

City Road Medical Centre

Quality Report

City Road Medical Centre

190-196 City Road

London, EC1V 2QH

Tel: 020 7336 8170

Website: www.cityroadmedicalcentre.org.uk

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to City Road Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at City Road Medical Centre 14 March 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available on request and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.
 - Urgent appointments were available the same day. However, some patients said they did not find it easy to make an appointment with a named GP which could have an impact on continuity of care.
- GP patients survey results showed

The areas where the provider must make improvement are:

- The provider must review its levels of exception reporting and take all necessary steps to improve outcomes for patients.
- The provider must ensure all staff received such supervision and appraisal as is necessary to enable them to carry out their duties.

The areas where the provider should make improvement are:

Summary of findings

- Proactive steps should be taken to bring the complaints process to patient's attention.
- The provider should ensure the interpreting service is brought to patient's attention.
- The provider should take steps to improve access to the service by improving the availability of appointments with a patient's preferred GP and improving patient satisfaction with the opening hours and telephone access.
- Infection control audits should be carried out annually.
- The provider should consider introducing an appointment system for the baby immunisation.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place 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 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 in place to keep patients safe and safeguarded from abuse.
- For example, sharps bins that were undated and not stored securely. However, where issues were pointed out they were addressed immediately.
- Risks to patients were assessed and well managed, however, the practice had failed to carry out an infection control audit for the previous year. This was completed on the day of our inspection.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly at or above average for the locality and compared to the national average.
- Some of the practice's values for exception reporting were higher than the CCG and national average. For example in mental health and asthma.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. There had been eight clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice nurse had not received an appraisal in the six years she worked at the practice.

Summary of findings

- Non-clinical staff had not received appraisals the previous year due to the long term absence of the practice manager.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. However the translation service was not brought to patient's attention.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

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

- Patient satisfaction with the practice's opening hours and telephone access was below average. The practice was aware of the issues and was in the process of an ongoing quality improvement programme.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice recognised a big increase in the number of working age people registering. Proactive steps were taken to improve access for this patient group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Urgent appointments were usually available the same day. However, feedback from patients reported that access to a preferred GP was not always available quickly.
- Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Information about how to complain was available on request.

Requires improvement



Are services well-led?

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

Good



Summary of findings

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. One of the GP Partners was a GP with a Special Interest (GPwSI) in Geriatrics. Needs assessments were carried out in patient's homes or at a local hospital. Personalised, long term plans for treatment, rehabilitation and support were formulated.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example, 100% of patients with the heart condition atrial fibrillation were treated with the appropriate anti blood clotting drugs.
- The practice provided services for older people such as an on-site podiatrist, shingles and flu vaccination. Feedback from the PPG was that these services were well publicised and well run.
- All patients aged over 75 had a named GP. Routine over 75 health checks were carried out and patients of concern were discussed at monthly primary health care team meetings.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the people with long-term conditions. The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The nurse led in chronic disease management. Patients at risk of hospital admission were identified as a priority.
- The practice was proactive in managing patients with long term conditions through new locally initiatives. Dedicated

Requires improvement



Summary of findings

appointments and longer consultation times were available when needed. However, exception reporting for asthma and mental health was much higher than the CCG and national averages.

- Performance for diabetes related indicators were between 68% and 98%. This was in line with the CCG and national average range of 78% to 94%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice supported patients with information about self-care techniques with online resources, referral to expert patient programmes and health navigators

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young of concern were discussed at monthly children's multi disciplinary team (MDT) teleconferences.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice was involved in a training and accreditation programme aimed at increasing accessibility for young people.
- The practice website had a dedicated youth page which advertised suitable services and provided general advice.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83% which was in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children were always prioritised for appointments.
- There were positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available until 7.30pm on Mondays and Thursdays and every other Saturday morning to support working age people to access the practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Text reminders for appointments were sent to patients.
- Health promotion and screening appointments were available. For example targeted health checks were offered to patients aged between 35 and 75 years or patients identified with a high risk of having a heart attack or stroke over the next ten years.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. These patients were invited for annual health checks.
- The practice worked collaboratively with local supported housing facilities, including those for people with drug and alcohol dependency and YMCAs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Local homeless shelters and other local services were represented at primary health care team meetings. Patients were signposted to other appropriate local services.

