Bayswater Medical Centre

Quality Report

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

Ratings

Overall rating for this service	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Good**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bayswater Medical Centre on 3 February 2016. Overall the practice is rated as requires improvement.

The provider had been previously inspected on 4 June 2015 and was rated as inadequate for being safe, effective, caring, responsive and well led. As a result of this inspection, the provider was placed into special measures. On 8 June 2015 we served the practice a notice under Section 31 of the Health and Social Care Act 2008 to impose conditions in relation to their registration as a service provider. Bayswater Medical Centre were instructed to not to carry out any regulated activities at the branch site, 7 Golborne Road, and not to register any new patients at the main practice except for family members of existing patients for a period of six months.

This inspection was planned to check the action taken in response to findings of the inspection undertaken on 4 June 2015 to consider whether sufficient improvements had been made.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to medicines management.
- Data showed patient outcomes were mixed compared to the locality and nationally.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had proactively sought feedback from patients and had recently developed a patient participation group.

The areas where the provider must make improvements are:

- Implement a robust system for medicines management including stock control of medicines to ensure these are in date and fit for use.

In addition the provider should:

- Complete the register for carers and consider ways to actively identify carers and provide appropriate support for them.
- Develop a strategy to support the vision to deliver high quality care and promote good outcomes for patients.

I confirm that this practice has improved sufficiently to be rated 'Requires improvement' overall. The practice will be removed from special measures.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The system in place for the stock control of medicines to ensure these were in date and fit for use was not robust.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were low compared to the locality and nationally. For example, performance for the percentage of patients on the diabetes register with a record of a foot examination was 45% in comparison to the national average of 88%; the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan was 59% which was below the national average of 88%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Curtains were not provided in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, the practice had use of a portable screen and had applied for an improvement grant to install curtain rails within the consulting and treatment rooms and this had been approved.
- Data from the National GP Patient Survey showed a mixed response from patients in relation to their care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice hadengaged with the NHS England Area Team and Clinical Commissioning Group as part of the special measures process to secure improvements to services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients however, there was no strategy in place to deliver this.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. A patient participation group had recently been developed.

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

Requires improvement

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Care and treatment of older people reflected current evidence-based practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, the percentage of patients with chronic obstructive pulmonary disorder (COPD) who had a review undertaken including an assessment of breathlessness in the last 12 months was 60% which was below the national average of 90%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was in line with the CCG and national averages.
- Longer appointments and home visits were available for older people when needed. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

People with long term conditions

Requires improvement

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below the CCG and national averages. For example, performance for the percentage of patients on the diabetes register with a record of a foot examination was 45% in comparison to the national average of 88%.
- Longer appointments and home visits were available when needed. However, not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

Requires improvement

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- 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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.
- Patients told us that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hour and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 72% which was below the national average of 82%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Not all patients with a learning disability had received a care plan or annual review.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related indicators was below the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan was 59% (53 patients) with the national average at 88%.
- 74% of people diagnosed with dementia (25 patients) had had their care reviewed in a face to face meeting in the last 12 months which was below the national average of 84%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice performance was mixed in relation to local and national averages. 467 survey forms were distributed and 81 were returned. This represented 1.7% of the practice's patient list.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 85% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 67% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 76%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards and the vast majority were positive about the standard of care received.

We spoke with 11 patients during the inspection. Of the 11 patients we spoke with, the vast majority said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Implement a robust system for medicines management including stock control of medicines to ensure these are in date and fit for use.

Action the service SHOULD take to improve

- Complete the register for carers and consider ways to actively identify carers and provide appropriate support for them.
- Develop a strategy to support the vision to deliver high quality care and promote good outcomes for patients.

Bayswater 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 advisor, a second CQC inspector and a practice manager specialist advisor.

Background to Bayswater Medical Centre

Bayswater Medical Centre, 46 Craven Road, provides GP primary medical services to approximately 7,000 patients living in the London Borough of Westminster. Following our inspection on 4 June 2015, the branch practice at 7 Golbourne Road was closed. The practice has a mixed patient population with a combination of patients who are professionals and some people living in deprivation. Patients registered at the practice are from a number of different ethnic backgrounds and a large proportion of the patients speak English as a second language.

