

Greengate Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Greengate Medical Centre on 14 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for the Greengate Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken and was an announced comprehensive inspection on 3 October 2017. 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

Summary of findings

The practice had undertaken initiatives and staff training to engage compassionately and effectively with patients from specific groups including those with English as a second language, from the Roma community, homeless patients, and lesbian, gay, bisexual and transgender (LGBT) patients. Patient's uptake of important preventative breast and bowel cancer screening had improved significantly following practice staff engagement work for patients with English as a second language and were comparatively higher than average as a result.

However, there were areas of practice where the provider needs to make improvements.

The provider should:

- Review fire escape arrangements for people with a mobility impairment.
- Continue to monitor and take action to improve patient feedback including GP Patient survey results and regarding telephone access and appointments.
- Monitor and ensure good uptake rates for health checks for people with a learning disability.

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.

- 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. However, the practice should review fire escape arrangements for people with mobility impairment.
- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the as comparable to others for aspects of care.

Good



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 good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, it had identified it had a relatively high population of working age people and offered minor surgery on site and a contraceptive services for women such as insertion and removal of implants and coils.
- 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.
- Patients we spoke with said there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 12 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a website and offered online appointment booking and prescription requests through the online national patient access system.

Good



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 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.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- 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 such as social services adult social care teams.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, healthy eating and anti-coagulation therapy for patients with atrial fibrillation.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (blood sugar level) was 64 mmol/mol or less in the preceding 12 months was 66%, compared to the CCG average of 72% and the national average of 78%.

Good



Summary of findings

- The percentage of patients with hypertension having regular blood pressure tests was 85% compared to the CCG average of 82% and the national average of 83%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91% compared to the CCG average of 87% and the national average of 90%
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- These patients had a named GP and there was a system to recall patients for a structured annual review to check their 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 working age people (including those recently retired and students).

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

Good



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Good



Summary of findings

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People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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.
- The practice had 20 patients on the register with a learning disability, 6 (30%) of these patients had received an annual health check in the last 6 months. This figure was 69% at our previous inspection. However, there were 6 months remaining in the current reporting year for this figure to increase.
- The practice had taken action to best understand and reduce barriers to patient care for several specific groups of patients, some that may have been vulnerable or harder to reach such as

Good



Summary of findings

patients from specific groups including those with English as a second language, from the Roma community, sex workers, homeless patients, and lesbian, gay, bisexual and transgender (LGBT) patients.

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.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 81% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, by ensuring annual health checks.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had identified 75 patients on its register with a mental health condition, 25 (95%) of these patients had a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- 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.
- 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.

Good



Summary of findings

What people who use the service say

Feedback from patients and patient comment cards showed patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with or above local and national averages. Three hundred and seventy forms were distributed and one hundred and two were returned. This represented 1% of the practice's patient list.

- 70% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 64% and the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and the national average of 85%.

- 67% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 68% national average of 79%.

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 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.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice friends and family test patient's satisfaction scores for the preceding two months showed 86% said they would recommend the surgery.

Areas for improvement

Action the service SHOULD take to improve

- Review fire escape arrangements for people with a mobility impairment.
- Continue to monitor and take action to improve patient feedback including GP Patient survey results and regarding telephone access and appointments.
- Monitor and ensure good uptake rates for health checks for people with a learning disability.

Outstanding practice

The practice had undertaken initiatives and staff training to engage compassionately and effectively with patients from specific groups including those with English as a second language, from the Roma community, homeless patients, and lesbian, gay, bisexual and transgender (LGBT) patients. Patient's uptake of important

preventative breast and bowel cancer screening had improved significantly following practice staff engagement work for patients with English as a second language and were comparatively higher than average as a result.

