

Custom House Medical, Teaching and Training Practice

Inspection 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 location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Overall summary

This practice is rated as requires improvement overall. (Previous rating 01 2018 – Inadequate)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Custom House Medical Teaching and Training Practice on 12 September 2018. This inspection was carried under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and to follow up on breaches of regulations identified during the inspection of 23 January 2018.

At this inspection we found:

- The practice had made significant improvements since our previous inspection and although further improvement remains necessary, the practice is making progress to become compliant with the regulations.
- The practice had taken steps towards stabilisation; there were now four partners and the practice management team better understood their roles and functions.
- Most renovation work excepting the flooring had been completed satisfactorily.
- We found most risks were now being identified, actioned and appropriate steps taken to mitigate harm to patients and other service users.
- Improvements were needed in relation to high-risk medicines and infection control.
- The practice now maintained various matrices to monitor staff training and other important human resources tasks.

- Long term conditions clinical indicators such as QOF remained below CCG and national averages, however unpublished and unverified data demonstrated gains in areas such as diabetes and mental health.
- Patient satisfaction surveys were now in line with local averages, however they remained below national averages; more time was needed to ascertain fully if the initiatives implemented to improve access were working and fully sustainable.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- Complaints management was effective, and responses demonstrated adherence to the Duty of Candour.

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Introduce a system to monitor the pharmacist's work.
- Consider introducing a protocol for sepsis identification and how clinicians record vital signs in patient's clinical notes.
- Continue to take action to monitor low performing areas such as diabetes, mental health and patient's satisfaction.

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

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

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

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

Background to Custom House Medical, Teaching and Training Practice

Custom House Medical, Teaching and Training Practice is situated within NHS Newham Clinical Commissioning Group (CCG) and we visited the premises as part of our inspection. The practice provides services to approximately 9,800 patients from a purpose built medical centre that has been extended. Services are delivered under a Personal Medical Services (PMS) contract and has a website www.customhousesurgery.com.

The staff team at includes two female, and two male GP partners collectively delivering 26 sessions per week. They are supported by a male clinical pharmacist (30hrs per week), a female advanced nurse practitioner (full-time), two female practice nurses (one working 31 hours and the other 23 hours per week), a full time female healthcare assistant, and a counsellor working eight hours per week. Non-clinical staff includes a part time business manager, a part time patient liaison manager, a full-time practice manager, and a team of reception and administrative staff working a mixture of hours. The practice no longer provides teaching for medical students and training for qualified GPs.

The practices' opening hours are 8am to 6.30pm Monday to Friday. GP and practice nurse appointments are

available Monday to Friday 8am to 6.30pm. Appointments include home visits; telephone consultations and online pre-bookable appointments and urgent appointments are available for patients who need them. Extended hours are provided on Saturdays between 8am and 1pm. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

Information published by Public Health England rates the level of deprivation within the practice population group as one 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 11% compared to 4% nationally, and a lower percentage of people over 65 years of age at 7% compared to 17% nationally. The local ethnicity demographic is approximately White 43%, Mixed race 6%, Asian 19%, Black 28%, other race 4%.

The practice is registered with the Care Quality Commission to carry on the regulated activities of family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. We saw evidence steps were taken to register all four partners with the Care Quality Commission.

Are services safe?

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

At our previous inspection 23 January 2018, we rated the provider as inadequate due to significant gaps in the management of significant events, safety alerts, recruitment checks, emergency equipment/medicines, fire safety, infection control and safeguarding.

At this inspection of 12 September 2018, most concerns we identified at our previous inspection had been remedied satisfactorily excepting those relating to infection control. In addition, we found the process for managing patients on high risk medicines needed strengthening to ensure patient safety.

The practice was rated as requires improvement for providing safe services because:

- Some clinical staff had not had their Hepatitis B immunity status verified.
- The storage of mops and buckets which were used to clean the premises were not managed according to best practice guidelines.
- The practice had a policy for high risk medicines which was fit for purpose, however we found a few instances when this was not followed effectively by clinical staff.
- There was no formal process in place to review the pharmacist's work including prescribing.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- We reviewed the child safeguarding register and found relevant information was included on records but not

always recorded correctly as guardians records were also included on the register. We saw evidence the practice took appropriate action to resolve this on the day of inspection.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The system to manage infection prevention and control had improved since our last inspection in January, however we found that service users were at an increased risk of exposure to risk of contamination because cleaning equipment was stored outside.
- The practice had arrangements to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis, however admin and reception staff had not received relevant training.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff did not always prescribe, administer or supplied medicines to patients in line with current national guidance. For example, we reviewed patients on high-risk medicines namely Methotrexate, Azathioprine, Warfarin, Lithium and Amiodarone and found that important checks such as blood tests and thyroid function were generally undertaken, however we found two instances where the recommended care pathway was not followed by the prescriber. For example, two patients on Lithium had not had the required tests done, however we found the medicine was prescribed. We noted, there was a detailed policy in place to govern the prescribing and administration of high risk medicines; this included a pathway, however we found two occurrences where this was not followed.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had improved its track record on safety.

