally with care and treatment

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

The practice added alerts to the electronic record system if a patient was also a carer. The practice had identified 42 patients as carers (1% of the practice list). The number of identified carers had increased since our previous inspection from 31 (or 0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered flexible appointment times, the seasonal influenza vaccination and an annual health check.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This communication was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice kept a register of patients who had died and used it to reflect on how they could improve care for patients at the end of life and patients who had died unexpectedly.

The practice also presented a number of case studies as evidence including a case where the patient had been actively supported to remain at home while receiving a complex package of care which was in line with their wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 24 October 2016 we rated the practice as requires improvement for providing responsive services. This was because:

- data from the national GP patient survey showed that patients rated the practice lower than average for some aspects of access
- the practice did not offer appointments outside of normal working hours.

The practice was working on improvements when we undertook the follow up inspection on 31 July 2017 but these had not yet been fully implemented and patient feedback remained below average. The practice remains rated as requires improvement providing responsive services.

Responding to and meeting people's needs

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

- The practice had a culturally diverse population and patients' needs were understood in this context. For example the practice provided advice and sessions on safe fasting and a patient told us the staff were able to communicate in a meaningful way with older family members and contrasted this with their experiences in a different part of the country.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- The practice did not yet provide an extended hours service for working patients who had difficulty attending during normal opening hours although this was planned from November 2017.
- Patients were able to receive travel vaccines including the yellow fever vaccination. The practice website and the nurse provided information on which vaccinations were available on the NHS and the fees charged for privately available vaccinations.
- The practice was equipped to treat patients and meet their needs.
- Patients could choose to see a male or female GP. The practice had two female staff members who were

trained as chaperones. The practice did not have male staff member who could act as a chaperone and had identified this as an issue for consideration when recruiting.

- There were accessible facilities, a hearing loop and translation services available including sign language interpreters. The practice electronic records system alerted the receptionists to patients who usually needed an interpreter.

Access to the service

The practice opened between 9am and 6.30pm every weekday except Thursday when it closed for the afternoon from 1pm. The practice telephone line was open during opening hours but the health centre itself closed between 1pm and 1.30pm over lunch. GP appointments were typically available from 9.30am to 11am, with telephone consultations running from 11am to 12.30pm. In the afternoon GP appointments were available between 3.30pm to 5.30pm. Appointments included home visits, online pre-bookable appointments and urgent appointments for patients who needed them.

Results from the national GP patient survey showed that patient satisfaction with access to the service was consistently below the CCG and national averages.

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared with the CCG average of 74% and the national average of 73%.
- 72% 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 83% and the national average of 84%.
- 60% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.

Most patients who participated in the inspection said they were able to get appointments when they needed them although they might have to wait to see a preferred GP.

Are services responsive to people's needs?

(for example, to feedback?)

We reviewed the appointment system on the day of the inspection. Routine pre-bookable appointments with a male or female GP and the practice nurse were available within one week. Staff told us that the practice was sometimes busier than this.

The practice had taken a number of actions to improve access since our previous inspection.

- The practice had trialled a new telephone system with an appointment queuing system. The practice had invited patients to trial the system but the majority who participated said they preferred the original system.
- The practice was in the process of recruiting a full-time GP to increase clinical capacity.
- The appointment system had been adjusted so that more same day appointments were available. The practice also promoted online and telephone consultations to patients.
- The receptionists had received additional customer service training. Two patients told us they thought the reception service had recently improved.
- The practice was in discussion with the other practices co-located in the health centre and the NHS trust which owned and provided community health services from the health centre about extending the opening hours from November 2017. The practice was also signing up to the local primary care hub service which provided evening and weekend appointments.

The practice had a system to assess:

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

Patients were asked to request home visits as early in the day as possible. The reception team passed the request to

the GP to make a clinical decision on prioritisation and the outcome was communicated to the patient. 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 an effective system in place for handling complaints and concerns.

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

The practice had not received any written complaints but it had dealt with nine verbal complaints within the last 12 months. These had been appropriately handled and dealt with in a timely way, and most had been resolved at the time the concern had been raised.