Greengate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Greengate Medical Centre

Greengate Medical Centre is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 7,567 patients under a Personal Medical Services (PMS) contract. The practice provides a full range of enhanced services including, child and travel vaccines and extended hours. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The staff team at the practice includes the two lead (male) GPs collectively working ten sessions per week, five salaried GPs (four female and one male) collectively working 16 sessions per week, one long term locum female GP working eight sessions per week, a female practice nurse working six sessions per week, a female healthcare assistant working six sessions per week, a practice manager working 36 hours per week, and a deputy manager and team of reception and administrative staff working a mixture of full and part time hours.

The practices' opening hours are between 8.30am and 7pm Monday to Friday.

Appointments are available from 8.30am to 12pm and 4pm to 6.30pm every weekday except Thursday when appointment times are the same in the morning, and afternoon appointments were from 3.30pm to 6pm.

Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them. The practice offers extended hours on a Monday 6.30pm to 9pm, Friday 7pm to 9pm and Saturday 9am to 1pm. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice area has a relatively high population of people whose working status is unemployed at 14% compared to 4% nationally, and a lower percentage of people over 65 years of age at 8% compared to 17% nationally.

Why we carried out this inspection

We undertook a comprehensive inspection of on 14 March 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 and responsive services and requires improvement overall.

We undertook a follow up inspection on 3 October 2017 to check that action had been taken to comply with legal

Detailed findings

requirements. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Greengate Medical Centre on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England and Newham Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 3 October 2017.

During our visit we:

- Spoke with a range of staff (GP partners and salaried and locum GPs, a practice nurse, practice manager, health care assistant, and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- 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.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 14 March 2016, we rated the practice as requires improvement due to concerns in respect of systems for significant events, infection control, ensuring emergency medicines and equipment remained fit for use, staff training in fire safety and safeguarding, staff checks such as references and Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We also found arrangements for Patient Specific Directions for Health Care Assistants to administer injectable medicines after specific training when a GP or nurse are on the premises were not effective.

All these arrangements had significantly improved when we undertook this follow up inspection of the service on 3 October 2017. The practice 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 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 a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a temporary staff member sent a specific

patient referral to an incorrect email address which was discovered a week later during a routine check of the outbox. The practice immediately sent the referral to the correct email address and contacted the patient to apologise and explain what had occurred; there was no evidence of harm to the patient. The practice implemented a new tracking system to monitor referrals to prevent recurrence and ensured the temporary staff member was updated.

- The practice also monitored trends in significant events and evaluated any action taken.

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 GP staff for safeguarding. From the sample of 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 nurses were trained to child protection or child safeguarding level three. Non-clinical staff were trained to level two.
- Notices in clinical rooms advised patients that chaperones were available if required and staff put a further notice in the reception area on the day of inspection. 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.

Are services safe?

- The practice nurse was the infection prevention and control (IPC) clinical lead. 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. Repeat prescriptions were signed before being issued 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 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 and there were designated fire marshals within the practice. There was a fire

evacuation plan and ramp at the front entrance to help staff support patients with mobility problems to vacate the premises. However there was no ramp at the rear of the premises or method for staff to help less mobile patients downstairs if the lift is out of use in the event of a fire.

- 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.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 95% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 1 April 2015 to 31 March 2016 showed the practice was an outlier for clinical target:

- The percentage of patients with diabetes whose last measured total cholesterol is 5 mmol/l or less was 68% compared to 79% within the CCG and 80% nationally. We checked the most recent data at the practice for the period 1 April 2016 to 31 March 2017 which showed the practice had improved and the percentage of patients with diabetes whose last measured total cholesterol is 5 mmol/l or less had increased to 81%.

The practice was not an outlier for other QOF (or other national) clinical targets. Data from 2015 - 2016 showed:

- Performance for diabetes related indicators was similar to national averages. For example, the percentage of

patients with diabetes, on the register, in whom the last IFCC HbA1c (blood sugar level) was 64 mmol/mol or less in the preceding 12 months was 66%, compared to the CCG average of 72% and the national average of 78%.

