Islip Manor 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Islip Manor Medical Centre on 8 March 2016. The overall rating for the practice was requires improvement. The practice was rated requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. This was specifically in relation to aspects of medicines management, staff recruitment processes, risk management, complaints and systems to improve the quality of care. The full comprehensive report on the 8 March 2016 inspection can be found by selecting the 'all reports' link for Islip Manor Medical Centre on our website at www.cqc.org.uk.

An announced comprehensive inspection was undertaken on 7 August 2017. Overall the practice is now rated as good

Our key findings 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.
- Patient satisfaction survey information we reviewed showed patients felt the practice offered a good service and staff were helpful, friendly, attentive and polite and treated them with dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had accessible facilities and was equipped to treat patients and meet their needs, but the premises required renovation. The practice was due to move to new premises with improved facilities in the next four months.
- There was a 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.

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

The provider should:

- Review the effectiveness of storing emergency equipment and medicines in two separate locations.
- Continue to monitor and improve Quality and Outcomes Framework (QOF) performance.
- Continue to encourage the uptake of childhood immunisations.
- Continue to review how carers are identified to ensure information, advice and support is made available to them.
- Develop a comprehensive program of quality improvement including clinical audit that is independently driven.
- Review the process for submission of Friends and Family Test (FFT) feedback information to the national information resource.

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?

Good

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.
- 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Unpublished data 2016/17 showed that the practice had achieved 96%.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement, but they were CCG led.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed satisfaction scores on consultations with GPs and nurses were comparable to local and national averages.
- Survey information we reviewed showed patients felt the practice offered a good service and staff were helpful, friendly, attentive and polite and treated them with dignity and respect.

Summary of findings

- 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?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had accessible facilities and was equipped to treat patients and meet their needs, but the premises required renovation. The practice was due to move to new premises with improved facilities in the next four months.
- 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 and other stakeholders.

Are services well-led?

Good

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 leadership structure and staff felt supported by management. The management team had been expanded and a practice management consultancy company had been contracted to assist with the development of the practice.
- 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 identify risk and to monitor and improve quality, but the latter required further development
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Summary of findings

- The provider was aware of the requirements of the duty of candour. In six examples we reviewed we saw evidence the practice complied with these requirements.
- The principal GP 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.

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

Good

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.
- All older patients had a named GP to promote continuity of care. Patients were invited to annual care planning appointments as part of the unplanned admission avoidance scheme. Older patients were reviewed and care plans updated after any unplanned admission.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a care navigator who visited the practice weekly and helped older patients to access community services.
- Regular multi-disciplinary team meetings attended by district nurses, the care navigator and social workers were held to discuss and manage the needs of older patients with complex medical care.

People with long term conditions

Good

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

- Unpublished data showed improved performance for diabetes related indicators with an overall achievement rate of 75% in 2016/17, compared to 57% in 2015/16.
- All 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.
- The practice nurse and health care assistant were trained in monitoring patients with chronic disease with support from the principal GP who was the lead for long-term disease management.
- 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.
- Regular multi-disciplinary team meetings attended by district nurses, the care navigator and social workers were held to discuss and manage the needs of patients with complex medical conditions.

Summary of findings

- The practice used rescue pack medication in appropriate patients to reduce risk of unplanned hospital admission.
- In-house smoking cessation was provided by the health care assistant.
- The practice encouraged self-management in patients with long-term conditions and proactively referred them to support services such as the expert patient programme.

Families, children and young people

Good

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

- The practice had safeguarding procedures and policies in place. Information on safeguarding children was displayed in all consulting rooms and it was a standing agenda item at the practice team meeting. Staff had received role appropriate training and were aware of their responsibilities to raise concerns and who to contact.
- Alerts were placed on electronic patient records of vulnerable children and their families to flag this information to relevant staff, for example children subject to child protection of child in need plans.
- Immunisation rates 2015/16 were relatively high for all standard childhood immunisations, but fell below the 90% national expected coverage of immunisations given to children up to two years of age.
- Appointments were available outside of school hours.
- The practice offered routine ante-natal and post-natal care as well family planning and contraceptive services.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Good

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

- Extended hour appointments were available for patients unable to attend the practice in normal working hours. Telephone consultations were also available.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered NHS health checks for patients aged 40 to 74 years of age.