The practice team is made up of three male and one female GP (three full time/8 sessions and one part time/4 sessions), a practice manager, practice nurse, two Health Care Assistants, a pharmacist and eight administrative staff.

The practice opening hours are between 8am-6:30pm on Monday, Thursday and Friday; 8am-8pm on Tuesday and Wednesday; 9am-1pm on Saturday. Appointments are available Mondays, Thursdays and Fridays 8am-1pm and 2pm-6:30pm; 8am-1pm and 2pm-8pm on Tuesday and Wednesday; and 9am-1pm on Saturday. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a Primary Medical Services (PMS) contract (PMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services).The practice refers patients to the NHS 111 service for healthcare advice during out of hours.

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

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

Why we carried out this inspection

The provider had been previously inspected on 4 June 2015 as part of our new comprehensive inspection programme and was rated as inadequate for safe, effective, caring, responsive and well led. As a result of this inspection, the provider was placed into special measures. On 8 June 2015 we served the practice a Section 31 of the Health and Social Care Act 2008 notice to impose conditions in relation to their registration as a service provider. Bayswater Medical Centre were instructed to not to carry out any regulated activities at the branch site, 7 Golborne Road, and not to register any new patients at the main practice except for family members of existing patients for a period of six months.

We carried out this inspection to check the action taken in response to findings of the inspection undertaken on 4 June 2015 to consider whether sufficient improvements had been made.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 February 2016. During our visit we:

- Spoke with a range of staff (GPs, Health Care Assistant, practice manager, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The inspection on 4 June 2015 found the practice was inadequate for providing safe services.

Staff were not clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when things went wrong, lessons learned were not communicated and so safety was not improved. Patients were at risk of harm because systems and processes were not in place in a way to keep them safe.

The inspection on 3 February 2016 found there was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, as a result of an incident relating to the appointment system, staff were reminded to ensure instructions provided from the clinical team to administrative staff are taken on board and actioned in a timely way.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The lead GP was the lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies for safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three in safeguarding children. Our previous inspection found training records for clinical staff were incomplete to confirm the levels of safeguarding training undertaken and the majority of administrative staff had not attended safeguarding training.
- A notice in the reception area and within the consulting 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 check (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). Our previous inspection found administrative staff were unsure about their responsibilities when acting as chaperones and had not undergone a criminal records check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection control clinical lead but did not liaise with the local infection prevention teams to keep up to date with best practice. There was however an infection control protocol in place and staff had received up to date training. An infection control audit was undertaken in January 2016 and we saw evidence that action was taken to address improvements identified as a result. Our previous inspection found staff had not been provided with infection control training specific to their role and we saw no evidence that the lead had carried out any infection control audits to identify any improvements for action.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice required improvement (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and

there were systems in place to monitor their use. The practice pharmacist was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation however, the new locum practice nurse had not signed these documents. We discussed this issue with the practice manager and arrangements were made for the practice nurse to sign these prior to treating patients at her next clinic. During our inspection we found two boxes of Pabrinex and ten boxes of Repevax within the practice fridge which were out of date and not fit for use. Our previous inspection found medicines were not stored securely and there were no clear processes in place to check medicines were within their expiry date and suitable for use or which members of staff were responsible for performing this duty.

- We reviewed 13 personnel files and found appropriate recruitment checks had been undertaken prior to employment for all of the new staff employed at the practice. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Our previous inspection also found recruitment checks had not been undertaken prior to employment for all members of staff.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administrative area office which identified local health and safety representatives. The practice had up to date fire risk assessments and had developed a plan for carrying out regular fire drills every six months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice were in the process of developing a risk register to effectively monitor risks. Our previous inspection found the practice did not have systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Our previous inspection found there were not enough clinical staff members to maintain the smooth running of the practice and to keep patients safe.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in consulting rooms and the practice administration office.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use. Our previous inspection found a number of emergency medicines were expired and not fit for use and not all staff knew the location of the emergency medicines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Our previous inspection we found no evidence of a business continuity plan.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The inspection on 4 June 2015 found the practice was inadequate for providing effective services.Knowledge of and reference to national guidelines were inconsistent.

