

# Kenwood Medical Centre

## Quality Report

Kenwood Gardens  
Ilford  
Essex,  
IG2 6YG  
Tel: 020 8551 2341  
Website: n/a

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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?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as Requires Improvement overall.**

We carried out an announced comprehensive inspection at Kenwood Medical Centre on 21 February 2018. Overall the practice is rated as Requires Improvement.

At this inspection we rated the practice as follows for the key questions :-

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

We carried out an announced comprehensive inspection at Kenwood Medical Centre on 21 February 2018. This inspection was a full comprehensive first rating inspection of this provider.

At this inspection we found:

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was no regular oversight by the lead GP of the administrative functions provided at the practice.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The National GP Patient Survey showed that patient satisfaction scores with the practice was below the national average.
- The practice learned lessons from individual concerns and complaints, and used this information to improve services at the practice.
- Staff files/records did not contain relevant documentation such as references, job descriptions or curriculum vitae.
- We saw evidence that clinical audits had a positive impact on quality of care and outcomes for patients.
- The practice took account of the needs the practice population and offered appointments from 7:30 daily.

# Summary of findings

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider **should** make improvements are:

- To review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Review systems relating to the monitoring of uncollected prescriptions kept at the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Kenwood Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice manager adviser.

## Background to Kenwood Medical Centre

Kenwood Medical Centre is located in an area which has residential housing alongside commercial shops, in Ilford, Essex. The practice is located in purpose built NHSE premises. There is parking at the front of the practice with bays for patients with disabilities. There are two bus stops within five to seven minutes walk of the practice.

There are approximately 5800 patients registered at the practice. Statistics shows moderate income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 24-49. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western European, Eastern European and Afro Caribbean. Of the practice population, 43% have been identified as having a long-term health condition, compared with the CCG average of 48% and the national average of 53%.

Care and treatment is delivered by one lead GP (male), one salaried GP (female) and two locum/sessional doctors (two male) who between them provide approximately 22 clinical sessions weekly. There are two Practice Nurses (female) at the surgery who provide four - five sessions weekly. There is a part-time practice manager and seven administrative/reception staff.

The practice is open from the following times:-

7:30am – 7:30pm (Monday, Tuesday, Wednesday and Friday)

7:30am – 6:30pm (Thursday)

Clinical sessions are run at the following times:-

7:30am - 12pm; 5pm - 7:30pm (Monday, Tuesday, Wednesday and Friday)

7:30am - 12pm; 4pm - 6:30pm (Thursday)

Patients can book appointments in person, by telephone and online. The practice does not have its own website.

Patients requiring a GP appointment outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111. The local CCG provided enhanced GP services which allowed patients at this practice to see a GP or Nurse at weekends.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Maternity and midwifery services

Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body

# Are services safe?

## Our findings

**We rated the practice and all of the population groups as requires improvement for providing safe services.**

### Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- It had a suite of safety policies which had been reviewed and communicated to staff. Staff received safety information for the practice, but we saw no evidence that staff received this information as part of their induction or as part of refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice told us that they carried out staff checks, including checks of professional registration when recruiting. However on the day of inspection, we noted that not all staff files contained a copy of Disclosure and Barring Service (DBS) checks (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). When we asked how the practice could assure itself that staff they had employed at the practice were suitable to do so, we were told that locum clinical staff kept their own DBS certificate and were able to produce them if required. There were no risk assessments in place for staff who had not been DBS checked and came into contact with patients.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We were told by the practice that staff who acted as chaperones were trained for the role and had received a DBS check. We viewed the practice policy on chaperoning and found that the policy did not reflect current practice of stating

where a chaperone should position themselves during the consultation or that the chaperone should make an entry on the patient record on the day they that they had been a chaperone.