Summary of findings

People whose circumstances may make them vulnerable

Good

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, patients with a history of drug and alcohol misuse and those with a learning disability.
- The practice provided the homelessness locally enhanced service that offered homeless patients health review including physical examination, lifestyle questions, infection screening and mental health screening.
- The practice offered annual health checks and medication review with the GP and health care assistant for patients with a learning disability. Ten out of the 12 patients on the register had received annual health checks so far this year.
- 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)

Good

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

- Unpublished data 2016/17 showed that 78% of patients' diagnosed with dementia on the practice list, had their care reviewed in a face to face meeting in the last 12 months; compared to 67% in 2015/16.
- All patients diagnosed with common complex mental health problems and those diagnosed with serious mental health problems were invited to annual health checks and medication review with the GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. The practice had a mental health nurse provided by the CCG who attended weekly to support and manage patients experiencing poor mental health.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published 7 July 2017. Three hundred and forty four survey forms were distributed and 108 were returned. This represented a completion rate of 31% and 3% of the practice's patient list. The results showed the practice was performing similar to or above local and national averages. For example,

- 75% 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%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 26 comment cards which were mostly positive about the standard of care received. Comments received described staff as helpful, friendly, attentive and polite and the environment as clean and tidy.

We spoke with four patients including one member of the patient participation group during the inspection. All patients said they were satisfied with the care they received and thought staff were caring and understanding. We were unable to confirm the results from the Friends and Family Test (FFT) as this data was not available on the published national data resource for the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review the effectiveness of storing emergency equipment and medicines in two separate locations.
- Continue to monitor and improve Quality and Outcomes Framework (QOF) performance.
- Continue to encourage the uptake of childhood immunisations.
- Continue to review how carers are identified to ensure information, advice and support is made available to them.
- Develop a comprehensive program of quality improvement including clinical audit that is independently driven.
- Review the process for submission of Friends and Family Test (FFT) feedback information to the national information resource.

Islip Manor Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and a second CQC Inspector.

Background to Islip Manor Medical Centre

Islip Manor Medical Centre is a GP practice situated within the London Borough of Ealing. The practice lies within the administrative boundaries of Ealing Clinical Commissioning Group (CCG) and is a member of the North North Ealing GP network.

The practice provides primary medical services to approximately 3,600 patients living in Northolt and holds a core General Medical Services Contract. Since the development of two new local housing developments in the local area there has recently been an increase in the number of new patient registrations. The practice provides a wide range of services including chronic disease management and antenatal and postnatal care. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

The practice is currently located at 45 Islip Manor Road, Northolt, UB5 5DX with good transport links by bus and rail services. The practice operates from a converted semi-detached house. There is one consultation room on the ground floor of the premises and a treatment room and another consultation room on the first floor with stair access only. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are accessible facilities but there is no public car parking on site with the exception of two parking bays for disabled people to the front of the building. Non-payable off site car parking is available in the surrounding residential areas.

The practice has recently secured agreement from NHS England to re-locate to new premises in close proximity to the current practice. An application submitted to expand the new premises has been approved by the local council and building work is due for completion by December 2017. It is the intention of the practice to extend the services provided after relocation facilitated through larger and improved facilities, which the current premises does not permit. The practice has recently contracted an independent management consultant company to assist with the development of the practice.

The practice population is ethnically diverse and has a higher than the national average number of patients under 14 years of age and between 30 to 39 years of age. There is a lower than the national average number of patients 55 years plus. The practice area is rated in the third more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice registered with CQC as a sole provider on 22 July 2016 following dissolution of the previous GP partnership which the current provider was one of the partners. The practice is registered to provide the regulated activities of maternity & midwifery services and treatment of disease disorder & injury.

The practice is staffed by a male principal GP covering eight clinical sessions per week and a female locum GP covering one clinical session on Wednesday morning. They are supported by two part time female practice nurses, one working Wednesday afternoon and the other all day Friday. The nursing team is supported by a healthcare assistant

covering a dual role as assistant practice manager working in total 37.5 hours per week. The practice manager who has responsibilities at other GP locations works five hours a week, with the whole team supported by four part time reception/administration staff.