Requires improvement



Summary of findings

- Weekly drug and alcohol community services clinics were held on site.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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. Staff had received training around domestic violence and identification of female genital mutilation at clinical meetings.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 95% of patients experiencing poor mental health had a comprehensive agreed care plan in the last 12 months. This was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Patients were referred to various support groups and voluntary organisations services such as iCope psychological therapies service.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below local and national averages. Three hundred and ninety four survey forms were distributed and 94 were returned. This represented 1.54% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 63% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were positive about the standard of care received. A few patients said they sometimes experienced difficulty getting an appointment but they expressed satisfaction with the service they received.

We spoke with 5 patients during the inspection. All 5 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some said appointments didn't always run to time and they had to wait up to half an hour after their appointment time.

The results of Practice's friends and family test showed 96% of patients would recommend the practice. Patients were able to submit their views for the friends and family test on paper in the practice or on the practice website.

City Road 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, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to City Road Medical Centre

City Road Medical Centre is located in the London Borough of Islington. The practice is located in the third more deprived decile of areas in England. The practice's patient population has become more ethnically diverse over the past ten years, with less than half (48%) of residents being White British in 2011 compared to 57% in 2001. At 76 years for males and 84 years for females, the average life expectancy is similar to the England averages of 79 and 83 years, respectively.

The practice is the only one within its division of the local authority. It has a list size of 6,727. It is situated on the ground floor of a modern building that is easily accessible by the Underground and several bus routes. All parts of the premises are wheelchair accessible. The patient waiting area and consulting and treatment rooms are on the ground floor. The practice does not have a patient car park. The practice serves a relatively young population with a higher than average proportion of patients aged between 20 and 39.

The practice is managed by five GP partners (four female and one male). They are supported by three salaried GPs and a GP trainee. All of the GPs work part time. The practice

offered a total of 31.25 GP sessions per week. There is one practice nurse who is female. The nurse leads on infection control and is a registered smear taker. There is also a health care assistant (HCA) who is supported by the nurse.

The practice is a training practice. One of the partners is an approved trainer and two others were in the process of becoming GP trainers.

The practice is open from 8.30am to 7.30pm on Mondays and Thursdays, 8.30am to 6.30pm on Tuesdays and Fridays and 8.30am to 1.30pm on Wednesdays. On Wednesday afternoons patients can still see a clinician, however the phone lines are diverted to the out of hours provider. Extended surgery hours are offered every other Saturday from 9.30am to 12.30pm. The practice is a member of a local co-operative run by local GPs to cover medical emergencies. When the surgery phone lines are closed the telephone lines are diverted directly to the co-operative. In addition to the NHS 111 service patients could attend a local walk-in centre.

City Road Medical Centre is registered with CQC to provide the following regulated activities from Unit 1-3, 190-196 City Road, London, EC1V 2QH: surgical procedures, family planning, diagnostic and screening, maternity and midwifery services and treatment of disease, disorder or illness.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 March 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurse, reception and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.
- Reviewed documentation the provider gave us about the operation, management and performance of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would raise concerns with the practice manager or lead GP and record them in the incident book. For example, an incident involving an abusive patient was recorded in the incident book and discussed at a meeting. The GP contacted the patient and the issue was resolved.
- The practice carried out a thorough analysis of the significant events. They were discussed at clinical meetings to ensure learning from the events was identified and shared and to ensure they did not happen again.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example was in the case of a patient suffering from a number of illnesses who was refusing medication. The practice had reviewed its processes for dealing with patients with complex needs. This involved ensuring such patients were discussed at the weekly meetings and at monthly enhanced Primary Health Care Team meetings.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. This was to ensure the practice would respond to such an event in line with the Duty of Candour that came into effect for general practice from 1 April 2015.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. A GP partner took the lead role for all safeguarding matters. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the nurse were trained to Safeguarding level 3.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a policy in place for cleaning and a schedule which detailed the frequency of cleaning of equipment and areas of the practice. The practice nurse was the infection control clinical lead. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- The annual infection control audit had not been undertaken in 2015. We saw an audit carried out by a local infection team in 2014. We discussed this with staff who immediately initiated another audit on the day of our inspection and which was completed the same day. Areas for review were highlighted and the practice manager undertook to address these.
- Arrangements were in place to deal with the spillage of bodily fluids. A spillage policy was in place. Spillage packs were clearly visible in various locations. All were in date and staff knew how to use them. There was a policy in place for dealing with a sharps injury and posters in clinical rooms set out the process to be followed. Staff understood the procedures to follow to reduce the risk of cross infection. For example samples brought in by patients were handled safely.
- Single use equipment such as nebuliser masks and tubing were still in covers and within the expiry date. However we saw oral airways that were undated and appeared to be old stock. We informed the nurse, who removed them immediately.