- The percentage of patients with hypertension having regular blood pressure tests was 85% compared to the CCG average of 82% and the national average of 83%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91% compared to the CCG average of 87% and the national average of 90%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 95% compared to the CCG average of 84% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored. For example, the practice undertook an audit to improve care for patients with asthma according to the British Thoracic Society best practice guidelines. In the first audit cycle 81% of 231 patients were on repeat prescriptions for a reliever asthma inhaler which is intended for use as required, rather than regularly. 35% of these patients were prescribed to take an inhaler four times per day. The practice clinicians met to discuss these results and reviewed care for patients with asthma in light of the British Thoracic Society best practice guidelines, including prescribing. In the second cycle audit of 65 patients with asthma, the percentage on repeat prescriptions had dropped to 31% and the percentage prescribed an inhaler "as required" had increased to 89%.
- The practice participated in local audits, national benchmarking and peer review and research. Findings were used by the practice to improve reduce over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience 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.
- 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 and undertaking minor surgery.
- 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. 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.
- 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. 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.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer telephone 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 ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

Are services effective? (for example, treatment is effective)

for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 88% to 92%, (the national expected coverage of vaccinations is 90%). The Measles, Mumps and Rubella (MMR) vaccine for five year olds was 88% for Dose 1 compared to 93% within the CCG and 94% nationally, and 67% for Dose 2 compared to 77% within the CCG and 88% nationally.

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

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Thirty seven of the 39 patient Care Quality Commission comment cards we received were entirely positive about the service experienced, one contained negative feedback and one was mixed. There were no themes in the negative feedback. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published July 2017 showed the practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 82% and the national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 78% and the national average of 86%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 86%.

- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 80% of patients said the nurse was good at listening to them compared to the CCG average of 83% and the national average of 91%.
- 84% said they found the receptionists at the practice helpful compared to the CCG average of 78% 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.

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

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 80% said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 90%.
- 77% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. There were no notices in the reception areas informing patients this service was available but staff put up a notice in the reception window on the day of inspection.

Are services caring?

Staff spoke 17 languages between them that were mirrored in the local community and we observed noted staff were able to communicate with patients in their own language.

- Information leaflets were available in easy read format.

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.

The practice had identified 98 patients as carers (1% of the practice list). Carers were offered annual influenza vaccines and written information was available to direct carers to the various avenues of support available to them, such as the local carers group.

Staff told us that if families had suffered 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 14 March 2016, we rated the practice as requires improvement in respect of the practice waiting room being small and significantly cramped, chairs in the reception area torn, below average scores for GP patient survey results for patients telephone access, and the practice handling of complaints and concerns was not effective.

These arrangements had improved or improvements were evidenced as underway when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had identified it had a relatively high population of working age people and offered minor surgery on site and a contraceptive services for women such as insertion and removal of implants and coils.
- The practice offered extended hours on a Monday 6.30 to 9pm, Friday 7pm to 9pm and Saturday 9am to 1pm for working patients who could not attend during normal opening hours.
- 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.
- 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.

- Patients were able to receive travel vaccines available on the NHS and 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 to consulting rooms on the first floor.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had worked towards and had been awarded a certificate from the LGBT foundation for "Pride in Practice" showing it had achieved a "gold" standard for excellence in lesbian, gay, bisexual and trans care.
- The practice had taken action to ensure patients received information in formats that they understood to support patient engagement, understanding and communication. For example, the practice had noticed some patients may not be best able understand the importance of cancer screening due usual communications in regards to this service being in English, and many of their patient population had English as a second language. The practice had undertaken a program of work for staff to contact individual patients to communicate details of cancer screening services and its importance in the patient's own first language in efforts to improve patient uptake rates for this important cancer prevention service. We checked comparative data to measure the impact of the practice initiative to respond to the needs of its patients with English as a second language and evidence showed improvements were positive and significant. For example, data from Cancer Data for the reporting year 2015 to 2016 from the Public Health England showed the percentage of females aged 50 to 70 years screened for breast cancer in last 3 years was 60% at the practice compared to 59% within the CCG and 73% nationally. Following the practices intervention to contact patients individually in their own language, data obtained directly for the practice showed their breast cancer screening uptake rate had increased significantly from 60% to 77% by the reporting year 2016 to 2017 was which was higher than both local and national averages for the preceding year. Similarly, persons aged 60 to 69 years screened for bowel cancer in last two and a half years for the reporting year 2015 to 2016 was 41% at the practice compared to 42% within the CCG and 58%

Are services responsive to people's needs?