The opening hours are 8am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 1.30pm on Thursday. Appointments in the morning are available from 9.30am to 11.50am Monday, Wednesday and Thursday and from 9am to 11.50am Tuesday and Friday. Appointments in the afternoon are available from 4pm to 5.50pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments are offered from 6.30pm to 7.30pm on Wednesday for pre booked appointments. Routine appointments can be booked up to two weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice was previously inspected under the new methodology on 8 March 2016 and achieved an overall rating of requires improvement.

Why we carried out this inspection

We undertook a comprehensive follow-up inspection of Islip Manor Medical Centre on 8 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, effective, responsive and well-led services and good for providing caring services.

During the inspection we identified concerns in relation to some aspects of medicines management, staff recruitment processes, risk management, complaints and systems to improve the quality of care. The full comprehensive report on the 8 March 2016 inspection can be found by selecting the 'all reports' link for Islip Manor Medical Centre on our website at www.cqc.org.uk.

We asked the provider to take action and we undertook a follow up inspection on 7 August 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share to share what they knew. We carried out an announced visit on 7 August 2017. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, assistant practice manager, administration 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

Detailed findings

- 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.

Good

Are services safe?

Our findings

At our last inspection on 8 March 2016, we rated the practice as requires improvement for providing safe services as the systems and processes in respect of managing risks were not effectively assessed, monitored and mitigated across all areas. This specifically related to documentation of significant events, non-clinical staff DBS checks and aspects of medicines management, emergency provisions and health and safety procedures.

These arrangements had significantly improved when we undertook a follow up inspection on 7 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our last inspection on 8 March 2016 documentation of significant events was not thorough and did not include evidence of shared learning.

At this inspection there was an effective 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 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 a thorough analysis of the significant events.
- There was a system for managing safety alerts including the sharing of them with locum clinical staff.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when a patient became unwell during a blood test at the practice, they changed their phlebotomy appointment procedure to ensure any patient who was anxious or needle phobic were booked for a double appointment to allow time to manage any concerns.

Overview of safety systems and process

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. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurse level 2 and all other staff level 1. 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, which had been absent for reception staff at the last inspection on 8 March 2016. (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 and there were cleaning schedules and monitoring systems in place. However, the premises remained in need of refurbishment. The practice was due to move to a new location in the next four months, which was being renovated to provide better equipped and more appropriate facilities.
- 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. For example, the practice was aware that the sinks at the current premises required changing. However, this was to be resolved when the practice moved premises.

At our last inspection on 8 March 2016 we found the way the practice monitored fridge temperatures where vaccines were stored, did not assure that effective cold chain procedures were followed. At this inspection we saw that appropriate fridge temperature monitoring checks were now undertaken.

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 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

We reviewed three 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

At our last inspection on 8 March 2016 there were some procedures in place for monitoring and managing risks to patient and staff safety. However, there was no formal health and safety risk assessment for the whole practice environment. At this inspection we found that a health and safety risk assessment had been undertaken and a free hanging looped cord window blind which was previously installed in the waiting room had been changed.

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

- There was a health and safety (H&S) policy and H&S risk assessments undertaken.
- The practice had an up to date fire risk assessment and carried out regular fire drills. 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

At our last inspection on 8 March 2016 the practice had some arrangements in place to respond to emergencies and major incidents however, they did not have an automated external defibrillator (AED) or a risk assessment to negate the need.

At this inspection the practice now 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.

Good

Are services safe?

- 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 was available.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection on 8 March 2016, we rated the practice as requires improvement for providing effective services as there were gaps in the arrangements for communicating with locum clinical staff, clinical audit completion, aspects of staff training and multi-disciplinary team working.

These arrangements had significantly improved when we undertook a follow up inspection on 7 August 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

At our last inspection on 8 March 2016 we found that there were no systems to ensure locum clinical staff were up-to-date with relevant and current evidence based guidance, as new information was not routinely circulated to them. At this inspection we saw that this had been rectified.

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 including locum staff. 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 and audits.

Management, monitoring and improving outcomes for people

At our last inspection on 8 March 2016 Quality and Outcomes Framework data from 2014/2015 showed performance indicators for some clinical areas, such as diabetes and hypertension were below CCG and national averages. Although the practice participated in CCG led clinical audit, there was no evidence of completed clinical audits demonstrating quality improvement. At this inspection we found improvements in QOF achievement and evidence of completed clinical audit cycles.

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 from 2015/16 was 78% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception rate was 9%, which was lower than the clinical commissioning group (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).