Are services safe?

- Waste was stored securely and collected every week. Pedal bins were used with different coloured bags depending on the type of waste being stored in them. Sharps bins were available in all treatment room. Most were dated and not over filled. In one consultation room we noted two sharps bins which were not dated. One was not securely closed and contained sample bottles which contained an unidentified brown liquid. We brought this to the attention of one of the GP partners and it was removed immediately.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The on-site pharmacist (not part of practice staff) checked medicines once a month. Internal medicines audits were carried out by a GP twice a year. The previous audit showed high usage of inhalers. As a result patients were invited for a review of their medication to ensure prescriptions were appropriate.
- The practice had a clear process and audit trail for the management of information about changes to patients' medicines received from other services. Discharge letters were scanned in and the duty GP was responsible for noting any changes. Patients were contacted by the Healthcare Assistant (HCA) within 72 hours of discharge to ensure any concerns were addressed and ascertain if a review was required.
- High risk medicines were monitored in line with national guidance. The medicines management team at the local CCG reviewed the usage of medicines such as methotrexate and warfarin to ensure correct prescribing practice
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines or vaccines in line with legislation. All Patient Group Directions were signed by a GP and the practice nurse. The HCA did not administer medication or vaccines.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate

checks through the Disclosure and Barring Service. Locum GPs and nurses were sourced from agencies which carried out background checks. The practice ensured all correct documentation was received before the practitioner could see patients.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. A risk assessment had been carried out the previous year. Portable appliance Testing (PAT) was last carried out in 2013. We saw evidence that arrangements were in place for further testing to be carried out two days after our inspection. Clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. One of the administrative staff had trained as a healthcare assistant (HCA) and supported the nurse to increase the number of appointments available. Plans were in place to recruit another administrative staff to release the HCA from administrative duties.

Arrangements to deal with emergencies and major incidents

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

- Staff had an understanding of emergency procedures and were clear on their roles and responsibilities. Three members of staff were fire marshals, each with responsibility for specific areas of the building. Staff had received appropriate training and monthly fire drills took place.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The doctors did not carry emergency medicines in their bags. The practice had assessed the risks involved and decided this was not necessary.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff were aware of the business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff attended regular meetings and forums to keep their knowledge up to date. For example the practice nurse attended update courses on cytology, smoking cessation and Chronic Obstructive Pulmonary Disease (COPD). Staff had access to guidelines issued by the National Institute for Clinical Excellence and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 13% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was higher than the CCG average of 10% and the national average of 9%. We raised this with the practice who told us they had introduced a system where if the patient failed to respond to two invitations for review, their named GP called the patient to personally invite them for their review.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

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

patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015). The practice value was 98% against a national average of 94%.

- For the percentage of patients with a record of a foot examination and risk classification within the preceding 12 months (01/04/14 to 31/03/15) the practice value was 94%, higher than the national value of 88%.
- Performance for Mental Health related indicators was similar to national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (practice 95%, national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months was 86%, in line with the national average of 84%.
- There was a large variation in the ratio of reported versus expected prevalence for Coronary Heart Disease (CHD). The practice value was 0.49 against the national value of 0.71. We raised this with the practice who were aware of this. They referred to the fact that their patient demographic showed a significantly younger population than the national average, which could impact on the prevalence of CHD. In addition, local initiatives that placed a high emphasis on active primary prevention had resulted in a reduction in the prevalence of CHD. The practice did not demonstrate a higher than expected emergency admissions rate for CHD.
- Some of the practice's values for exception reporting were higher than the CCG and national average. For example:
- The practice's level of exception reporting for mental health of 29% was higher than the CCG and national averages of 11%. The practice was aware of this variation. To address this issue the practice had introduced a pilot scheme which offered weekly mental health team clinics and other initiatives to improve access to people experiencing poor mental health.
- Exception coding for asthma at 27% was higher than the CCG and national averages of 4.6% and 6.8%. The

Are services effective?

