

Roxbourne Medical Centre

Inspection report

37 Rayners Lane
Harrow
Middlesex
HA2 0UE
Tel: 0208 422 5602
www.roxbournemc.com

Date of inspection visit: 21 November 2018
Date of publication: 15/01/2019

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as requires improvement overall.

(At the previous inspection in February 2015 the practice was rated as good overall but the safe domain was rated as requires improvement).

The key questions are rated as:

Are services safe? - Requires improvement

Are services effective? - Requires improvement

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Roxbourne Medical Centre on 21 November 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Roxbourne Medical Centre was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- Risks to patients were assessed and well managed in most areas, with the exception of those relating to the management of blank prescription forms for use in printers and handwritten pads.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had taken steps to improve the access to the service, however, there was further improvement

required to monitor and review the appointment booking system (regarding five calendar days arrangement), long waiting times in the waiting area and the waiting time it takes to get through to the practice by telephone.

- The practice was encouraging patients to register for online services and 58% of patients were registered to use online Patient Access.
- Some staff had not received all the required training that was relevant to their role.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Improve engagement with the local community to encourage the uptake for the national cancer screening programme for cervical screening.
- Continue to encourage the uptake for the national cancer screening programme for breast and bowel cancer screening.
- Continue to monitor and take action as necessary on patient satisfaction with the appointment booking system, long waiting times in the waiting area and the waiting time it takes to get through to the practice by telephone.

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

Population group ratings

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

Our inspection team

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

Background to Roxbourne Medical Centre

Roxbourne Medical Centre is a GP practice located in South Harrow and is part of the Harrow Clinical Commissioning Group (CCG). The practice is located in purpose-built premises. A number of community health services are offered at the premises by the different providers. The practice is fully accessible and has disabled parking spaces and entrance at rear of the building.

The practice is a registered yellow fever vaccination centre and holds a license to administer yellow fever vaccines.

Services are provided from: Roxbourne Medical Centre, 37 Rayners Lane, Harrow, HA2 0UE.

Online services can be accessed from the practice website:

Out of hours (OOH) service is provided by the Care UK.

There are two GP partners, two salaried GPs and a long term locum GP at the practice. Three GPs are male and two female, who work a total of 22 sessions per week. The practice employs an enhanced practice nurse (EPN), a practice nurse, a clinical pharmacist, a health care

assistant, two phlebotomists and four community phlebotomists. The practice manager is supported by assistant practice manager and a team of administrative and reception staff.

This is a teaching practice, where they teach medical students and physician associate students. Students have access to a senior GP throughout the day for support.

The practice provides primary medical services through a Primary Medical Services (PMS) contract to approximately 7,100 patients in the local area (PMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services).

The practice population of patients aged between 17 to 64 is higher than the national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 72% of the population is composed of patients with an Asian, Black, mixed or other non-white background.

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

Are services safe?

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

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

- Blank prescription forms for use in printers and handwritten pads were not handled in accordance with national guidance as these were not recorded correctly and tracked through the practice at all times.
- The practice was unable to produce evidence that all staff had received up-to-date safeguarding, infection control and safety training appropriate to their role.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse. However, some improvements were required.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff knew how to identify and report concerns. Most staff received up-to-date safeguarding and safety training appropriate to their role. However, the practice was unable to provide documentary evidence that a clinical staff member and an administrative staff had completed up-to-date safeguarding children and safeguarding adult training appropriate to their role.
- Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. However, the practice was unable to provide documentary evidence that two clinical staff members and an administrative staff had completed infection control training.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. In addition, the provider had offered an in-house sepsis training session to the practice staff and the clinical staff at two care homes they were responsible for.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines with the exception of management of blank prescription forms for use in printers and handwritten pads.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Are services safe?

- The practice kept prescription stationery securely. On the day of the inspection, we saw blank prescription forms for use in printers and handwritten pads were not handled in accordance with national guidance as these were not recorded correctly and tracked through the practice at all times.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice, and all of the population groups, as requires improvement for providing effective services, except for older people, working age people (including those recently retired and students), people whose circumstances make them vulnerable, people experiencing poor mental health (including people with dementia) population groups which we rated good.

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

- The practice's performance on quality indicators related to patients with diabetes was below the local and the national averages. The practice had taken steps to improve the outcomes for patients with diabetes, however, it was too early to assess the impact of improvements planned.
- The practice's uptake of the national screening programme for cervical, breast and bowel cancer screening and childhood immunisations rates were below the national averages.

