

Hammond Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hammond Road Surgery on 31 May 2016. The practice was rated as requires improvement for providing safe, effective, caring, responsive and well-led services. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Hammond Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow up inspection on 27 July 2017 to check for improvements since our previous inspection. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Results from the national GP patient survey showed satisfaction with access to appointments was consistently below the Clinical Commissioning Group (CCG) and national average and it had only marginally improved since our previous inspection.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

In addition the provider should:

- Ensure staff are aware of and can locate the business continuity plan, review contents of the emergency medicines list and implement regular fire drills at the branch practice
- Improve information about opening hours, the appointments system and the complaints procedure at the branch practice
- Improve patient confidentiality during GP consultations at the branch practice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. Although stocks of emergency medicines held at the branch practice were in need of a review.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average compared to the national average. However, clinical exception reporting was below average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.

Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Results from the national GP patient survey showed satisfaction with access to appointments was consistently below the CCG and national average and it had only marginally improved since our previous inspection.
- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the lead GP provided specialist diabetes clinics to meet the needs of those patients with diabetes.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. The main practice had undergone a renovation since our previous inspection incorporating space for two additional consultation rooms.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example, specialist diabetes clinics.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



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

People with long term conditions

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

Good



- Nursing staff supported the GPs in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 71% compared to the CCG average of 76% and the national average of 78%. Exception reporting was 3% compared to the CCG average of 12% and the national average of 9%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months was 75% compared to the CCG average of 86% and the national average of 84%. Exception reporting was 0% compared to the CCG average of 8% and the national average of 7%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the CCG average of 92% and the national average of 89%. Exception reporting was 7% compared to the CCG average of 11% and the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing below local and national averages particularly in relation to access to the service. Three hundred and eighty six survey forms were distributed and 96 were returned. This represented 2% of the practice's patient list.

- 68% of patients described the overall experience of this GP practice as good compared with the CCG average of 78% and the national average of 85%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

- 43% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, 33 of which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They said the service had improved since the last inspection. Six comment cards were less positive particularly in relation to access to appointments.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Action the service **SHOULD** take to improve

- Ensure staff are aware of and can locate the business continuity plan, review contents of the emergency medicines list and implement regular fire drills at the branch practice

- Improve information about opening hours, the appointments system and the complaints procedure at the branch practice
- Improve patient confidentiality during GP consultations at the branch practice

Hammond Road Surgery

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 second CQC inspector.

Background to Hammond Road Surgery

Hammond Road Surgery is situated at 95 Hammond Road, Southall, Ealing, UB2 4EH. The practice provides medical services through a General Medical Services (GMS) contract to approximately 5,000 people living in the local area. The practice is part of the NHS Ealing Clinical Commissioning Group (CCG). There is also a branch practice at 48 Berkeley Avenue, Cranford, Hounslow, TW4 6LA.

The practice serves a population with a much higher than average number of patients between 15 and 44 years of age. The predominant ethnicity is Asian mostly from the Sikh Punjabi ethnic group. The practice has one of the highest prevalence in the CCG for diabetes with over 500 patients on the register. The practice area is rated in the fourth more deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

The practice team consists of two GP partners (one male and one female). The male GP partner is temporarily not

providing clinical sessions and the female GP is providing three clinical sessions. There are three regular locum GPs providing a total of 15 sessions, a nurse (31 hours), and a healthcare assistant. The clinical team is supported by a practice manager and a team of eight non-clinical staff.

The main practice is open from 8am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 1pm Thursday. The branch practice is open from 8am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8am to 1pm Wednesday. Extended hours appointments are offered on Monday from the main practice and Thursday from the branch practice until 8pm. For out of hours care including weekends patients are instructed to contact the NHS 111 service where they are directed to local out of hours services.

Services provided include clinics for diabetes and asthma, womens health and family planning, antenatal and postnatal care, baby clinics, child and travel immunisations, cytology and care planning. Out of hospital services provided by the practice include mental health, joint injections and INR monitoring. The practice teaches medical students from all years for three medical schools.

