

Five Elms Medical Practice

Inspection report

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Date of inspection visit:
Date of publication: 09/11/2018

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 location

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

This comprehensive inspection was undertaken on 13 September 2018 following an extended period of special measures; the practice is still rated as requires improvement overall (previous rating October 2017 – requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection of this practice on 5 April 2016 when we rated the service as inadequate in all key questions and inadequate overall. Following the publication of the inspection report, the practice was placed in special measures for a period of six months.

We carried out a further announced comprehensive inspection on 14 February 2017 which highlighted that insufficient action had been taken by the practice in relation to improving access which continued to be reflected in the national GP patient survey satisfaction scores. We also found that staffing levels were inadequate such that the service continued to be rated as inadequate for providing responsive services. The service was rated as good for safe services and requires improvement for effective, caring and well-led services. Although the overall rating was revised to requires improvement, the service remained in special measures because of the inadequate rating for responsive services.

We carried out a further announced comprehensive inspection on 10 October 2017 which again highlighted insufficient action had been taken in relation to national GP patient survey satisfaction scores and staffing levels, such that the service continued to be rated as inadequate for responsive services. Overall the practice was still rated as requires improvement (good for safe and effective services and requires improvement for caring and well-led). In line with our enforcement powers we issued two Warning Notices in relation to Regulation 17: good governance and Regulation 18: staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service remained in special measures.

We carried out a further announced comprehensive inspection on 13 September 2018 to review the breaches of regulation identified at the inspection in October 2017 and to ensure the service had made improvements in line with the Warning Notices we had issued.

At this inspection we found that the practice had taken actions to bring about improvements and had complied with the Warning Notices.

Key findings:

- The practice had taken positive action to improve appointments access and although patient satisfaction scores around access were still below local and national averages, there was a clear trend of improving patient satisfaction. Patients told us they were able to access care when they needed it.
- Additional clinical and non-clinical staff had been recruited and there was now a process in place to plan for staff absences.
- The practice had employed a female GP which meant that patients who had a preference in this regard could now choose to book an appointment with a female GP.
- The practice had systems in place to safeguard patients from abuse.
- There were systems in place to share information with other agencies to enable them to deliver safe care and treatment.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Continue to improve uptake rates for child immunisations.
- Continue to monitor patient satisfaction levels with a view to identifying where further improvements to the service can be made.

Overall summary

- Develop written business plans to support the delivery of the practice strategy to deliver high quality, sustainable care and monitor progress of these plans.

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

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

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently 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 

Our inspection team

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

Background to Five Elms Medical Practice

Five Elms Medical Practice is a single location practice providing GP primary care services to approximately 4,000 people living in Dagenham in the London Borough of Barking and Dagenham. The practice has a General Medical Services (GMS) contract. A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People is 30% which is comparable to the clinical commissioning group (CCG) average of 28% but significantly higher than the national average of 16%. Income Deprivation Affecting Children is 32% which is comparable to the CCG average of 32% and above the national average of 20%. The proportion of patients on the register aged 65 or over is significantly higher than the CCG average. Data from Public Health England shows that 28% of the practice population falls into this age group compared to the CCG average of 14%.

The practice is located in a purpose-built health centre which is shared with a dental practice and a team of health visitors. The practice shares reception and waiting areas with these services.

There are two male full time GPs and three part-time locum GPs, one of whom is female. The GPs provide a combined average of 17 GP sessions per week. The practice is in the process of recruiting a practice nurse and currently locum nurses provide six sessions per week. There is a full-time practice manager and five staff who share reception and administration duties. One member of the non-clinical team is currently training to become a health care assistant.

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

The practice opening hours are:

Monday 8:30am to 7:30pm

Tuesday 8:30am to 6:30pm (Closing time 1.30pm, first Tuesday of every month)

Wednesday 8:30am to 7:30pm

Thursday 8:30am to 6:30pm

Friday 8:30am to 6:30pm

Saturday Closed

Sunday Closed

Surgery times are from 8:30am to 11:30am, Monday to Friday and from 3:30pm to 6:30pm. There is no surgery on the afternoon of the first Tuesday of each month when the practice is closed for protected learning time. Between 8am - 8.30am every weekday and between 1:30pm and 6:30pm on the first Tuesday of every month, telephone calls are answered by the out of hours (OOH) provider.

