

Kings Road Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Following a comprehensive inspection of Kings Road Medical Centre on 17 December 2015 the practice was given an overall inadequate rating. The practice was placed in special measures and was found to be in breach of four regulations. Shortfalls identified included a lack of effective safety systems, ineffective complaints handling and inadequate governance arrangements.

We then carried out an announced comprehensive inspection on 20 September 2016 to consider if all regulatory breaches in the previous inspections had been addressed and to consider whether sufficient improvements had been made to bring the practice out of special measures. At this inspection we found improvements had been made. 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 generally assessed and well managed. However, some risks we identified at the branch surgery required action which included fire safety risks and the secure storage of patient records.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they could make an appointment with a named GP in a reasonable time and there was continuity of care, with urgent appointments available the same day.
- The main surgery had adequate facilities and was equipped to treat patients and meet their needs. However, the branch surgery was in urgent need of an upgrade. The premises were basic, in need of redecoration and furnishings required updating. The toilet facilities were not accessible for wheelchair users and there were no baby changing or breast feeding facilities. We were told by the partners that plans were in place to upgrade the branch practice.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure safe and proper storage of patient's records to maintain information governance processes.

In addition the provider should:

- Ensure the actions identified from the recent fire risk assessment carried out for the branch surgery are implemented and fire extinguisher servicing is brought up to date.
- Implement the plan to upgrade the branch surgery.
- Continue to monitor Quality and Outcomes Framework (QOF) exception reporting particularly in relation to diabetes indicators and bring in line with local and national averages.
- Improve childhood immunisation uptake to bring in line with national averages.
- Improve telephone access to both the main and branch surgeries.

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

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 requires improvement for providing safe services.

- 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.
- Most risks to patients were generally assessed and well managed. However, some risks we identified at the branch surgery required action which included fire safety risks and the secure storage of patient records.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages. However, exception reporting for diabetes related indicators was high compared to local / national averages.
- Childhood immunisation rates were low compared to national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice similar to others for most 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.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, through a CCG initiative the practice had employed an enhanced practice nurse (EPN) who had been in post since April 2016. The role of the EPN was to improve the care provided for the housebound and patients with chronic conditions with an aim to avoid frequent accident and emergency attendances.
- Patients said they could make an appointment with a named GP in a reasonable time and there was continuity of care, with urgent appointments available the same day.
- The main surgery had adequate facilities and was equipped to treat patients and meet their needs. However, the branch surgery was in urgent need of an upgrade. The premises were basic, in need of redecoration and furnishings required updating. The toilet facilities were not accessible for wheelchair users and there were no baby changing or breast feeding facilities. We were told by the partners that plans were in place to upgrade the branch practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- 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 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.

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 practice is rated as requires improvement for providing safe and effective services. The concerns that led to these ratings apply to all the population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had completed 190 care plans in 2016/17 for patients on the integrated care pilot (a scheme which enables the GPs to work together with other health and social care professionals to provide integrated care for older people).

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for providing safe and effective services. The concerns that led to these ratings apply to all the population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority for support from the nursing team.
- The percentage of patients with diabetes, on the register who had influenza immunisation in the preceding 12 months was 98% compared to the national average of 94%.
- However, Quality and Outcomes Framework (QOF) exception reporting was high for most diabetes indicators compared to local / national averages.
- Longer appointments and home visits were available when needed.
- 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for providing safe and effective services. The concerns that led to these ratings apply to all the population groups.

- 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 people who had a high number of A&E attendances.
- Childhood immunisation rates were in line with local averages however they were below national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies although baby changing facilities were not available at the branch surgery.

Requires improvement



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 practice is rated as requires improvement for providing safe and effective services. The concerns that led to these ratings apply to all the population groups.