As part of this inspection, we reviewed unpublished QOF clinical data for 2016/17 which the practice extracted from their clinical information system. This showed they had achieved 96% of the total QOF points available in the clinical domains measured, which represented a 27% increase from the previous year clinical results of 75.5% in 2015/16.

Unpublished QOF data 2016/17 showed improved performance for some diabetes related indicators in comparison to the previous year 2015/16. Data showed that;

- 59% of patients on the diabetes register had an IFCC-HbA1c less than or equal to 64 mmol/mol measured in the last 12 months for the year 2015/2016, compared to the CCG average of 77% and national average of 78%. Unpublished data 2016/17 showed an increase to 68% for this indicator.
- 69% of patients on the diabetes register had total cholesterol level of 5mmol/l or less measured in the last 12 months for the year 2015/2016, compared to the CCG average of 77% and national average of 80%. Unpublished data 2016/17 showed a decrease to 64% for this indicator.
- 65% of patients on the diabetes register had a blood pressure reading of 140/80 or less measured in the last 12 months for the year 2015/2016 compared to the CCG average of 76% and national average of 78%. Unpublished data 2016/17 showed an increase to 71% for this indicator.

Unpublished QOF data 2016/17 showed improved performance for some mental health related indicators in comparison to the previous year 2015/16. Data showed that;

Good

Are services effective?

(for example, treatment is effective)

- 63% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months for the year 2015/2016; compared to the CCG average of 90% and national average of 89%. Unpublished data 2016/17 showed an increase to 91% for this indicator.
- 96% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, whose alcohol consumption has been recorded in the last 12 months for the year 2015/2016, compared to the CCG average of 90% and national average 89%. Unpublished data 2016/17 showed a decrease to 86% for this indicator.

Unpublished QOF data 2016/17 for other health related indicators demonstrated similar or improved achievements in comparison to the previous year 2015/16. Data showed that,

- 77% of patients on the register with hypertension had a blood pressure reading measured in the last 12 months that was 150/90mmHg or less for the year 2015/16; which was similar to the CCG average of 82% and national average of 83%. Unpublished data 2016/17 showed an increase to 78% for this indicator.
- 89% of patients with asthma on the register who have had asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions for the year 2015/16; which was above the CCG average of 78% and national average of 76%. Unpublished data 2016/17 showed a decrease to 82% for this indicator.
- 62.5% of patients, on the register, with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months for 2015/16, compared to the CCG and national average of 90%. Unpublished data 2016/17 showed an increase to 73% for this indicator.

The practice was aware of the areas they needed to improve upon and had developed an action plan to improve these areas of QOF poor performance in 2017/18.

At our last inspection on 8 March 2016 we saw that the practice participated in CCG led clinical audit however, there was no evidence of completed clinical audits to demonstrate quality improvement. At this inspection there was evidence of quality improvement including completed clinical audit cycles:

- There had been two clinical audits commenced in the last two years where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice completed an audit of prescribing in asthma patients. First cycle data showed all patients identified had received annual review and were prescribed appropriate management for their asthma, however 76% patients had their inhaler technique assessed which fell below the standard target of 100%. One patient was identified as having requested more than expected repeat inhaler prescriptions and this patient was invited in for urgent review. Following these results, the practice reviewed current best practice guidelines with all clinical staff and developed an asthma lead for the practice. The procedure for annual reviews in asthma patients were updated to include assessment of inhaler technique which was to be completed by the practice nurse. Subsequent second cycle audit showed improvement in results with all standard targets being achieved. However, it was noted that both clinical audits were CCG led by the medicines management team and that no independent completed clinical audits had been undertaken by the practice.

Information about patients' outcomes was used to make improvements. For example, the practice engaged in local enhanced services to identify patients at risk of unplanned hospital admission and invite them in for review to create integrated care plans aimed at reducing this risk. Following unplanned admissions patients were reviewed and care plans updated to reflect any changes to management.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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, discussion at practice team meetings and attendance at CCG led events.
- 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, information governance and infection and prevention control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

At our last inspection on 8 March 2016 limited multidisciplinary working was taking place as regular meetings with district nurses and other community health and social care professionals had not taken place for four months. At this inspection multi-disciplinary meetings had re-commenced and were held three monthly.