Patients who are unable to make an appointment at the practice can make appointments at a local hub where same day GP appointments are available every weekday evening between 6.30pm and 10:00pm, and 8:00am and 8:00pm on weekends. These appointments are available to everyone registered with a GP in Barking and Dagenham.

The practice does not open at weekends. Patients are directed to the OOH provider for Barking & Dagenham CCG. The details of the out of hours service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

Shortly before the CQC inspection, the practice had been inspected by NHS England managers who looked for evidence of improvements made to comply with a remedial notice. NHS England told us they had found significant positive changes in the practice culture and that practice management was clearly developing, leading to an increase in knowledge, confidence and system performance by the practice management team as well as the wider staff team.

Are services safe?

We rated the practice as good for providing safe services.

When we inspected in October 2017, we rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- When we inspected in October 2017, we found that the practice did not always have suitable arrangements in place to ensure that the number and mix of staff met patients' needs, particularly during periods of annual leave. At this inspection we saw evidence that the practice had recruited a permanent salaried GP as well as engaging two additional long-term locum GPs. We reviewed all instances of annual leave taken by clinical staff since the previous inspection and saw that suitable cover had been put in place for these periods. The

practice was also able to describe how they would continue to plan and monitor the number and mix of staff on an ongoing basis, including sickness, busy periods and epidemics.

- There was an induction system for temporary staff tailored to their role which included a process of ensuring that temporary staff were provided with access to practice policies and procedures.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis.

Information to deliver safe care and treatment

We looked at how information was recorded and managed in order to assess whether staff had the information they needed to deliver safe care and treatment to patients and found that there were gaps. The practice told us they had recently moved to a new clinical record system as part of a CCG mandated procurement. We were told that although staff had been trained in the new system, there was further work to be done to improve efficiency and effectiveness. We were also told that problems had been experienced during the migration of patient records and that some of these had not yet been resolved. For instance, when we asked to be shown copies of care plans for some patients, the practice was unable to locate these, although we had seen that these were in place during previous inspections. The practice told us they were continuing to seek solutions with the computer system provider.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. We looked at the document management system and saw that test results were reviewed in a timely manner and message inboxes were cleared daily.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals although we found that these did not always follow guidelines. For instance, we looked at six referral letters and noted that two patients

Are services safe?

referred to dermatology specialist had been referred after telephone consultations without undergoing physical examination by a GP. The practice told us that these referrals had been made by recently recruited clinical staff who were still in the process of becoming familiar with practice protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The practice had increased the number of telephone consultations available to patients and had effective protocols in place to verify the identity of patients accessing these appointments.
- Patients' health was monitored in relation to the use of high-risk medicines and followed up on appropriately.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues. Although the practice did not undertake formal assessments around risks associated with the premises, we saw evidence that informal assessments were routinely taken and that concerns were passed to the building's owners and these were followed up.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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 acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and for the following population groups: older people, families, children and young people, working age people, people experiencing poor mental health and people whose circumstances make them vulnerable. We rated the following population groups as requires improvement: people with long-term conditions.

When we inspected in October 2017, we rated the practice as good for providing effective services.

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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- 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:

This population group was good for effective because:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was requires improvement for effective because:

- The practice had a system in place to invite patients with long term conditions for regular health and medicine reviews but the practice had recognised that this was not always effective. The practice had identified this as an area for improvement and an existing member of staff had commenced training to become a health care assistant and part of their role involved developing a more structured patient recall system. We saw that they were being mentored by an experienced practice nurse during their training programme.
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisation uptake rates were in line with CCG and national averages although lower than the target percentage of 90% for some vaccinations. The practice explained that an existing member of staff had recently started to train as a health care assistant and was in the process of developing an effective patient recall system.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 75%, which was comparable with the 80% coverage target for the national screening programme.
- The practice's uptake for breast cancer was in line with the national average but the uptake rate for bowel cancer screening was below the national average. The practice told us that one of the duties of the trainee health care assistant was to highlight eligible patients on the clinical record system and encourage these patients to participate in the screening programme, for instance using opportunistic reminders during routine appointments.