Effective needs assessment, care and treatment

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

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

Older people:

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

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a regular annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in the hospital or through out of hours services.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with the local and the national averages with the exception of quality indicators related to patients with diabetes. However, on the day of the inspection, the practice had demonstrated that they had taken steps to improve the outcomes for patients with diabetes. However, it was too early to assess the impact of improvements planned. Please refer to the evidence tables for further information.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were not in line with the target percentage of 90% for all four out of four immunisations measured (ranged from 83% to 88%) for children under two years of age. The practice was aware of these results and explained that this was due to known challenges within the practice population. The practice had taken steps to encourage the uptake. Please refer to the evidence tables for further information.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- According to the Public Health England data for 2016-17, the practice's uptake for cervical screening was 56%, which was below the 80% coverage target for the national screening programme. The practice was aware of these results and explained that this was due to known challenges within the practice population, which had an impact on the cervical screening uptake. The practice had taken steps to encourage the uptake. Please refer to the evidence tables for further information.
- There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice's uptake for breast and bowel cancer screening was below the national average. In total 42% of patients eligible had undertaken bowel cancer screening and 57% of patients eligible had been screened for breast cancer, compared to the national averages of 55% and 70% respectively. The practice was aware of these results and had taken steps to encourage the uptake. Please refer to the evidence tables for further information.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above the local and national averages. For example, performance for dementia face to face review was better than the CCG and national average. The practice had achieved 98% of the total number of points available, compared to 88% locally and 83% nationally.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used the information collected for the Quality 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). In 2017-18, the practice had achieved 95% of the total number of points available, compared to 97% locally and 96% nationally, with 4% exception reporting. The level of exception reporting was below the CCG average (6%) and the national average (6%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Are services effective?

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice was a registered yellow fever vaccination centre and they carried out a mandatory yellow fever audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, some improvements were required.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. For example, nurses had received yellow fever vaccination training.
- The provider had offered a training session to the nurses to enable them to assess the risk of female genital mutilation (FGM) during the consultation.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, we noted some staff had not received training that included: safeguarding children, safeguarding adults, fire safety, health and safety, infection control, mental capacity act and equality and diversity.
- In addition, staff had received training that included: dementia awareness, frailty training and active sign posting training.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from the hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results (published in August 2018) were above or in line with the local and national averages for questions relating to kindness, respect and compassion.
- Five patients and two members of the patient participation group (PPG) we spoke with said staff were helpful, caring and treated them with dignity and respect.
- As part of our inspection, we also asked for the Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Fourteen of the 20 patient CQC comment cards we received were positive about the service experienced. Six of the 20 patient CQC comment cards we received were neutral and raised some concerns regarding access to the service. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.
- We noted the NHS friends and family test (FFT) results for the last six months (June 2018 to November 2018) and 87% of patients (out of 974 responses) were likely or extremely likely recommending this practice.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with the local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.
- The practice website was well designed, clear and simple to use featuring regularly updated information.
- The practice sent text message reminders of appointments.
- The facilities and premises were excellent for the services delivered. For example, the practice had undergone a recent extension and refurbishment to provide more clinical rooms, including rooms to enable group consultations.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet, walk in shower facility within the clinical corridor and baby changing facility. The practice had reserved disabled parking spaces in the car park at the rear of the premises and provided accessible entrance directly from the car park to the clinical corridor for patients with mobility issues.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients were able to receive flu and travel vaccines including yellow fever vaccination.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals.
- In addition, the practice had recruited four community phlebotomists and they were offering phlebotomy

service including paediatric phlebotomy at the local hubs for all Harrow patients. This service was funded by the local CCG and the practice had secured this contract four years ago.

- A counsellor attended the practice to see patients via the local Improving Access to Psychological Therapies (IAPT) pathway and offered a multi-disciplinary assessment of patient's needs.
- The practice had worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice was looking after two care homes which included 42 rehabilitation beds along with the usual complex needs nursing home patients. These patients (mostly suffering from fracture and stroke) were discharged from the hospital and stayed in the rehabilitation care homes for four to six weeks. During this period one of the practice GP partners was acting as their temporary GP until they discharge from the rehabilitation unit to integrate back in the community. The practice informed us that some of these patients returned to their homes and some were referred to the residential care, based on their health and social care needs. The practice had shared the data which demonstrated that they had very low hospital readmission rates and only 3% of patients were re-admitted in the hospital in the last 12 months. One of the GPs or enhanced practice nurse (EPN) from the practice visited the care homes weekly.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had maintained a TLC (tender loving care) register which was regularly discussed during monthly practice meetings.
- A dedicated enhanced practice nurse (EPN) was employed by the practice who was offering a holistic health and social care service to all housebound patients. Patients who required additional support were referred to the virtual ward team where more intensive support was available.

People with long-term conditions:

Are services responsive to people's needs?