- There were risk assessments in relation to most safety issues. However, on the day of inspection, the practice did not have a control of substances harmful to health (COSHH) policy to govern substances held on site and with the potential to cause harm to health. We saw no evidence the provider had undertaken risk assessments for cleaning products. Twenty-four hours following the inspection, the practice provided us with a detailed policy and individual risk assessments for substances.
- There was some evidence the practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The documented evidence reviewed, demonstrated that the practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

At our previous inspection 23 January 2018, we rated the provider as inadequate for providing effective services as data from the Quality and Outcomes Framework (QOF) showed that the practice was performing below local and national averages for long term conditions in particularly diabetes and mental health. We also found that clinical staff did not fully understand the requirements of legislation and guidance as it related to consent and records of qualification and training were not formally maintained.

At the inspection of 12 September 2018, all concerns had been rectified. The inspection team used unverified and unpublished internal data to assess quantitative improvement in QOF scores.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Performance data for diabetes remained as per the inspection of January 2018. Unverified Internal data we reviewed suggested that there had been improvement.
- We reviewed a sample of patients with long-term conditions and found that they had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% as verified by local CCG data. Unverified data shows the practice achieved 97% uptake for 2 year old vaccinations and 95% for 5 year olds.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. However information from Public Health England (PHE) stated that vaccination uptake had declined in recent years; In 2015/16 coverage was defined at 73%.
- Failsafe systems were in place to ensure samples sent to the laboratory were received and followed up.

Are services effective?

- The practice's uptake for breast cancer screening was comparable to the local average, but below the national average of 70%. Other cancer screening such as bowel cancer screening was in line with local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time; posters were displayed in waiting areas.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Mental health registers were maintained for at risk patients.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability; 96% of patients have had a health check and health action plan agreed.

- Internal unverified and unpublished data we looked at suggested performance for mental health indicators had improved since our inspection of 23 January 2018. At that inspection we found 75% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below the CCG and national averages of 89% and 90% respectively.

Monitoring care and treatment

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

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 8% compared with the CCG average of 7% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- There were areas of high exception reporting rates which the inspection team queried. We found that patients who were exception reported were done so according to the exception reporting criteria.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives such as HIV and latent TB testing.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Are services effective?

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. The HCA assistant had completed a wealth of training which reflected the requirements of the Care Certificate.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were now maintained and could be easily accessed by appropriate staff.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- The approach for supporting and managing staff when their performance was outside of the practice's ethos needed to be more transparent.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

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

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

The practice was rated as requires improvement for caring because GP patients survey remained below national averages. Although steps had been taken to address some of the concerns sufficient improvements were not evident.

At our previous inspection of 23 January 2018, we rated the provider as inadequate for providing caring services. This was because the practice had not taken sufficient action to address concerns expressed by patients regarding access to treatment and care. Data showed that the practice was performing below CCG and national averages for its consultation with GPs and nurses.

At this inspection, we found that the practice was now undertaking in-house patient surveys to address areas of concern. Since our last inspection, a most recent GP patient survey was undertaken, however the questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This meant they cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results had improved in respect of confidence and trust, however they remained below national averages for questions relating to the healthcare professional listening skills and overall experience at the GP practice.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment, however those relating to the GP's listening remained below local and national averages. We spoke with six patients on the day of inspection and who told us they felt involved in their treatment and care.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- At the previous inspection there were CCTV installed above one of the examination couches. The practice told us these were unplugged and were not in use. We found this had been removed when we undertook our follow up inspection.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice requires improvement for providing responsive services. All population groups were rated good.

The practice was rated as requires improvement for responsive because:

- External GP patient survey demonstrated that access to treatment and care had improved, however further improvements were needed to as scores remained below national averages.

At our previous inspection of 23 January 2018, we rated the provider as inadequate for providing responsive services. This was because the practice had not taken sufficient action to address concerns expressed by patients regarding access to treatment and care. Patients reported that they found it difficult to obtain appointments and the had difficulty getting through on the telephone.