(for example, treatment is effective)

practice was unaware of this at the time of our inspection and we were told this domain was previously managed by the former practice nurse. Following the inspection the practice reported they had reviewed their asthma exception coding for the current QoF year (2015/16) which showed an improvement (8% exception coded). We were not able to verify this figure until the release of the latest QOF figures.

- The provider must review its levels of exception reporting and take all necessary steps to improve outcomes for patients.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Some of audits were practice initiated, for example to reflect on their practice of prescribing Warfarin for patients who are took that medication, and some were CCG initiated, such as to reduce emollient prescribing. We looked at the two completed audits. One related to monitoring whether patients with kidney disease were being reviewed regularly and prescribed the correct medication. The other related to ensuring patients with chronic kidney disease (CKD) were correctly coded and ensuring proactive identification and management of patients at risk of developing CKD. The results of these audits and re-audits showed action points had been identified and addressed and improvements in patient outcomes were demonstrated. For example the re-audit showed a reduction in the one of the main indicators for kidney disease since the last audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, at the request of the local medicines management team the practice had audited patients who were prescribed emollients. The practice identified it was amongst the highest prescribers locally. The audit resulted in a 75% reduction in the rate of emollient prescribing. The process was still ongoing at the time of our inspection.

Information about patients' outcomes was used to make improvements such as; extended home visits for elderly patients to address the prevalence of issues such as poor

medicine compliance, undiagnosed dementia and significant social isolation and loneliness. Regular reviews of the appropriateness and necessity of medicine were done and GPs worked collaboratively with local services and networks to support patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff generally had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, the practice nurse had not had appraisals despite having been employed by the practice for six years. The practice nurse was a long term locum nurse provided by an agency. Non-clinical staff had not had an appraisal since 2014. These had been delayed due to the long term absence of the practice manager. The provider must ensure all staff received such supervision and appraisal as is necessary to enable them to carry out their duties.
- Clinical staff were encouraged to take study days and we saw example of training covering subjects such as chronic obstructive pulmonary disease (COPD) and smoking cessation. A training matrix was kept which provided details of training all staff had received.

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

- This included care assessments and some risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Patients could be referred to the tissue viability nurse, district nurse, podiatrist and community matron directly. All of these services were available on site.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and bereavement. Patients were then signposted to the relevant service.
- The health care assistant was qualified to advise on diet and exercise and alcohol and could also refer to an alcohol adviser were necessary. There was a smoking adviser available on site.
- Information about services such as bereavement, mental health and drugs and alcohol were on display in the reception area which directed patients to local services available. A blood pressure machine was in the reception area, however a sign stated it was out of service on the day of our inspection.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability 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 screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 87% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 24 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients mostly felt they were treated with compassion, dignity and respect. The practice results were generally comparable with averages for patients' satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 82%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 83, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).

- 78% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

However, other results were less positive and we discussed them with staff. The results showed that 24% of respondents with a preferred GP said they usually got to see or speak to that GP. This was below the CCG average of 53% and the national average of 59%. All GPs worked part time at the practice which could impact on their availability for patients who wished to see a specific GP. In addition, 62% of respondents said they found it easy to get through to this surgery by phone compared with the CCG average of 76% and the national average of 73%. The practice was aware of the issues and was in the process of an ongoing quality improvement programme. This included the recruitment of additional administrative staff, to improve patients' telephone access.

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 on the comment cards we received was also positive and aligned with these views. For example, one patient told us their GP had worked with them to find pain relief medication that allowed them to maintain a relatively normal lifestyle, with fewer unpleasant side effects.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%).
- 66% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

Are services caring?