The inspection on 3 February 2016 found the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through discussion at practice meetings.

Management, monitoring and improving outcomes for people

Our previous inspection found data showed that some patient outcomes were significantly below average for the locality. Patient outcomes were hard to identify as little or no reference was made to audits, there was no evidence of any completed audit cycles and there was no evidence that the practice was comparing its performance to others - either locally or nationally.

The inspection on 3 February 2016 found 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 75% of the total number of points available, with 9% exception reporting. (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 showed;

- Performance for diabetes related indicators was below the CCG and national averages. For example, performance for the percentage of patients on the diabetes register with a record of a foot examination was 45% in comparison to the national average of 88%.
- Performance for mental health related indicators was below the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan was 59% with the national average at 88%.
- 74% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was below the national average of 84%.
- The percentage of patients with chronic obstructive pulmonary disorder (COPD) who had a review undertaken including an assessment of breathlessness in the last 12 months was 60% which was below the national average of 90%.

We discussed the QOF scores with the practice and staff told us they were working to improve these by working with the new GPs and pharmacist that had joined the team to improve the QOF data recording and involvement in the QOF process. At the time of our inspection the new GPs and pharmacist had been in post for a short period and their roles had not yet impacted the QOF scores.

Clinical audits demonstrated quality improvement.

- There had been 24 clinical audits completed in the last six months, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of patients with high cholesterol included telephoning patients and providing lifestyle advice in accordance with NICE guidance and advising patients to attend the practice after a period of three months for lipid blood test monitoring. The first cycle of the audit found 44% of the patients surveyed had abnormally high cholesterol. The second cycle showed an improvement with 42% of the patients surveyed presenting abnormally high cholesterol.

Information about patients' outcomes was used to make improvements. For example, the practice was working with the CCG to provide a medicines optimisation service for

Requires improvement

Are services effective?

(for example, treatment is effective)

patients in which a pharmacist reviewed patients taking five or more medicines; patients with long term conditions; and frail patients to maximise the the clinical outcomes for patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- At the time of our inspection the practice were in the process of organising DBS checks for all members of staff in addition to clinicians and the administrative staff providing the chaperoning service.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. Our previous inspection found there was limited recognition of the benefit of an appraisal process for staff.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Our previous inspection found there was minimal engagement with other providers of health and social care. The inspection on 3 February 2016 found staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent however was not monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Staff told us smoking cessation advice was available from a specialist who attended the practice each week and provided a clinic for patients.

Our previous inspection found the practice were not aware of their performance for the patient uptake of cervical smears. Our inspection on 3 February 2016 found the practice's uptake for the cervical screening programme was 72% which was below the national average of 82%, however, the practice had been working to improve the cervical screening uptake and we saw evidence the uptake had increased from 58% three months prior. Telephone

Requires improvement

Are services effective?

(for example, treatment is effective)

reminders and letters were provided for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

At our previous inspection, the practice were unable to provide any data to indicate their performance for immunisations. The inspection on 3 February 2016 found childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 95% and five year olds from 69% to 94%. Staff told us they were working to improve the childhood immunisation rates by introducing text reminders and sending letters to the parents of the baby patients and by promoting the weekly baby clinic held at the practice.

The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable with the 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 people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- However, curtains were not provided in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. This was highlighted as part of the inspection on 4 June 2015. We discussed this issue with the practice and the practice manager informed us the practice had use of a portable screen and had applied for an improvement grant to install curtain rails within the consulting and treatment rooms. This application had been approved and the practice were awaiting the installation.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Thirty three of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and the practice had improved in recent months. Patients told us staff were helpful, caring and treated them with dignity and respect.