At this inspection, we saw evidence of initiatives put in place to improve access to treatment and care.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, phlebotomy services were offered on site.
- A benefit advisor attended the practice to provide advice and support to patients.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice was selected by the CCG to take part in web consultations.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice provided in-house asthma/copd, phlebotomy and electrocardiogram (ECG) services.
- The in-house pharmacist undertook audits to identify patients aged 65 and older and who are on five or more repeat medications.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Children who failed to attend immunisation appointments were flagged on the clinical system and an alert sent to the safeguarding lead. If the safeguarding lead was unavailable, then the duty doctor would be alerted.
- Notices in the waiting room encouraged patients between 15-24 years to have the chlamydia testing; testing kits were held in the clinical rooms.
- The practice provided a weekly walk-in clinic for those between 13-19 years.

Are services responsive to people's needs?

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The practice offered early morning and late evening weekly walk-in cervical cytology clinics to encourage those who found it difficult to obtain convenient appointments.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Patients who are flagged as vulnerable had access to the navigator service which provided assistance to patients through social prescribing and signposting.

Timely access to care and treatment

At the inspection of January 2018, patient feedback indicated that they were not able to access care and treatment from the practice within an acceptable timescale for their needs. At this inspection, we found that patients feedback had improved since our last visit.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results had improved considerably in as much so that they were comparable to local average, but remained below national averages for questions relating to access to care and treatment. For example, only 28% of patients who responded in the previous GP patient survey said they could get through easily to the practice by phone compared with the CCG average of 56% and the national average of 71%. At our inspection on 12 September, the percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018) was 45% (an increase of 17%). The CCG and national averages were 56% and 70% respectively.
- We saw evidence the practice undertook their own in-house survey over a six-week period. The in-house survey showed that patients now had better access to treatment and care in a timely manner.

Listening and learning from concerns and complaints

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

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

Please refer to the evidence tables for further information.

Are services well-led?

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

At our previous inspection on 23 January 2018, we rated the practice as inadequate for being well-led based on the concerns raised in safe, effective, caring and responsive key questions. The evidence at the time demonstrated that managers and leaders did not have effective oversight of pertinent issues affecting the practice. We found that leaders were not aware of low QOF as it related to patients with long term conditions and they had not done enough to address patient's dissatisfaction regarding to the difficulty faced when trying to access treatment and care.

At the inspection of 12 September 2018, we found improvements have been made to the overall quality of care delivered by the practice. Leaders were more informed and there were instances throughout the inspection when the four partners and management team showed responsiveness.

Leadership capacity and capability

The leadership scope of the practice has changed since our previous inspection. There were now four partners and the practice manager has been given more autonomy to run the practice. We found that leaders had the capacity and skills to deliver high-quality care, however as the partnership was new sustainability could be challenging to achieve.

- The practice had made significant improvements since our previous inspection and although further improvement remains necessary, the practice is making progress to become compliant with the regulations.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were proactively addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

- The practice had a clear vision encompassed with a set of medical objectives and that was to “offer skilled care to enable patients to achieve their optimum state of health and well-being.”
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them; patient charters were available in reception area as well as clinical rooms.
- The strategy as detailed in the business development plan 2018/20 was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The management approach of the practice had changed due to retirement of senior GPs and new partnership arrangements. This demonstrated that they had begun working towards a culture of quality and sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Relationships between staff and teams were mostly positive.

Are services well-led?

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care, however some members of staff did not always follow policy such as those relating to high risk medicines.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement, for example, the practice manager had been funded to complete a Master's programme in Finance and financial Law.
- The practice was awarded an improvement grant in 2017 which was used to refurbish and improve the building.
- We saw evidence management reviewed staff skill mix; in the last six months an administration staff was upskilled to assistant trainee practice manager.
- Managers knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice has pledged 5% of its budget to develop an up-skill program to be implemented in the next two years.
- The practice took part in incentivised and non-incentivised pilot schemes, for example, TQuest Radiology Implementation-a project which was being delivered across three CCGs.This is an electronic

ordering system that is already part of the clinical software system used by the practice and will enable direct ordering of imaging tests from a local hospital Radiology department. The overall aim of this system was to speed up the time taken for clinicians to receive test results. Custom House was one of 20 practices which took part in the pilot.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• High risk medicines were not always appropriately prescribed.• There was an increased risk of contamination because cleaning equipment was stored outside.• Not all clinical staff had their Hepatitis B immunity status checked.• Not all nominated fire marshals/warden had received specific training to undertake this role. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>