Are services effective?

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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:

This population group was rated good for effective because:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated good for effective because:

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment but systems in place at the practice were not always used effectively.

- We saw minutes of meetings that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice told us they shared clear and accurate information with relevant professionals when discussing

Are services effective?

care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- 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 had recently changed the system in place to develop personal care plans from a paper based system to a computer template and it was not clear that clinical staff had developed the knowledge or skills to use the new system yet.

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 own health, for example through social prescribing schemes.
- 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for providing caring services.

When we inspected in October 2017, we rated the practice as requires improvement for providing caring services. Although patient satisfaction responses to questions about care and concern had increased over time, this remained significantly below local and national averages and the practice was unable to demonstrate that it had acted on feedback about patient satisfaction. We also noted that the number of patients identified as carers was a limited number compared to the practice population.

At this inspection, because the questions in the 2018 GP survey had changed, we were unable to directly compare the most recent findings with previous surveys as we could not be sure whether changes in scores were due to changes in methodology or genuine changes in patient experiences. However, data published in July 2018 showed that satisfaction scores had improved for questions around consultations and involvement in decisions about care although patients still rated the practice lower than others in relation to some questions around consultations. We found that the practice had improved the process used to identify carers and had now identified over 2% of the practice population as carers.

The practice was rated as requires improvement for caring because:

- The national GP patient survey 2018 showed the practice was still below average for patient satisfaction on consultations with the healthcare professional, and although the practice was able to describe actions taken to address this, we were unable to see that these actions had yet had a significant impact.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. Because the questions in the 2018 GP survey had changed, we were unable to directly compare the most recent findings with previous surveys as we could not be sure whether changes in scores were due to changes in methodology or genuine changes in patient experiences. At the most recent survey, 65% of patients said that the last time

they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern but this was still lower than the CCG average of 79% and the national average of 87%.

- We received 17 completed comment cards, of which over 90% were entirely positive about the service. For example, 13 cards included positive comments which were specifically about staff being caring, attentive and helpful. Two of the cards included comments about services improving over time. This was a significant improvement compared to the October 2017 inspection when 70% of comment cards were either entirely negative or included some negative comments.
- Feedback from patients we spoke with during the inspection was generally positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Results from the national GP patient survey published in July 2018 showed patient satisfaction around involvement in decisions about care was lower than local and national averages. For instance, 82% of patients said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment, although this was still lower than the local average of 87% and the national average of 93%.

Privacy and dignity

Are services caring?

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed, reception staff offered them a private room to discuss their needs.

- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

When we inspected the practice in February 2017, we rated the practice as inadequate for providing responsive services because patient satisfaction levels were significantly lower than CCG and national averages and the practice was unable to provide evidence that changes put in place had had any impact on satisfaction levels. At our October 2017 inspection, we continued to rate the practice as inadequate for providing responsive services because we had concerns that patient satisfaction levels had remained significantly below CCG and national averages. We also found that few of the planned actions had been carried out and the impact of those that had been implemented had not yet been measured. Following the October 2017 inspection, we issued a warning notice in respect of these concerns.

At this inspection, we reviewed compliance against the warning notice we issued and found that following an extended period of special measures, the practice had developed and carried out an action plan to improve patient access to the service. For example, the practice had recruited two additional non-clinical and three additional clinical staff, increased the opening hours by opening on Thursday afternoons and increased the number of telephone lines from three to four calls. The practice had also undertaken an internal patient survey and had made changes to the appointment system based on feedback from this survey. The survey had received 168 responses from 200 forms issued and results showed that patients found it easier to book an appointment at the practice compared to the previous internal survey,

We noted that data for the 2018 national GP survey was collected between January 2018 and March 2018. This was only four weeks after the publication of the report of our October 2017 inspection report which meant the practice had not yet implemented its improvement plan in full when the survey was undertaken. Although patient satisfaction measured by the July 2018 national GP survey was still lower than others for questions related to access to the service, the 2018 survey showed that satisfaction had increased in all areas since the previous inspection. We

recognise the changes made by the practice to drive improvement in patient satisfaction around access and have improved the rating from inadequate to requires improvement for providing responsive services.