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

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 practice is rated as requires improvement for providing safe and effective services. The concerns that led to these ratings apply to all the population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability and carried out annual reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

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 practice is rated as requires improvement for providing safe and effective services. The concerns that led to these ratings apply to all the population groups.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% compared to the CCG average of 86% and the national average of 84%. Exception reporting was low at 5% compared to the CCG / national average of 8%.
- 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 was 93% compared to the CCG average of 91% and the national average of 88%. Exception reporting was low at 5% compared to the CCG average of 10% and the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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

The most recent national GP patient survey results were published on 7 July 2016. Two hundred and seventy survey forms were distributed and 105 were returned. This represented a 39% completion rate and 1.5% of the practice's patient list.

- 47% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 73% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Thirty one of the 34 comment cards we received were all positive about the standard of care received. Three comment cards were less positive however there was no common theme to these.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us the service had improved over the last eight months particularly the attitude of the reception staff.

Areas for improvement

Action the service **MUST** take to improve

- Ensure safe and proper storage of patient's records to maintain information governance processes.

Action the service **SHOULD** take to improve

- Ensure the actions identified from the recent fire risk assessment carried out for the branch surgery are implemented and fire extinguisher servicing is brought up to date.
- Implement the plan to upgrade the branch surgery.

- Continue to monitor Quality and Outcomes Framework (QOF) exception reporting particularly in relation to diabetes indicators and bring in line with local and national averages.
- Improve childhood immunisation uptake to bring in line with national averages.
- Improve telephone access to both the main and branch surgeries.

Kings 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 manager specialist adviser and an Expert by Experience.

Background to Kings Road Medical Centre

Kings Road Medical Centre is based at 204 Kings Road, Harrow, HA2 9JJ. The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 7,000 patients living in the London Boroughs of Harrow and Hillingdon (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). Kings Road Medical Centre consists of the main surgery and a branch surgery located at 81 Field End Road, Eastcote, Middlesex, HA5 1TD. The main and branch surgeries share a patient list and are separated by approximately a nine minute drive or a 25 minute commute on public transport. The practice is part of the NHS Harrow Clinical Commissioning Group (CCG).

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

Patients registered at the practice are from a number of different ethnic backgrounds and a significant proportion of the patients speak English as a second language. There is a higher than average number of people 35-54 years of age and older people over 70 years old registered with the

practice. There is also a higher than average number of children and young people 5-19 years of age. Life expectancy is 82 years for males and 86 years for females which is above national average. The local area is the ninth less deprived in the London Borough of Harrow (people living in more deprived areas tend to have greater need for health services).

The practice team consists of two male GP partners, one female GP partner, a female salaried GP and a regular locum GP (26 clinical sessions in total), two practice nurses, two healthcare assistants and a practice manager supported by an assistant manager and a large team of reception / administrative staff. Sessions at the branch surgery are covered by GPs on a rota basis. The practice also employs an enhanced practice nurse and a diabetes specialist nurse.

Opening hours at the main surgery are 8am to 6:30pm weekdays except Thursday when the surgery closes at 12:30pm. Extended hours are available on Mondays at the main surgery from 6:30pm to 8:30pm. The branch surgery opening hours are 9am to 6:30pm weekdays except Wednesday when the surgery closes at 12pm. Telephone access is available from 8am at the main surgery and from 9am at the branch surgery. Calls for the branch surgery between 8am and 9am are redirected to the main surgery. Home visits are provided for patients who are housebound and the doctors and nurses provide advice over the telephone to patients who have made that request via the reception team. The practice has opted out of providing out of hours (OOH) services to their own patients and refers patients to the NHS 111 service for healthcare advice when the surgery is closed.

The practice provides a range of services including child development checks, children's immunisations, adult immunisations, travel advice, maternity care, family

Detailed findings

planning, cervical smears and healthy lifestyle advice. In addition to services provided through the GMS contract the practice offers Spirometry, Electrocardiogram (ECG), Insulin initiation and complex wound management.

Why we carried out this inspection

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 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.

Following a comprehensive inspection of Kings Road Medical Centre on 17 December 2015 the practice was given an overall inadequate rating. The practice was placed in special measures and was found to be in breach of four regulations. Shortfalls identified included a lack of effective safety systems, ineffective complaints handling and inadequate governance arrangements.