- There was no clear process on the management of blank prescription forms at the practice. We noted that there blank scripts left in the printer in a clinical room, however we were told that normally all clinical rooms are locked if they are not in use and the room was open due to the inspection. When we spoke to the practice regarding how they kept an audit of the number of prescriptions used, they were unable to provide us with evidence to show us that they logged the numbers of prescriptions used (and by whom) at the practice.
- On the day of inspection, we found that the practice had a number of uncollected prescriptions which were held at reception, some which dated back to June 2017. We had been informed by the practice early in the inspection that the practice monitored the uncollected prescriptions regularly. We looked at a sample of these scripts on the practice clinical system and found that in most cases the prescription had either not been collected as the cost for the prescription would no longer be funded by the NHS or that a new prescription had been issued. All but one of the sample of uncollected scripts we viewed was for a high-risk medicine, and this one high-risk medicine prescription had a new prescription issued.
- There was a system to manage infection prevention and control. We noted that the last infection control report conducted by NHS England in March 2017 that there were a number of actions to be completed. These actions had been agreed and dated by the practice and the local NHSE infection control team. We noted that all but one of the identified actions had been completed with the agreed time-frame.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed, however these arrangements did not fully monitor and manage risks to

# Are services safe?

patient safety. The practice employed one Advance Nurse Practitioner and two locum practice nurses who worked on different days, and therefore, in isolation. This was evidenced when we looked at six sets of staff meeting minutes (three all staff meetings and three clinical meetings) and found that only once did one of the locum nurses attend a clinical meeting. On the day of inspection the locum nurse that we spoke with told us that although she did not see her nursing colleagues at the practice regularly, they were in contact with each other by telephone to ensure continuity of care for patients. We spoke with the provider regarding oversight of the nursing provision within the practice and were informed that both the provider and the practice manager had oversight of the nurses. We were told that the nurses knew that they were able to speak with the lead GP or any of the GP's at the practice if they had any concerns regarding a patient.

- We noted that of the nine staff records that we looked at, eight records did not have a curriculum vitae or a job application attached. In addition, of the eight staff that started work at the practice from 2016 onwards, only one had references on their staff file. We spoke with the practice about this and were told that the previous practice manager who had left in mid-2017 had not kept the files up-to-date.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- On the day of inspection, we noted that there an expired vaccine held in the practice's vaccine fridge. We asked the locum nurse who maintained the log of vaccines held in the fridge and was told that two members of staff were responsible for the checking stock and ordering of vaccines. We spoke with the practice manager regarding the expired vaccine and were told that the practice was unable to dispose of it as it was the property of a patient. We asked if the patient had been contacted to collect the vaccine or to ask whether the vaccine could be destroyed as it had expired and was told that by the practice manager that they were unsure whether this had occurred. A member of the inspection team asked the lead GP to access the clinical system using the named on the box of the expired vaccine to establish when the named person had last been at the practice. The lead GP could not locate the named person on the clinical records for the practice. The inspection team attempted to establish how the vaccine had been placed within the vaccine fridge but along with staff at the practice, we were unable to obtain further insight on how the vaccine came to be stored at the practice. We advised the practice to dispose of the vaccine which they did on the day of inspection. Subsequent to our visit, the inspection team received confirmation from the practice that they had raised the discovery of the vaccine as a serious incident and that they were continuing with their enquiries.

## Track record on safety

The practice had systems in place to monitor safety.

## Are services safe?

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. The practice recorded a significant event which related to a patient who had receiving a vaccine which contained an ingredient that the patient was allergic to. The event was discussed immediately with the lead GP upon realisation of what had occurred. In addition, the patient was contacted and given advice. The incident was discussed at the next clinical meeting following the event, where all clinicians were reminded to be vigilant of the allergic status of patients before administering vaccines.
- There was no system for receiving safety alerts and the practice was unable to provided evidence of actioning or cascading safety alerts. The practice manager had not signed up for alerts and therefore was not able to distribute them to relevant practice staff. Of the clinicians we spoke with, all said that they received up-to-date guidance via email regarding NICE (National Institute for Health and Care Excellence) and GMC (General Medical Council) updates.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice showed that the practice prescribing of antibiotic items that are Cephalosporins or Quinolones was 10% compared to the clinical commissioning group (CCG) average of 13% and the nation average of 9% (July 2016 – June 2017).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice offered same day appointments to those patients within this population who were classified as 'high-risk' due to their medical condition.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The Quality Outcomes Framework (QOF) (2016/17) recorded the practice as comparable to the CCG average on three identified diabetes indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 70%, compared to the CCG average of 75% and the national average of 80%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The overall uptake rates for the vaccines given were not in line with the target percentage of 90% or above. The practice was aware of this and told us that they were continuing to contact patients who were due vaccinations.
- Chlamydia testing was available for patients aged between 15-24.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.

#### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. The practice told us that they will be continuing with their programme of contacting patients who had not had recent screening.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Same day appointments were available to this population group.



# Are services effective?

## (for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. At the time of inspection, the practice did not have any patients who were travellers or homeless registered.
- Patients with learning difficulties were invited for an annual review.

People experiencing poor mental health (including people with dementia):

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the CCG and national averages.
- 87% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 90% compared to the CCG average of 91% and the national average of 90%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 98% compared with the CCG average of 96% and the national average of 95%.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had undertaken five audits in the past 24 months. We reviewed a re-audit which looked patients who had been prescribed medication to control HbA1a levels in patients diagnosed with diabetes. HbA1a is a term used when referring to the measurement of blood glucose levels in diabetic patients. The practice identified 23 patients for the re-audit, all of which had prescribed medication, a recent hba1c test and had an action plan noted within their patient record. Of the 23 patients identified, 15 patients were identified as not requiring changes to their current medication, six patients had a change to their medication,

one patient was referred to a specialist service and one patient had left the practice. The practice told us that they would continue to regularly monitor the patients to ensure that they continued with the medicines prescribed.

The practice used information about care and treatment to make improvements. We viewed an audit conducted by the practice to identify patients who had been prescribed a specific medicine for anti-blood clotting, were being monitored and that the medicine prescribed had been done so in line with national guidelines and guidance. As a result of the audit, patients at the practice are followed up to ensure regular INR (a measure of how long it takes your blood to clot) checks are being conducted and based on the result that the dosage of the prescribed medicine had been adjusted. In addition, the practice copies the patient's anticoagulant booklet showing their latest INR result and scans it on to patient's practice record before issuing any repeat prescriptions for the anti-clotting medicine.

The most recent published Quality Outcome Framework (QOF) results were 89% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The overall exception reporting rate was 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice did not keep an up to date records of skills, qualifications and training of all staff employed at the practice. For example, of the nine records we checked, only one member of staff had completed their annual information governance training.
- The practice told us that they provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and

# Are services effective?

## (for example, treatment is effective)

mentoring, clinical supervision and support for revalidation. However, we noted that only two members of the administrative staff had an appraisal during the last 12 months. We were told that the remaining staff were scheduled to have their appraisal conducted in the near future. Staff were encouraged and given opportunities to develop. We noted there was no formal induction pack for new starters. Similarly, there was no locum pack. The practice told us that they used the same long-term locum.

- We were told that there was an approach for supporting and managing staff when their performance was poor or variable. The practice manager told us that staff would receive one-to-one coaching if required. However, as the majority of staff files we checked were not up-to-date, we could not verify that this had occurred with staff requiring support.
- We noted that the practice did not have a copies of the medical indemnity insurance for the of one of the practice nurses and the healthcare assistant who undertook phlebotomy at the practice. Subsequent to the inspection, we received details regarding of the insurance for the practice nurse, but not for the healthcare assistant.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

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

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice as requires improvement for caring.**

### Kindness, respect and compassion

During our inspection we noted that staff treated patients with kindness, respect, compassion and were courteous.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Twenty of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. One comment card mentioned that they did not always feel that they were listened to by staff at the practice. This is in line with the results of the NHS Friends and Family Test where 235 out of 299 patients would recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and thirty surveys were sent out and 97 were returned. This represented about 1.5% of the practice population. The practice results were in line with local but below national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time compared with the CCG average of 82% and the national average of 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 81% and the national average of 86%.

- 84% of patients who responded said the nurse was good at listening to compared with the CCG average of 84% and the national average of 91%.
- 88% of patients who responded said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 91%.
- 71% of patients who responded said they found the receptionists at the practice helpful compared with the clinical commissioning group (CCG) average of 78% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice had identified a number of patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers which was under 1% of the practice list. We spoke with the practice regarding how they identified patients who were carers and we told that they had not recently run a proactive campaign to ascertain whether there were now more carers within the practice.