(for example, to feedback?)

nationally. Data obtained directly for the practice showed their uptake rate had increased from 41% to 90% by the reporting year 2016 to 2017 which was more than double its own uptake rate, and markedly higher than both the local and national averages for the preceding reporting year. The practice had also adopted a breast awareness information leaflet and NHS bowel cancer screening programme information leaflets produced in individual patient's first language.

- The practice had arranged specialist training for its reception staff team to ensure they were able to receive and support homeless patients appropriately and with sensitivity. The practice showed us evidence their staff had scored 100% on the related quiz for "Homelessness and access to General Practice".
- The practice provided confidential advice to sex workers.
- The practice identified it could improve its awareness on care for its Roma patients and arranged a Roma Culture awareness training for the staff team.

Access to the service

The practice was open between 8.30am and 7pm Monday to Friday. Appointments were from 8.30am to 12pm and 4pm to 6.30pm every weekday except Thursday when morning appointment times were the same and afternoon appointments were from 3.30pm to 6pm. Extended hours appointments were offered Monday 6.30 to 9pm, Friday 7pm to 9pm and Saturday 9am to 1pm. In addition pre-bookable appointments that could be booked in advance and 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 generally comparable to local and national averages with the exception of telephone access and length of wait for an appointment that were below the national average.

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 80%.
- 53% found it easy to get through to this surgery by phone which was comparable to the CCG average of 56% and the national average of 71%.

- 70% 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 64% and the national average of 76%.
- 71% of patients said their last appointment was convenient compared with the CCG average of 67% and the national average of 81%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 31% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 41% and the national average of 58%.

We asked staff about the GP patient survey scores which they were aware of. The practice had improved its telephone system which included information about place in the queue and a prompt for patient's opportunity to access appointments directly via the online portal. The practice had also increased the amount and duration of GP sessions to address the issue of waiting times for an appointment, and to better disperse appointments throughout the day to avoid the waiting room becoming cramped. In addition, the practice was in the process of building a buggy store outside and had changed seating arrangements to allow more space. The practice had provided new chairs including chairs with arms for less mobile patients to stand up more easily.

Data published in the July 2017 GP patient survey was collected between July to September 2016 and January to March 2017 and would not yet reflect patient experiences after these improvements were made. We noted the practice friends and family test patient's satisfaction scores for the preceding two months showed 86% said they would recommend the surgery. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that

Are services responsive to people's needs?

(for example, to feedback?)

it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

We looked at 12 complaints received in the last 12 months and found these were dealt with in a timely way and openness and transparency with dealing with the complaint. 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, after a patient with a specific clinical need made a complaint there was not enough time for them to discuss and receive all the information that could have been helpful within the duration of a GP appointment. The practice apologised to the patient and staff met to discuss the complaint. A member of staff suggested an patient information letter be produced setting out useful health care information including in-house and local services provided for patients with that specific need. The patient was satisfied with the outcome and the practice had routinely implemented the letter to improve this element of care for patients in the future.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a 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 such as safeguarding and infection control.
- 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 such as significant events, safety alerts, and business continuity emergency planning.
- 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 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. Minutes were comprehensive and were available for practice staff to view.
- 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. We noted regular team and social events were held.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager 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.

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:

Are services well-led?

Good 

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

· patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was in regular contact with the practice and met in person every six months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example,

- The NHS Friends and Family test, complaints and compliments received
- Staff through staff social events and generally 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, for example the practice had listened to

staff feedback in the process of managing a complaint and implemented a staff suggestion to send an information letter to patients with a specific need. 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 innovative in finding responsive ways to improve outcomes for patients in the area such as improving uptake for cancer prevention screening.