The provider was required to take the following action:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there is sufficient staff available to meet demand and keep patients safe.
- Ensure there are systems that support staff with appraisals, supervision and training.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure there is a programme of quality improvement such as clinical audits including re-audits to drive improvements in outcomes for patients.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure safe and proper storage of patient's records to maintain information governance processes.

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 20 September 2016.

During our visit we:

- Spoke with a range of staff (three GPs, a practice nurse, a healthcare assistant, the practice manager and three non-clinical staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences 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

Detailed findings

- 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

When we inspected the practice in December 2015 we found the practice to be inadequate for providing safe services. We found that the system for reporting and recording significant events was ineffective. There was no evidence of significant event analysis over time and lessons learnt were not communicated to improve safety. There was no formal process to disseminate patient safety alerts to relevant staff and ensure they were acted on.

At this inspection we found an effective system was in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident we reviewed was a prescribing error where a patient was inappropriately prescribed an antidepressant. The incident was investigated and it was found the patient had the same surname as the patient who should have received the medicine. We saw evidence that the provider apologised to the patient and the incident was discussed in a staff meeting. Action taken to improve safety included checking the name and date of birth of a patient before prescribing and highlighting patients with the same surname on the clinical system.

When we inspected the practice in December 2015 we found that not all GPs could demonstrate they had received safeguarding children training to level 3. We found that not all staff who carried out chaperoning duties had received formal training or had a Disclosure and Barring Service check and there were gaps in recruitment checks for staff. At this inspection we found improvements had been made.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3, the healthcare assistant to level 2 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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. A practice nurse was the infection control clinical lead who 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Overview of safety systems and processes

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Although the practice had not carried out regular medicines audits in the past, they had started to work with the CCG medicine optimisation team to carry out audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files including a GP, the nurse, the healthcare assistant, a locum GP and two non-clinical staff 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.

Monitoring risks to patients

When we inspected the practice in December 2015 we found recommendations from a legionella risk assessment had not been implemented, fire alarms were not regularly tested and fire drills had not been rehearsed. We found the arrangements for providing adequate cover when doctors were on annual leave were ineffective. When one GP was on annual leave for a month, only 53% of their sessions had been covered and as a result some patient's consultations had been reduced to five minutes in duration. We also found that paper medical records were not stored securely.

At this inspection we found improvements had been made although further improvements were necessary.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Recommendations from the legionella risk assessment had been implemented. However, we found the actions identified from a fire risk assessment carried out on 27 July 2016 at the branch practice had not been implemented. We also found that two of the fire extinguishers were overdue a service.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was now an effective rota system in place for all the different staffing groups to ensure enough staff were on duty. This included periods of sickness and annual leave. Locum arrangements were in place to ensure adequate GP cover in all circumstances.
- Patient's medical records were stored securely in locked cabinets at the main surgery however this was not the case at the branch surgery. Patient's records were stored in an area of the practice off from the patient waiting area near a final fire exit. This area was accessed through a door that was left unlocked and it was not in the line of sight of the reception desk.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in December 2015 we found the arrangements in place to respond to emergencies were ineffective. The instant messaging facility on the clinical system to alert staff in the event of an emergency was not familiar to all GPs, there were no adult pads available for use with the defibrillator, there was no nominated staff member responsible for checking the oxygen cylinder was in good working order and we found the oxygen cylinder at the branch surgery was empty. We also found the practice did not have a business continuity plan in place.

At this inspection we found improvements had been made and the practice had adequate arrangements in place to respond to emergencies and major incidents.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and all staff were aware of it.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator available at both the main and branch surgeries and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in December 2015 we found the practice to be requires improvement for providing effective services. We found that there was no formal system in place to share information about new clinical guidelines produced by the National Institute for Health and Care Excellence (NICE). Clinical audit was not used to improve outcomes for patients and there were shortfalls in staff induction and training. Appraisals were not completed for staff. At this inspection we found improvements had been made however further improvements were necessary specifically in relation to diabetes care and childhood immunisation uptake.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The clinicians regularly attended GP forum and peer group meetings to share best practice.