Why we carried out this inspection

We undertook a comprehensive inspection of Hammond Road Surgery on 31 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, caring, responsive and well-led services and was therefore rated as requires improvement overall. We issued four requirement notices to the provider

Detailed findings

in respect of good governance, receiving and acting on complaints, fit and proper persons employed and safe care and treatment. The provider sent us an action plan which stated they would be compliant by 2 August 2016.

We undertook an announced comprehensive follow up inspection of Hammond Road Surgery on 27 July 2017. This inspection was carried out to check for improvements since our previous inspection.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2017. During our visit we:

- Spoke with a range of staff (three GPs, practice manager, nurse and five non-clinical staff).
- Spoke with eight patients and observed the way patients were greeted on arrival at the surgery.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations and inspected the facilities, equipment and premises including the arrangements in place to deal with emergencies.

- Reviewed relevant documentary evidence, for example fridge monitoring checks.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of staff recruitment and training, health and safety monitoring and contingency planning needed improving.

These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 27 July 2017. The provider is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one significant event analysis we reviewed was where a patient did not receive their medicines because they were sent to the wrong pharmacist. The practice took action to ensure the patient received their medicines and learning was shared in a staff meeting to reduce the likelihood of recurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

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

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines.

Are services safe?

Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. However, fire drills had not been rehearsed at the branch practice. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, the branch practice did not stock diazepam (for the treatment of epilepsy), benzyl penicillin (an antibiotic) or diclophenac (a painkiller and anti-inflammatory) which practices are recommended to keep for use in an emergency.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, staff at the branch practice were unsure if there was a business continuity plan although they did have access to a list of key and emergency contacts should the branch practice face a major incident such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical performance, staff development and multidisciplinary team working needed improving.

These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 27 July 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. Overall clinical exception reporting was low at 4% compared to the CCG average of 11% and the national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

Performance for diabetes related indicators was below the CCG and national averages at 63%, however clinical exception reporting was low. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 71% compared to the CCG average of 76% and the national average of 78%. Exception reporting was 3% compared to the CCG average of 12% and the national average of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 69% compared to the CCG average of 77% and the national average of 80%. Exception reporting was 4% compared to the CCG average of 11% and the national average of 13%.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c (a measure of blood glucose) was 64 mmol/mol or less in the preceding 12 months was 54% compared to the CCG average of 78% and the national average of 78%. Exception reporting was 3% compared to the CCG average of 17% and the national average of 13%.
- Unpublished data from 2016/17 provided by the practice showed that performance for diabetes related indicators had improved from 63% to 84% of the total number of points available.

Performance for mental health related indicators was comparable to the CCG and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the CCG average of 92% and the national average of 89%. Exception reporting was 7% compared to the CCG average of 11% and the national average of 13%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months was 75% compared to the CCG average of 86% and the national average of 84%. Exception reporting was 0% compared to the CCG average of 8% and the national average of 7%.

There was evidence of quality improvement including clinical audit. For example:

- The practice had initiated a clinical audit of diabetes control. The aim of the audit was to ensure that all patients on the diabetes register had blood glucose levels within the target range recommended by NICE guidelines. An initial audit carried out in 2015 showed

Are services effective?

(for example, treatment is effective)

that 54% of patients on the diabetes register had blood glucose levels within the recommended range. As a result of the audit the practice had introduced specialist diabetes clinics to ensure patients were monitored and supported to control their diabetes. A re-audit in 2016 showed that 64% of patients on the register had blood glucose levels within the target range and a third cycle of the audit in 2017 showed that 63% of patients on the register had blood glucose levels within the target range. The practice had also carried out audits initiated by patient safety alerts, minor surgery audits and inadequate cervical smear audits.

Effective staffing

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

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

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of three documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

Patients had access to advice, support and services to promote healthier lives.

- The practice offered advice on diet, smoking and alcohol cessation which was sensitive to local cultural and religious customs. Material was available in Punjabi, for example enabling patients with diabetes to keep a diary of their diet.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 79% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Breast cancer screening rates were above the CCG and national averages. For example:

- Females, 50-70, screened for breast cancer in the last 36 months was 77% compared to the CCG average of 67% and the national average of 73%.
- Females, 50-70, screened for breast cancer within 6 months of invitation was 77% compared to the CCG average of 67% and the national average of 74%.