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours Monday to Friday from 7.30am to 8am for working patients who could not attend during normal opening hours.
- In addition, the patients at the practice were offered extended hours appointments through the local GP access hubs Monday to Sunday from 8am to 8pm.
- Telephone consultations were available (target time of call back within two hours) which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice also provided general medical services to a number of patients within a mental health rehabilitation housing complex next door and other patients within the community housing. These patients were registered with the practice in the individual capacity.
- A mental health nurse employed by the hospital sometimes offered clinic onsite for patients experiencing poor mental health, meaning patients who needed this service did not have to travel to local hospitals.

Timely access to care and treatment

The practice had taken a number of steps to improve the access to the service and most patients were able to access care and treatment from the practice within an acceptable timescale for their needs. However, further improvement was required to review the appointment booking system (regarding five calendar days arrangement), long waiting times in the waiting area and the waiting time it takes to get through to the practice by telephone.

- Most patients had timely access to initial assessment, test results, diagnosis and treatment.
- The patients and staff we spoke with on the day of the inspection informed us that sometimes patients had to wait up to 20 to 60 minutes after their appointment time in the waiting area. The patients and staff we spoke with informed us that patients were informed about the waiting time during initial check-in process. However, some of the patients we spoke with informed us there was no system in place to provide periodic updates while patients were waiting in the waiting area. Staff we spoke with informed us that periodic updates were provided while patients were waiting in the waiting area after their allotted appointment time.
- Patients with the most urgent needs had their care and treatment prioritised.
- Results from the annual national GP patient survey published in August 2018 showed that patients'

Are services responsive to people's needs?

satisfaction with how they could access care and treatment was below the local and national averages. (Please refer to the evidence tables for further information).

The practice had analysed the survey results and took steps to improve the access to the service. For example,

- The practice had reviewed and improved the appointment booking system.
- The practice had increased the number of GP sessions from 15 GP sessions to 22 GP sessions per week in the last 12 months. (Out of these six GP sessions were increased in February / March 2018).
- The practice had recruited a new female GP in November 2018.
- The practice had started commuter clinics from 7.30am to 8am Monday to Friday. In addition, the practice was able to book appointments directly into the local walk in centre.
- A clinical pharmacist was offering four clinical sessions per week and involved in carrying out medicine reviews for patients with long term conditions and chronic disease management.
- We saw evidence that the practice was encouraging patients to register for online services. For example, 58% of patients were registered to use online Patient Access. This had reduced the pressure on the telephone system.
- The practice had increased telephone and online consultations with GPs. Same day and pre-bookable GPs appointments were available to book online. For example, the practice informed us that approximately 165 GP and clinical pharmacist appointments (out of 430) were available to book online per week. Some of these online appointments were released from 7pm the night before, from 6am on the day and from 8am on the day before the practice opening times to reduce the pressure on the telephone system.
- The practice had installed a touch screen self check-in facility to reduce the queue at the reception desk.
- The reception staff had undergone Active Signposting training so they could navigate the patients to the appropriate clinician.
- Most of the patients reported that the appointment system was easy to use. Feedback from five patients and

two members of the patient participation group (PPG) was positive and reflected that they had seen some improvements in the appointment booking system and were able to get appointments when they needed them. However, we noted the patients were only able to book pre-bookable appointments up to five calendar days in advance. All five patients and the two patient participation group (PPG) members we spoke with informed us that they were not satisfied with this arrangement. The practice informed us they had introduced this arrangement to reduce the high rate of 'do not attend' (DNA) appointments.

- Six of the 20 patient CQC comment cards we received were neutral and raised some concerns regarding access to the service.
- Staff we spoke with and written feedback we received informed us they had seen improvements in the last few months and there were sufficient staff available to answer the telephone calls during the peak hours.
- The practice had taken steps to improve the access to the service, however, there was further improvement required to monitor and review the appointment booking system (regarding five calendar days arrangement), long waiting times in the waiting area and the waiting time it takes to get through to the practice by telephone.

Listening and learning from concerns and complaints

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

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

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business development plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Most staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. For example, the practice informed us that the birthday cards were circulated and signed by all the staff on every staff birthday.

Governance arrangements

On the day of the inspection, we observed that the practice had a governance framework. However, some improvements were required.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, some staff had not completed role specific training to enable them to carry out the duties they were employed to do.
- Structures, processes and systems to support good governance and management were clearly set out, understood and mostly effective. However, there was an ineffective system in place to monitor the use of blank prescription forms for use in printers and handwritten pads.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

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

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not always have effective governance, assurance and auditing processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The practice was unable to demonstrate that they always followed national guidance on the management of blank prescription forms for use in printers and handwritten pads.• The practice was unable to provide documentary evidence to demonstrate that all staff had received training suitable to their role, that included: safeguarding children, safeguarding adults and infection control.• The practice's performance on quality indicators related to patients with diabetes was below the local and the national averages.• The practice's uptake of the childhood immunisations rates were below the national averages. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>