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 clinical exception reporting of 14% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from March 2015 showed performance for diabetes related indicators was similar to the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last measure of blood glucose

level was 64 mmol/mol or less in the preceding 12 months was 78% compared to the CCG average of 77% and the national average of 78%. However, exception reporting was high at 24% compared to the CCG average of 9% and the national average of 12%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months was 98% compared to the CCG average of 87% and the national average of 94%. However, exception reporting was high at 32% compared to the CCG average of 16% and the national average of 18%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 86% compared to the CCG average of 76% and the national average of 78%. However, exception reporting was high at 14% compared to the CCG average of 8% and the national average of 9%.

The partners explained that the practice did not have a diabetes nurse for a seven month period which had impacted adversely on their diabetes performance. Since a diabetes nurse was now in post, and the practice manager was monitoring QOF, they felt that exception reporting would improve.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% compared to the CCG average of 92% and the national average of 90%. Exception reporting was low at 2% compared to the CCG average of 9% and the national average of 11%.

Performance for mental health related indicators was similar to national average. 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 was 93% compared to the CCG average of 91% and the national average of 88%. Exception reporting was low at 5% compared to the CCG average of 10% and the national average of 13%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review

Are services effective?

(for example, treatment is effective)

in the preceding 12 months was 94% compared to the CCG average of 86% and the national average of 84%. Exception reporting was low at 5% compared to the CCG / national average of 8%.

There was evidence of quality improvement including clinical audit.

- The practice showed us three audits completed in the last 12 months. One of these was a two cycle audit where the improvements made were implemented and monitored. The audit was carried out to ensure all patients with dementia had an MRI scan and bloods taken before referral to secondary care in line with recognised guidance. The initial audit identified 17 out of 20 patients who had had an MRI scan and bloods taken before referral and three patients had not. The practice took action by introducing a new policy for staff to follow to ensure MRI scans and blood tests took place. A re-audit showed that only one patient with dementia did not have an MRI scan and bloods taken prior to referral to secondary care.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

When we inspected the practice in December 2015 we found there was no consistent approach to reviewing clinical information and we found that one GP had 293 outstanding letters for review since October 2015. At this inspection we found improvements had been made.

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We checked the clinical system and found hospital letters were actioned in a timely way by the GPs.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, we saw minuted meetings where the district nurse and palliative care team had attended.

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.

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- There was an in-house dietician who provided dietary advice at both the main and branch surgeries.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 77% and 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 ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages however they were below national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 25% to 92% (CCG; 21% to 91%, national; 88% to 95%) and five year olds from 21% to 96% (CCG; 19% to 93%, national 81% to 95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Thirty one of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 171 patients as

carers (2.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them including referral to local carer's charities. Carers were also offered flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice in December 2015 we found the practice to be requires improvement for providing responsive services. We found that there was a lack of clarity amongst staff about the full extent of the practices' out of hours arrangements and staff were not clear on whether suitable arrangements were in place for the period between 8am and 9am before the practice opened. Patients we spoke with were also unsure of how to access out of hours care. We also found there was no designated responsible person for dealing with complaints and the practice could not demonstrate that complaints had been handled in accordance with its complaints policy and procedures. At this inspection we found improvements had been made.

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. For example:

- Through a CCG initiative the practice had employed an enhanced practice nurse (EPN) in post since April 2016. The role of the EPN was to improve the care provided for the housebound and patients with chronic conditions with an aim to avoid frequent accident and emergency attendances.
- The practice worked closely with the community service 'virtual ward' to improve the quality of life for patients with severe chronic conditions.
- The practice was providing dedicated clinics to review patients experiencing poor mental health and learning disabilities.
- The practice had completed 190 care plans in 2016/17 for patients on the integrated care pilot (a scheme which enables the GPs to work together with other health and social care professionals to provide integrated care for older people).
- There was a diabetes nurse one day a week who provided specialist care for patients with diabetes including insulin initiation.