We spoke with the chair of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 85%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 74% said they found the receptionists at the practice helpful (CCG average 86%, national average 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. The majority of patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%)
- 73% said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the waiting area informing patients this service was available. At our previous inspection we did not see any notices in the reception areas informing patients that a translation service was available.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

At our previous inspection on 4 June 2015, we observed there were no notices in the patient waiting areas signposting people to support groups and organisations. Our inspection on 3 February 2016 found notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations. For example, 'Time to Talk' and 'Depression Alliance.'

The practice was working with the Primary Care Navigator to develop a carer's register to alert GPs if a patient was also a carer on the practice computer system. The practice had not identified the percentage of the practice list as carers however, we saw posters and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they were offered a patient consultation at a flexible time to meet the family's needs. We saw within the waiting area bereavement information brochures were available to direct patients how to find a support service such as 'Child Bereavement UK' and 'MIND.'

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

As part of the special measures process the practice had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services. Our previous inspection on 4 June 2015 found the practice had not reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG).

- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or dementia. The practice maintained a register of patients with these conditions and monitored patients requiring an annual review.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am-6:30pm on Monday, Thursday and Friday; 8am-8pm on Tuesday and Wednesday; 9am-1pm on Saturday. Appointments were available Mondays, Thursdays and Fridays 8am-1pm and 2pm-6:30pm; 8am-1pm and 2pm-8pm on Tuesday and Wednesday; and 9am-1pm on Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 82% of patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 51% of patients said they always or almost always see or speak to the GP they prefer (CCG average 65%, national average 60%).

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

Listening and learning from concerns and complaints

Our previous inspection on 4 June 2015 found complaints were discussed between the GP partners but were not discussed in any practice team meetings.There was no complaints log to enable complaints to be reviewed annually to detect themes or trends.

The inspection on 3 February 2016 found the practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in a complaints procedure leaflet, poster and complaints form at reception and a poster in the waiting area.

We looked at two complaints received in the last 6 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice manager had developed a 'Complaint Handling Desk Aid' which provided staff with a quick reference guide on handling complaints and the appropriate information for patients of the complaints procedure.

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 vision to deliver high quality care and promote good outcomes for patients as part of their Statement of Purpose however, there was no strategy in place to support the delivery of this.

Governance arrangements

Our inspection on 4 June 2015 found the practice did not have any clear governance

arrangements in place. There was no clear leadership structure with named members of staff in lead roles. The practice had developed a limited number of policies and procedures to govern activity however, all of the staff we spoke with were unaware of the policies and where they were located. The practice held practice meetings approximately every two months however staff we spoke with told us that governance issues were not discussed. Management meetings were informal and were not minuted. There was no evidence that the practice used the Quality and Outcomes Framework (QOF) to measure their performance. The practice did not have a programme of clinical audits used to monitor quality and systems to identify where action should be taken.

Our inspection on 3 February 2016 found the practice had an overarching governance framework which supported the vision to deliver good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular whole team meetings each week on Wednesdays.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were 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

Our inspection on 4 June 2015 found the practice did not encourage feedback from patients.

There was no PPG in place, the practice was not participating in the Friends and Family Test, (the Friends and Family Test enables patients to provide feedback on the services that provide their care and treatment) and had not undertaken a patient survey since 2013. We saw no evidence that the practice had reviewed its results from the national GP patient survey to see if there were any areas that needed addressing.

Are services well-led?

Good

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

The inspection on 3 February 2016 found the practice encouraged and valued feedback from patients, the public and staff.

- The practice had recently established a patient participation group and the first meeting had been held in January 2016. The next meeting had been arranged for April 2016 as it had been agreed this group would meet on a quarterly basis.
- As a result of comments and suggestions received from patients, the practice had arranged for staff lunchbreaks to be staggered at lunchtime for the practice to remain open during the period of 1pm to 2pm.
- The practice was participating in the 'Friends and Family Test' (the Friends and Family Test is a survey which asks people if they would recommend the services they had used to friends and family) and the results of this was advertised for patients within the waiting area.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. • The system for medicines management including stock control of medicines to ensure these are in date and fit for use was not robust. This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.