Translation services were available for patients who did not have English as a first language. The practice had a large number of patients from the Turkish community who did not have English as a first language. A Turkish interpreter was provided one day a week to support patients. On other days the telephone interpreting service was used. However, we did not see notices in the reception areas informing patients about this service.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had 146 patients registered as carers. This represented 2% of the practice's patient list. Written information was available to direct carers to the various avenues of support available to them. The

practice's website had a dedicated page for carers. This provided information about support groups and links to resources about financial and legal issues that may arise for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a letter of condolence. 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. Patients were referred for bereavement counselling at a local hospice and a counsellor was available on site. Patients who were known to have suffered bereavement were monitored and discussed at primary health care meetings to ensure they were being supported and referred appropriately. One patient told us they were very well supported when they had been bereaved. They were given weekly appointments for a period of time and then supported by regular phone calls from the GP thereafter.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice recognised a big increase in the number of working age people registering. Proactive steps were taken to improve access for this and all other patient groups.

- The practice offered evening appointments on a Monday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Saturday morning appointments were available to meet the needs of school age children and working age people in particular.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- One of the receptionists was trained in sign language and could assist patients initially, whilst a sign language interpreter could be booked for appointments.

Access to the service

The practice's opening hours were as follows:

- 8.30am to 7.30pm on Mondays and Thursdays,
- 8.30am to 6.30pm on Tuesdays and Fridays,
- 8.30am and 1.30pm on Wednesdays
- 9.30am to 12.30pm two Saturdays a month.

Surgery times were from 9am to 12pm and then 1pm to 5.30pm every day except Saturdays when it closed at 12.30. On Wednesday afternoons the phone lines were diverted to the out of hours provider to allow reception/administrative staff to undertake training and attend meetings. However, patients could still see a clinician.

The practice operated a service whereby patients were able to make appointments at another local practice when this practice was closed. The other practice was open from 6.30pm to 8pm on Mondays to Fridays and 8am to 8pm on Saturdays and Sundays.

The practice operated the "Doctor First" system. The aim of this system was to ensure all patients were able to speak to a GP by telephone on the day they contacted the practice. Patients were assessed on a clinical priority basis. Three GPs operated this system every morning. Patients identified as needing to be seen by the GP were given an appointment for that same day. Patients offered an appointment saw the same GP they had spoken with over the phone. This system operated from 8.30am to 11am on Mondays to Fridays. Pre-bookable appointments were available for patients up to six weeks in advance.

We were told this system was brought in as a response to patients' complaints about difficulty getting appointments. This system had improved patient satisfaction as patients did not have to queue up outside to get an appointment. Whilst the survey results regarding the availability of appointments at a convenient time remained below the national average (80% compared with a local average of 87% and a national average of 92%), they had showed an improvement. The system continued to be monitored so further improvement could be made.

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 75%.
- 62% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 24% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

The practice was aware of the issues and was in the process of an ongoing quality improvement programme. This included the recruitment of additional administrative staff, to improve patients' telephone access. People told us on the day of the inspection that they were usually able to get appointments when they needed them. However, the

Are services responsive to people's needs?

(for example, to feedback?)

practice should take steps to improve access to the service by improving the availability of appointments with a patient's preferred GP and improving patient satisfaction with the opening hours and telephone access.

Patients could either attend the walk-in baby clinic or make a pre-booked appointment to see the nurse for the immunisations.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. Staff told us the practice manager was responsible for managing complaints. In their absence, the reception manager had been responsible.

- A complaints form was available on request at the reception desk. Patients we spoke with were not clear about the process for making a complaint. However, those patients told us they had not had cause to make a complaint.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Patients were communicated with in an open and transparent way. The practice demonstrated insight and apologised where errors had been made. Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint was made where a patient's appointment had been cancelled and they had not been informed. The practice investigated and discovered this was due to a miscommunication between a GP and administrator. Following this complaint the process for communicating cancellations was reviewed and changed to ensure patients were informed when an appointment was cancelled. This was communicated to relevant staff at the next meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement but it was not on display in the waiting areas. Although not all staff we spoke with knew what the mission statement was, they identified with the stated values. The stated aim was to provide person-centred, coordinated, high quality care for their patient population.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We met with a member of the patient participation group, as well as receiving feedback from 29 patients in person or through comment cards received. They shared many positive examples of their experiences which demonstrated that the mission statement was being delivered. A common theme of the feedback was that staff were polite, caring and thorough.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, due to the long term absence of the practice manager, certain tasks had not been reallocated in their absence to ensure they were undertaken. Examples of this included the infection control audit and annual appraisals for reception and administrative staff and the practice nurse.
- Practice specific policies were implemented and were available to all staff. Staff knew where the policies were kept and they were able to access them easily.
- An understanding of the performance of the practice was maintained, and areas for improvement had been identified. Work was ongoing to address the challenges some patients had experienced getting through to the practice by telephone.

- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

However we noted that all of the GPs, including the partners, worked part time at the practice. Therefore there was no individual GP partner who was constantly present to oversee the running of the practice. We raised this with the practice who told us whilst they each had other roles outside of the practice, they ensured the practice was prioritised appropriately. For example, they ensured that their clinical time at the practice was not interfered with by their other roles.

The practice was a training practice with a GP trainee and an F2 doctor (a doctor in the second year of the foundation programme). We were told the GP trainer and the other GPs were supportive and open. Weekly teaching sessions took place where case studies could be discussed. Staff were supported to meet their Continuing Professional Development (CPD) requirements and allowed to take study leave as required.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings. Weekly staff meetings were held and monthly all practice meetings took place. These meetings usually took place on Wednesday afternoons when the practice was closed. Any changes taking place were discussed in those meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, one of the receptionists was supported by the partners to train as a HCA (health care assistant). Another member of staff had specialised in smoking cessation support and phlebotomy.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of patient feedback the PPG had suggested staff wore name badges. These had been introduced and we noted they were being worn on the day of our inspection. The practice had responded to concerns about the late running of appointments by introducing a gap between every two appointments to allow the GP in question to deal with any arising admin. We were told this appeared to have resolved the issues as there had not been any further complaints about this issue.
- The PPG had a designated notice board in the reception area, but it did not provide any information about the PPG such as its purpose and how to contact it. There

was a suggestion box in reception, but there were no comments cards readily available for patients to complete. The PPG told us the practice was aware of this and were in the process of resolving this.

- The PPG described an open and honest culture at the practice and told us information was shared as was learning from complaints and incidents. For example, the leadership had discussed online patient feedback such as NHS Choices with the PPG and what could be done to address the concerns raised there.
- The practice had gathered feedback from staff through staff meetings and discussion. Meetings involving all levels of staff were held every Wednesday afternoon when the practice was closed. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, as the result of a recent reception and admin staff survey, an action plan was put in place review the telephone answering process, recruit an apprentice and increase training opportunities. We saw these points were being acted upon. Plans were in place to redistribute the staff survey, consult with the PPG and re-analyse the results at a later date. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The trainee GP was involved in a quality improvement project. This project was a response to negative feedback from patients regarding the receptionists and the telephones. An audit of tasks carried out by receptionists was conducted which showed that reception staff were at times under pressure and some training needs were identified. Action identified included recruiting an apprentice to relieve pressure on the receptionists, restructuring reception and admin tasks and ensuring training needs were met. We were told the practice planned to redistribute questionnaires to the staff to review the results of the changes made.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice took part in an Integrated Network pilot scheme with three other local practices. Patients were identified and discussed in a multi-disciplinary meeting and plans were put in place. The meetings were attended

Are services well-led?

Good 

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

by a network of professionals with links to wider professional networks. Protocols were agreed and outcomes and performance were monitored. Regular

meetings were held to reflect on learning. Results for the practice showed a reduction in A&E attendances for the three month and six month periods before and after joining the Network.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person centred care</p> <p>The registered person did not ensure the care and treatment of service users was appropriate and met their needs. The practice's levels of exception reporting in respect of asthma and mental health were much higher than the CCG and national averages. This meant a large proportion of patients with those conditions were at risk of not receiving the appropriate levels of care and treatment.</p> <p>This was in breach of Regulation 9(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing</p> <p>The registered person did not ensure persons employed by the service provider received such appropriate supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. The practice nurse had not received an appraisal during the six years she had been employed. There was no process in place for supervision of the practice nurse. Non-clinical staff had not undergone appraisals for over a year.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.