- The practice had an in-house dietician who provided dietary advice. Mental health counselling was available at both the main and branch surgeries.
- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered flu clinics on Saturdays to provide access for working age people.
- An electronic prescriptions service was used by the practice and online access to book appointments and request repeat prescriptions.
- A hearing loop and translation services were available.
- The main surgery had adequate facilities and was equipped to meet people's needs. However, the branch surgery was in urgent need of an upgrade. The premises were basic, in need of redecoration and furnishings required updating. The toilet facilities were not accessible for wheelchair users and there were no baby changing or breast feeding facilities. We were told by the partners that plans were in place to upgrade the branch practice.

Access to the service

Since our inspection in December 2015 the practice had changed their opening times and a new appointment system was in place. The main surgery was open between 8am and 6:30pm weekdays except Thursday when the surgery closed at 12:30pm (previously the main practice opened at 9am). The branch opening hours were 9am to 6:30pm weekdays except Wednesday when the surgery closed at 12pm. Telephone access was available from 8am at the main surgery and from 9am at the branch surgery. Calls for the branch surgery between 8am and 9am were directed to the main surgery and dealt with accordingly. Appointments were from 9am to 12pm every morning and

Are services responsive to people's needs?

(for example, to feedback?)

2pm to 6pm daily. Extended hours appointments were available from the main surgery on Mondays from 6pm to 8:30pm. In addition to pre-bookable appointments that could be booked up to one month in advance (previously two weeks in advance), urgent appointments were also available for people that needed them. Home visits were provided for housebound patients and the doctors and nurses provided advice over the telephone to patients who had made that request via the reception team. An online appointment system had also been introduced.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 87% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 62% of patients described their experience of making an appointment as good compared to the CCG average of 67% and the national average of 73%.
- 50% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 53% and the national average of 65%.

People told us on the day of the inspection that they were able to get appointments when they needed them although telephone access was difficult. They told us the introduction of an online appointment system had helped. Most patients we spoke to were aware of the practices out of hours arrangements and the arrangements were detailed in the patient information leaflet.

The practice had a system in place to assess whether a home visit was clinically necessary and

the urgency of the need for medical attention. When a home visit request was received by reception staff it was entered into the clinical system and then the GPs would call the patient to triage them. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters displayed in the patient waiting areas and information in the practice brochure.

We looked at 12 complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, one complaint received was about rudeness of reception staff. The complaint was investigated and an apology made to the patient. As a result of the complaint staff were provided with customer care training. The complaint was discussed in a meeting and learning shared which was to treat patients as they would like to be treated and also to follow the practice policy for dignity and respect.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in December 2015 we found the practice to be inadequate for providing well-led services. The practice did not have a clear vision about high quality care or a strategy to deliver it. Governance arrangements were ineffective and policies were not appropriately reviewed. On the day of inspection the GP partners did not demonstrate the capability to run the practice and ensure high quality care. The practice was not proactive in seeking feedback from patients or staff. At this inspection we found improvements had been made.

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions although some risks we identified at the branch surgery required action.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. Since our previous inspection the practice in collaboration with the PPG had carried out a patient survey and as a result of patient feedback the practice had improved the appointment system and opening hours. Telephone consultations and patient education evenings were also being considered. The PPG had also organised two fundraising events for the British Heart Foundation and St Luke's Hospice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice participated in the CCG enhanced practice nurse scheme to improve the care provided for the housebound and patients with chronic conditions with an aim to avoid frequent accident and emergency attendances.
- The practice worked closely with the community service 'virtual ward' to improve the quality of life for patients with severe chronic conditions.
- The practice has funded the training of the healthcare assistant to work alongside the lead GP to improve monitoring of patients on the Disease-Modifying Antirheumatic Drugs (DMARD) register.
- The lead GP was mentoring the practice nurse who was doing training to enhance their skills in the diagnosis and treatment of minor illnesses. The GP was also mentoring the enhanced practice nurse to be an independent prescriber.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that is reasonable practicable to ensure the privacy of patient information. Patient's medical records at the branch surgery were not securely stored during the opening hours of the surgery.</p> <p>Regulation 17 (1) HSCA (RA) Regulations 2014 Good Governance</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	