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.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

Although we recognise the practice had taken steps to improve patient satisfaction, patient feedback around access remained below the local and national averages. This population group was rated requires improvement, however we did identify areas of good practice:

- 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 GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Longer appointments were provided for this population group.

People with long-term conditions:

Are services responsive to people's needs?

Although we recognise the practice had taken steps to improve patient satisfaction, patient feedback around access remained below the local and national averages. This population group was rated requires improvement, however we did identify areas of good practice:

- The practice told us that patients with long-term conditions received an annual review to check their health and medicines needs were being appropriately met.

Families, children and young people:

Although we recognise the practice had taken steps to improve patient satisfaction, patient feedback around access remained below the local and national averages. This population group was rated requires improvement, however we did identify areas of good practice:

- 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.

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

Although we recognise the practice had taken steps to improve patient satisfaction, patient feedback around access remained below the local and national averages. This population group was rated requires improvement, however we did identify areas of good practice:

- 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. For example, extended opening hours on Mondays and Wednesdays and access to pre-bookable weekend appointments at a local hub service.
- The practice provided telephone consultations for patients who were unable to attend in person or who were unsure if their condition required a visit in person.

People whose circumstances make them vulnerable:

Although we recognise the practice had taken steps to improve patient satisfaction, patient feedback around access remained below the local and national averages. This population group was rated requires improvement, however we did identify areas of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

Although we recognise the practice had taken steps to improve patient satisfaction, patient feedback around access remained below the local and national averages. This population group was rated requires improvement, however we did identify areas of good practice:

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

Timely access to care and treatment

The practice had made improvements to how people could access care and treatment and although the impact of some of these changes was limited, there was a general trend of improved satisfaction. However, there were areas where further improvements were still required.

- The practice had increased the opening hours by remaining open on Thursday afternoons. At the time of the previous inspection, the practice was closed from 1:30pm every Thursday. In addition, the practice had increased its extended hours provision by opening for an additional one hour every Wednesday evening.
- Data from the 2018 GP survey showed that 39% of patients described their experience of making an appointment as good which was lower than the local average of 61% and the national average of 69%.
- Waiting times, delays and cancellations were minimal and managed appropriately. Data from the 2018 GP survey showed that 62% of patients said they had waited 15 minutes or less after their appointment time to be seen at their last general practice appointment. This was in line with local and national averages.

Are services responsive to people's needs?

- 31% of patients said they found it easy to get through to practice by telephone. This was lower than the local CCG average of 64% and the national average of 70%. The practice told us they had increased the number of incoming lines and had recruited an additional member of staff to the non-clinical team and this had increased their capacity to answer calls.
- 52% of patients said they were offered a choice of appointment when they last tried to make a general practice appointment (CCG average 61%, national average 63%) and 52% also said they were satisfied with the type of appointment they were offered (CCG average 61%, national average 63%).
- Patients with the most urgent needs had their care and treatment prioritised.
- 47% of patients who responded to the survey said they were satisfied with the appointment times available (CCG average 63%, national average 66%)
- Patients reported that the appointment system was easy to use.
- Following the October 2017 inspection, the practice had undertaken its own survey and used this to identify areas where specific changes could be made. For instance, prior to the survey, up to 50% of all

appointments were only available for people booking online. The practice told us that the internal survey had shown that 89% of patients preferred to make their appointments through other methods. As a result, the practice had reduced the percentage of appointments available exclusively online to 10% which meant that more appointments were available to people telephoning or visiting the practice in person.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

When we inspected the practice in October 2017, we rated the practice as requires improvement for well-led services because we had concerns that the practice had not employed sufficient clinical staff to meet patient needs and had not taken action to address low patient satisfaction, in particular around access to the service. Following the October 2017 inspection, we issued a warning notice in respect of these concerns. Specifically, we said the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were available to meet patient needs. There were not sufficient staff to provide the care and appointments that the patient population required in a timely way and this posed a risk to the health and wellbeing of patients.