## Are services caring?

- We noted that the practice did not have information for carers at the reception area, but did have information within the patient waiting area regarding local services for carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.

- 76% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.
- 69% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 85%.

We spoke with the practice regarding some of the low patient satisfaction scores (in comparison to both local and national averages). The practice had not viewed the latest survey results, seven months after they had been published. The practice told us they were unsure why the results overall were mixed. They told us that now they were aware of the survey, the practice would look in depth at the results to gauge which specific areas of patient care they needed to focus on.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups as requires improvement providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice offered extended opening hours daily with clinical sessions running from 7:30am four times a week. The practice telephone lines were open between 7:30am and 6:30pm. Patients had access to online services such as repeat prescription requests and advanced booking of appointments available through the NHS Choices webpages for the practice, but the practice itself did not have its own website.
- The facilities and premises were appropriate for the services delivered. The practice had five clinical rooms on the ground floor. The practice had moved location approximately two years previously into its current custom built accommodation.
- Telephone consultations were available during practice opening hours.
- The practice made reasonable adjustments when patients found it hard to access services. The practice had a hearing loop and interpreter services were available on request and this was publicised within the practice. The practice had a number of staff who spoke a second language including Tamil, Hindi, Urdu and Punjabi. We saw that some patient information leaflets were available in other languages.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Longer appointments were available for older patients and patients with learning disabilities. Home visits were available as well as telephone consultations with a clinician.
- The practice had recently installed a jayex board and screen in the patient waiting area which displayed relevant health promotional content. In addition, patients had the facility to self-check in using the self-check in monitor or check-in at reception.

Older people:

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a bypass telephone number for this population group and their carers.
- The practice offered longer appointments for this population group.
- In-house phlebotomy service was available to this population group.

People with long-term conditions:

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. Patients who did not attend reviews were contacted by the practice to re-book a review.
- The practice did not evidence regular meetings with the local multi-disciplinary team to discuss and manage the needs of patients with complex medical issues; however they did inform the inspection team that they contacted the team when required.

Families, children and young people:

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Appointments were available after school for younger patients
- Chlamydia screening and contraceptive advice was offered to this population group.

Working age people (including those recently retired and students):

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- The needs of this population group 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 opening hours allowed patients in this population group the opportunity to a clinical member of staff before or after work Monday – Friday. Patients at the practice were also able to see a doctor outside of normal working hours via the local out of hours provider.
- Telephone and email consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice offered regular health checks and annual assessments for people within this population group.
- The practice worked with local social services regarding patients with alcohol and drug dependency problems.

People experiencing poor mental health (including people with dementia):

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

- The practice offered regular health checks and annual assessments for people within this population group.
- The practice liaised with and referred patients to local Improved Access for Psychological Therapies (IAPT).

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Appointments could be accessed via coming in to the practice, telephoning the practice or by using online systems.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally comparable to local averages but below national averages. This was supported by observations on the day of inspection and completed comment cards.

- 69% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 45% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 51% and the national average of 71%.
- 66% of patients who responded 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 76% and the national average of 84%.
- 57% of patients who responded said their last appointment was convenient compared with the CCG average of 68% and the national average of 81%.
- 52% of patients who responded described their experience of making an appointment as good compared with the CCG average of 58% and the national average of 73%.
- 41% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 43% and the national average of 58%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures as described on the practice leaflet was not in line with recognised guidance. Whilst the leaflet stated that complaints could be made in person or in writing to the practice manager, it did not provide any guidance regarding the role of the Ombudsman. We reviewed the three complaints were received by the practice in the last year. These complaints were recorded electronically on the practice complaints register, which was completed by the practice manager. We reviewed all complaints and found that they were handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. We viewed a complaint to the practice

with multiple issues, one of which included not being able to arrange a timely appointment at the practice for specific treatment. We noted that the practice acknowledged the complaint. An investigation was conducted by the practice manager to gain further knowledge of the events which prompted the complaint. Following the investigation, the practice met with the complainant and at a later date, wrote to the complainants advocate with a response. From our review of this complaint, we noted that the practice had not responded to the complainant's advocate formally on headed paper with the practice address when they responded by email. In addition, in the response sent to the complainant's advocate (which stated that the complainant had been to the practice and said they no longer wish to take the complaint further), there was no mention of the Ombudsman or their address, in the event that the complainant changed their mind and wanted to pursue the complaint further. As a result of this complaint, all reception staff were reminded to accommodate patients requests (especially elderly patients) as much as possible and to be empathetic when talking to all patients.



# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice as requires improvement for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice had identified that diabetes and cardiovascular disease was prevalent among a high percentage of the local and practice population. The practice was working closely with these patients and other healthcare providers to help patients manage these conditions successfully.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Whilst the lead GP had the capacity and skills to deliver quality care, there was lack of oversight of some critical administrative functions at the practice. This was evidenced through the lack of documents held on staff files/records, no audit trail for blank prescriptions held at the practice, retaining non-collected (with no obvious follow-up from the practice) signed prescriptions dating back to June 2017 and the discovery of the expired vaccine for a patient not registered at the practice.

### Vision and strategy

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

- The lead GP was able to talk to us about clear vision and set of values, but other members of staff we spoke to were unable to talk to us about the practice's vision and values. The practice had a business plans but they did not set out future forward plans for the practice.
- Whilst some members of staff that we spoke with were unaware of the vision, values and strategy and their role in achieving them, it was evident that all staff saw the provision of good quality patient care as priority.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and this was evidence by the planned increase in nursing hours and the practice opening hours.

### Culture

The practice had a culture of quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were informal processes for providing all staff with the development they need. This included appraisal and career development conversations. However not all staff had received an appraisal during the past 12 months. Out of the nine staff files we checked, only two members of staff had received an appraisal in the last 12 months. We were told that a timetable was being arranged so that all appraisals would be completed during the forthcoming months. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. Dependant on the number of hours worked at the practice, staff were given protected time for professional development and evaluation of their clinical work. However, none of the three nurses who worked at the practice had been appraised by either the lead GP and/or the practice manager.
- There was an emphasis on the safety and well-being of all staff.
- There were positive relationships between all staff.

### Governance arrangements

There were responsibilities, roles and systems of accountability to support governance and management.

# Are services well-led?

Requires improvement 

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

- Structures, processes and systems to support governance and management were set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. On the day of inspection, we saw evidence that there were still areas of governance which needed improvement. For example, the practice leaflet not providing patients with details of the Ombudsman in the event that they wish to pursue a complaint.
- The practice recruitment policy was not being followed as we found that a member of staff who had been recently appointed did not have a job description within their HR file.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, not all risks were being addressed.

• There were effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the practice told us how they used recall systems to ensure that patients who were due vaccinations or screenings were invited to come in when they were due to have treatment or testing undertaken.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information

was combined with the views of patients. We viewed meeting minutes of a recent Patient Participation Group (PPG) meeting which discussed how to reduce the monthly number of 'did not attend' appointments.

- The practice used performance information which was reported and monitored and management and staff were held to account. The Quality Outcomes Framework (QOF) figures was used within the practice to monitor performance and where necessary target resources to specific clinical areas (where scores were low).
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. This was evidenced through conducting a medicines review/ audit on patients who were being prescribed eight or more medicine, to ascertain whether there was the need for this group of patients to continue with the same amount of medicines or whether the number of medicines prescribed could be reduced without any significant effect on their health.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice used feedback from the friends and families test, as well as feedback left at the practice to help improve performance. However, the practice had not consulted the most recent National GP Patient survey results (which had been issued in July 2017) to help shape and improve performance at the practice.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

# Are services well-led?

Requires improvement



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

There were systems and processes for learning, continuous improvement and innovation.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was practicable to ensure the safekeeping of blank prescription scripts held at the practice and there was no audit trail of scripts distributed amongst staff in the practice. In addition, the registered person did not do all that was practicable to ensure effective medicines management was occurring within the practice. This was evidenced through the discovery of an out of date vaccine held in the vaccine fridge for a person not registered with the practice.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person(s) had systems or processes in place that failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users, in particular with reference to having limited oversight of the nursing provision provided within the practice. The practice did not have a job description for the one of the nurses employed at the practice, which could lead to staff acting outside their remit and knowledge.</p>