Bowel cancer screening rates were below the CCG and national averages. For example:

- Persons, 60-69, screened for bowel cancer in the last 30 months was 37% compared to the CCG average of 47% and the national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 33% compared to the CCG average of 44% and the national average of 56%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were above average. For example data from 2015/16 for the vaccines given to under two year olds averaged 94% compared to the national standard of 90%. Uptake rates for five year olds were slightly below average ranging from 80% to 91% (CCG; 81% to 93%, national 88% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing caring services as the arrangements in respect of patient satisfaction with consultations needed improving.

These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 27 July 2017. The provider is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. However, the door of the doctor's consultation room at the branch practice was ill-fitting which made closing the door difficult for some patients.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Thirty three of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They said the service had improved since the last inspection. Six comment cards were less positive particularly in relation to access to appointments.

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

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

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 84% of patients said the nurse was good at listening to them compared with the CCG average of 85% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 85% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 85% of patients 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%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

The practice had carried out an analysis of the national GP survey results and put in place measures to further improve patient satisfaction with the service provided.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Written information was displayed in Punjabi in the nurse's room and the waiting room, for example on safeguarding, chaperones, out of hours and prescriptions.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 75 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of access to appointments and complaints handling needed improving.

These arrangements had improved when we undertook a comprehensive follow up inspection on 27 July 2017. However, patient satisfaction with access to appointments remained low and therefore the provider is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday evening from the main practice and on a Thursday evening from the branch practice for working patients who could not attend during normal opening hours.
- Nurse appointments were available from 8am Tuesday, Wednesday, Thursday and Friday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Locum GPs who worked regularly at the branch practice were contracted to carry out home visits when needed.
- The practice rotated clinical staff to the branch practice. This had the advantage of providing patients with a choice of GPs including a female GP but made it more difficult to facilitate continuity of care.
- The practice leaflet included information about which GPs were available on which day of the week but other information about the appointment system was unclear. For example, the practice displayed opening times on the door of the branch practice which were out of date and incorrect. The practice did not have its own website.

- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- The practice provided online access to appointments and repeat prescription requests, daily telephone consultations were available.
- Patients were able to receive travel vaccines available on the NHS and they were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had installed a lift to improve access for patients with mobility issues.

Access to the service

The main practice was open from 8am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 1pm Thursday. The branch practice was open from 8am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8am to 1pm Wednesday. Appointments were from 9am to 12pm every morning (10am to 12pm at the branch practice) and 4pm to 6.30pm daily with exception of Thursday at the main practice and Wednesday at the branch practice where there are no afternoon appointments. Extended hours appointments were offered on Monday from the main practice and Thursday from the branch practice until 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently below local and national averages.

- 63% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- 68% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 84%.
- 62% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 27% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

At our inspection in May 2016 we highlighted patient satisfaction with access as an area for improvement and despite of the provider taking steps to improve access patient satisfaction had only marginally improved since then. The lead GP acknowledged that further improvement was necessary.

The practice had a system to assess:

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

The reception team passed any request to the GP to make an informed decision on prioritisation according to clinical need and the outcome was communicated by the GP to the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the complaints procedure was displayed in the patient waiting area. However, the available information did not include reference to the independent complaints advocacy service.
- Reception staff were clear about the complaints procedure and could advise patients on how to submit a complaint.

We looked at four complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way and openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient made a written complaint about the waiting time for a routine appointment. The practice responded to the patient and explained the booking system. Learning was shared which was to encourage patients to use the online booking system.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of the practices vision and strategy and policies and procedures needed improving.

These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 27 July 2017. The provider is now rated as good for providing well-led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the male GP partner was the clinical lead and the nurse was the infection control lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had shared ideas with the practice to improve patient access.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Staff told us that they had seen improvements since our previous inspection, particularly in the quality and range of available training opportunities. For example, the reception staff said they had benefited from attending customer service training.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the senior GP partner in collaboration with a specialist doctor had pioneered the use of new diabetes medicines in primary care to help manage poorly controlled patients with diabetes.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care</p> <p>How the regulation was not being met:</p> <p>The registered person had not acted on feedback from people using the service in order to make improvements. In particular:</p> <ul style="list-style-type: none">Results from the national GP patient survey relating to access to the service