At this inspection, we found that following an extended period of special measures, the practice had made positive changes to ensure that sufficient clinical staff were now employed to meet patient needs. Specifically, the practice had recruited a permanent salaried GP and two additional long-term locum GPs, one of whom was a female GP. In addition, the practice had also developed a strategy to support planning ahead for staff absences. We also found that practice leadership had taken actions to improve patient satisfaction and these had led to a trend of improved satisfaction levels.

Leadership capacity and capability

Leaders demonstrated an increased capacity to deliver high-quality, sustainable care compared to the capacity seen at previous inspections. The practice manager had continued to engage with an experienced mentor and was actively involved in the local practice manager's network forum. The practice manager used these as opportunities to learn and had made improvements to the practice as a result of identifying good practice in place at other local providers, for instance a more effective process to monitor prescriptions awaiting collection by patients. Since the previous inspection, the practice manager had also commenced an accredited training programme to gain a recognised qualification in practice management. The practice had taken a proactive approach to addressing concerns identified at previous inspections and had taken actions to comply with regulations breached at the time of

the October 2017 inspection. The practice was aware of areas where further improvements were required and were continuing to review patient satisfaction to identify where specific actions were needed.

- Leaders had undertaken a review of issues affecting access to the service and had taken actions to make improvements and we found these actions were beginning to have a positive impact on patient satisfaction.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. We found that the practice was supporting the practice manager to undertake a recognised professional qualification in practice management.

Vision and strategy

The practice had a clear vision and described a strategy to deliver high quality, sustainable care but could not always demonstrate how this vision would be realised.

- There was a vision and set of values. The practice had a strategy to deliver this vision and although there was no written business plan in place to deliver this strategy, practice leaders were able to describe a coherent and sustainable action plan to improve services. However, because the practice did not have a written business plan, progress against delivery of the strategy could not be monitored effectively.
- Staff were aware of and understood the vision, values and strategy and were increasing their confidence and understanding of their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care

- The practice focused on the needs of patients and actions had been taken to ensure that patients had wider choices around access to appointments with clinicians. For instance, the practice had increased its opening hours and had recently employed a female GP so patients who had a preference of clinician gender

Are services well-led?

could request a suitable appointment. The practice was aware of areas where further improvements were required and we saw that actions were being taken to address these. For instance, the practice had identified that the system used to invite patients to health and medicine reviews needed improvements to increase its effectiveness and we saw that the practice was supporting an existing member of staff to train as a health care assistant and that part of their role was the development of a more structured patient recall system. The practice had arranged for the trainee health care assistant to receive on-going mentoring from an experienced practice nurse who had previously been employed by the practice

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

- Staff 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.

Managing risks, issues and performance

There were processes for managing risks, issues and performance but we found that practice management had not taken urgent action when some of these processes had not worked, or were not used consistently.

- The practice considered the impact on the quality of care of service changes or developments and sought to develop solutions where concerns were identified. For instance, when the practice recently changed its clinical record system staff had received suitable training. At the time of the inspection, we found that some staff required additional training to ensure they were able to use the new clinical record system effectively. For instance, we found that when the lead GP intended to close a particular element of the system, they sometimes exited the system entirely which mean they had to sign in again to continue working. The practice told us skills were being developed through mentoring but that additional structured training would be put in place if necessary.
- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety but the practice had not yet addressed some of the risks identified, including the absence of patient alerts on the computer system.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Are services well-led?

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice was taking action to improve performance around uptake rates for child immunisations which were lower than national targets.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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 but following the change of computer systems.
- 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. For example, the practice had recently engaged with NHS England during a recent service review.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice ensured that protected learning time was available for all staff and we saw that one member of the administration team was being supported to train as a health care assistant, whilst the practice manager was also being supported to improve their skills and knowledge by studying for a professional qualification in practice management.
- 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.
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Please refer to the evidence tables for further information.