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 24 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 three 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.
- There was no minor surgery performed at the practice. Verbal consent for procedures was documented in the patient's electronic records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. 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 and smoking cessation
- The health care assistant provided in-house smoking cessation advice with referral to local support group if required.

The most recent published results 2015/16 for the cervical screening programme showed the practice uptake rate was 80%, which was similar to the CCG average of 79% and the national average of 81%. Unpublished data for 2016/17 demonstrated showed improvement with an achievement rate of 85%.

Good

Are services effective?

(for example, treatment is effective)

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. 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 they ensured a female sample taker was available.

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

The practice did not achieve the 90% national expected coverage of immunisations given to children up to two years of age in all of the four areas measured. For example;

Data showed that;

- 88.5% of children aged one had received the full course of recommended vaccines.
- 81% of children aged two had received pneumococcal conjugate booster vaccine.
- 84.5% of children aged two had received haemophilus influenza e type b and Meningitis C booster vaccines.
- 88% of children aged two had received Measles, Mumps and Rubella vaccine.

Immunisation rates for five year olds were mostly above CCG and national averages. For example;

- Measles, Mumps and Rubella dose one vaccinations for five year olds was 100%, compared to the CCG average of 93% and the national average of 94%.
- Measles, Mumps and Rubella dose two vaccinations for five year olds was 83%, compared to the CCG average of 80% and the national average of 88%.

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

Good

Are services caring?

Our findings

At ourlast inspection on 8 March 2016, we rated the practice as good for providing caring services. When we undertook a comprehensive follow up inspection on 7 August 2017 the practice was also 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.
- 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.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, friendly, attentive and polite and treated them with dignity and respect.

We spoke with three patients and 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 published 7 July 2017 showed patients felt they were treated with compassion, dignity and respect. Results were comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 96% 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%.
- 87% 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%.
- 80% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 81% of patients said the nurse gave them enough time compared with the CCG average of 85% and the national average of 92%.
- 94% 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%.
- 81% 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%.
- 81% 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.

Results from the national GP patient survey published 7 July 2017showed patients responded mostly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 80% 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%.

Good

Are services caring?

- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% 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 national average of 85%.

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. However, we did not see notices in the reception areas informing patients this service was available or of the multi-lingual skills of practice staff that might be able to support them. These included languages spoken by some of the practice's patient population such as, Gujarati, Hungarian, Polish, Punjabi, Tamil and Urdu
- Information leaflets were available in easy read format.
- 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 30 patients as carers (0.85% of the practice list). Patients identified as carers were offered longer appointments, annual health checks and flu immunisations. Written information was available to direct carers to the various avenues of support available to them. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At ourlast inspection on 8 March 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of handling complaints were not effective.

These arrangements had significantly improved when we undertook a follow up inspection on 7 August 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 offered extended hours on Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients with a learning disability and for those patients with multiple long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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 for patients signed up to receive them.
- 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.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately and were directed to other services for any travel vaccinations not performed.
- The practice had accessible facilities and was equipped to treat patients and meet their needs, but the premises required renovation. At our last inspection on 8 March 2016 the practice had submitted an application for a premises improvement grant to NHS England to refurbish and renovate the premises. However, this had not been progressed as the owner of the premises had decided to convert the location to a residential building. The practice had recently secured agreement from NHS England to re-locate to new premises with better facilities and anticipated to move in the next four months.
- Interpretation services were available and a hearing loop had been placed on order. Some of the practice staff were able to communicate in many of the languages spoken by the practice population.
- Patients could book routine appointments and request repeat prescriptions on line.

Access to the service

The practice was open from 8am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 1.30pm on Thursday. Appointments in the morning were from 9.30am to 11.50am Monday, Wednesday and Thursday and from 9am to 11.50am Tuesday and Friday. Appointments in the afternoon were from 4pm to 5.50pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments were offered from 6.30pm to 7.30pm on Wednesday evening for pre booked appointments. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published 7July 2017 showed that patient's satisfaction with how they could access care and treatment was mostly comparable to or above local and national averages.

- 69% 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%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 82% of patients said that the last time they wanted to see or speak to someone they were able to get an appointment compared with the CCG average of 79% and the national average of 84%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 47% 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%.

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. This was managed by the duty doctor who 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

At our last inspection on 8 March 2016 the practice did not demonstrate an effective system for handling complaints and concerns. There was no documented process for the management of complaints and no formal log of complaints received verbally to demonstrate how these were managed.