When responding to complaints, the practice offered patients a written apology. Lessons were learnt from individual complaints and action was taken to review and improve the quality of care. Complaints were a standard agenda item for discussion at the practice meetings and learning was also shared at local practice network meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 24 October 2016, we rated the practice as inadequate for providing well-led services. This was because there was a lack of clarity over the practice goals, strategy and leadership. The practice had failed to establish systems and processes to ensure safe care and had not effectively responded to patient concerns and feedback about difficulties accessing the service.

These arrangements had significantly improved when we undertook the follow up inspection on 31 July 2017. The practice is now rated as good for providing well led services.

Vision and strategy

Since our previous inspection, the practice had developed a formal list of aims and a set of practice values. The staff we spoke with were aware of these and the practice displayed information about its mission and values in the reception area. The practice aimed to provide a safe and high quality service taking into account patients' needs and experiences. The practice also articulated an ambition to innovate for the benefit of its patients and provided examples and case studies during the inspection, such as participating in a local social prescribing scheme.

The practice now had a strategy and supporting business and action plans which reflected the vision and values and were regularly monitored. For example

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 had been reviewed since our previous inspection. These were discussed with and made available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had lowered its exception reporting rate under the Quality and Outcomes framework since 2014/15. We reviewed unverified data during the inspection showing this drop had been sustained into 2016/17.

- The practice had implemented appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had reviewed and implemented new procedures to ensure that all pathology test results and abnormal cervical smear results were followed up appropriately.
- We saw evidence from practice and clinical meetings that incidents, significant events, complaints and safeguarding issues were discussed and lessons learned and shared.
- There were now more effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had redesigned its recruitment and induction procedures.
- The practice had acted on most of the concerns we raised at our previous inspection. It had produced an action plan which was monitored in relation to ongoing issues such as patient access.

Leadership and culture

On the day of inspection the practice team demonstrated they had the experience, capacity and capability to run the practice and ensure that care was safe and effective. The practice had links to local primary care networks and decision making. One of the GP partners represented the local network of practices at the clinical commissioning group clinical executive board.

- There was a clear leadership and organisational structure. Named staff had been assigned to lead on key areas, for example child safeguarding, making lines of reporting and accountability stronger.
- Staff told us the practice now held regular team meetings involving the whole team and tasks were effectively delegated and shared.
- Staff told us there was a positive culture within the practice and they had the opportunity to raise any issues at team meetings and felt comfortable in doing so.
- Staff said they were involved in discussions about how to develop the practice and to identify opportunities to improve and they expressed confidence in the changes that had been made since our previous inspection.

The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

Are services well-led?

Good 

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

that providers of services must follow when things go wrong with care and treatment). The practice had systems to ensure that when things went wrong with care and treatment:

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

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

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

- The practice gathered feedback from patients through the patient participation group (PPG); the NHS Friends and Family feedback survey and ad hoc comments and complaints. The PPG met quarterly and had a total membership of around 35 patients which was fairly representative of the local community.
- We met four members of the PPG and reviewed the minutes from recent meetings. Topics covered included patient access; proposed improvements to the

telephone system; the previous inspection findings, and updates about changes to local health services.

Members told us the meetings were useful and the practice had responded positively to their feedback.

- The practice had gathered feedback from staff through staff meetings, appraisals and more informal discussion.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice had implemented a programme of clinical audit prioritised by areas of identified risk and with the support of the clinical commissioning group (CCG) pharmacy team. For example, the practice was able to demonstrate improvements in prescribing practice over time. The GPs had also started periodically carrying out peer review of their clinical note taking.
- The practice instigated its own improvement projects when it believed there would be a benefit for patients. For example, one of the GP partners provided shared care for patients with substance misuse problems. This GP was setting up a practice-based forum for these patients to share experiences of recovery.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person had not acted on feedback from people using the service in order to make improvements.</p> <p>In particular the practice had sought feedback from relevant persons including patients. However, it could not show that it had yet effectively acted on this feedback, particularly in relation to improving patient access to the service.</p>
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	