At this inspection the practice had an effective system for handling complaints and concerns including the maintenance of a log of all complaints, inclusive of those received verbally, to monitor trends.

- 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, information in the practice leaflet, practice website and complaints procedure leaflet.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled in a timely manner, with openness and transparency and with written apologies where appropriate. 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, following a complaint from a patient about difficulties getting an appointment, the practice discussed the issue at the practice meeting and decided to conduct an appointment audit with the aim of increasing the number of appointments available.

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 last inspection on 8 March 2016, we rated the practice as requires improvement for providing well-led services as there were areas of weakness in governance arrangements, leadership capacity and quality monitoring to make improvements.

These arrangements had been improved when we undertook a follow up inspection on 7 August 2017. The practice is rated as good for providing well-led services.

Vision and strategy

At our last inspection on 8 March 2016 the practice did not have a mission statement but had a written statement of purpose which described their aims and objectives. This was underpinned by a clear vision to deliver high quality care and promote good outcomes for patients.

- At this inspection 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.

Governance arrangements

At our last inspection on 8 March 2016 we found that some practice policies required updating, and risk management was lacking in some areas. QOF performance was below CCG and national averages and there was no evidence to demonstrate improvements to patient outcomes as a result of clinical audits undertaken.

At this inspection we saw that 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. The GP, practice nurse, practice manager and assistant practice manager/health care assistant had lead roles in key areas. For example, the latter was the lead for monitoring Quality and Outcomes Framework (QOF) and demonstrated the work undertaken to manage and achieve improved QOF performance.
- Practice specific policies were implemented and were available for all staff to view.These were updated, regularly reviewed and a standing agenda item at practice team meetings.
- 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.
- At our last inspection on 8 March 2016 clinical audits had been commenced to monitor quality however, none had been completed to demonstrate improvement. At this inspection we saw that clinical and internal audit was used to monitor quality and to make improvements, although a comprehensive program of quality improvement was not in place.
- 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

At our last inspection on 8 March 2016 we found weaknesses in the leadership structure and capacity of the management team to provide sufficient managerial oversight and direction. The principal GP was based across two sites and the practice manager was employed part-time, on a temporary basis and operated remotely due to other work commitments.

At this inspection we saw some changes had been made to the leadership structure with the appointment of a permanent part-time practice manager. The practice was still managed and run by the principal GP who also remained the registered provider of another GP practice in a neighbouring CCG, which was due to close at the end of September 2017. The practice manager in addition to other outside work commitments worked across both of the practice sites managed by the provider, with five hours a week committed to Islip Manor Medical Centre. The health care assistant now worked full time in a dual role as an assistant practice manger and aspired to develop further as a practice manager. The practice had very recently

Are services well-led?

Good

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

contracted a practice management consultancy company to assist with the development of the practice. However, it was unclear how long this support would be in place or of the impact when withdrawn.

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). The principal GP encouraged a culture of openness and honesty. From the sample of six 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.

At our last inspection on 8 March 2016 there was no evidence of any practice meetings in the previous four months.

- At this inspection we saw evidence of regular whole team practice meetings minutes from which were comprehensive and available for practice staff to view.
- Multi-disciplinary meetings including meetings with district nurses and social workers were held to monitor vulnerable patients. GPs, where required, discussed with health visitors to monitor vulnerable families and safeguarding concerns.
- 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 principal GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP 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:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. The PPG had actively been involved in the submission bid to re-locate to new premises. The PPG chairperson with knowledge experience had conducted an audit and written a paper demonstrating the need for improved accommodation, highlighting the constraints of the current premises from different patient perspectives. The recommendations had been considered in the renovation plans of the new practice premises. At a recent PPG meeting it was brought to the attention of the practice the confusion experienced by patients as to the eligibility of patients to receive flu vaccinations. The practice was currently exploring options of improving communication to patients regarding this.
- complaints and compliments received.
- staff through team 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 they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on learning and improvement within the practice and processes had been put in place to further monitor performance in specific areas for shortfalls to be addressed. It was the intention of the practice to extend the services currently provided, facilitated by the re-location of the practice to larger premises with improved facilities. This would allow for expansion of the clinical team and improved access for patients to additional healthcare services not currently provided.