

Cricklewood GP Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

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

We carried out an announced comprehensive inspection at Cricklewood GP Health Centre on 17 January 2017. This centre provides care for both registered and unregistered (walk-in) patients. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed; however some of the staff had not undertaken mandatory training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The service had a system in place for walk-in patients where reception staff followed prompts on the patient management system and identified any potential life threatening conditions or other conditions that

required an urgent response; if any of these conditions were presented, the patient management system sent automatic notifications to clinicians and the reception team called for further assistance.

- Not all clinical and non-clinical staff had received regular appraisals.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on; however the service did not have an active Patient Participation Group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

There were areas of service where the provider must make improvements:

- Ensure that all staff have safeguarding, basic life support, infection control, fire safety and information governance training relevant to their role.
- Ensure regular appraisals are undertaken for all staff.

There were areas of service where the provider should make improvements:

- Ensure that a failsafe thermometer is installed on the refrigerators that are used to store medicines.
- Review service procedures to ensure all patients with learning disability receive a regular health check.
- Review service procedures to ensure there is a system in place to support if families had suffered bereavement.

- Review service procedures to ensure patients are provided with online access for booking appointments and ordering prescriptions.
- Review how patients with caring responsibilities are identified to ensure information, advice and support can be made available to them.
- Review service processes for encouraging the uptake of cervical screening to ensure as many patients as possible participate.
- Ensure that a Patient Participation Group is established.
- Review the national GP patient survey results and address low scoring areas to improve patient satisfaction.

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 service is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the service.
- 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 service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however we found that three out of six non-clinical staff had not undertaken child protection training relevant to their role.
- Risks to patients were assessed and well managed; however some of the staff had not undertaken mandatory training.

Are services effective?

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

Requires improvement



- Staff had the skills, knowledge and experience to deliver effective care and treatment; however some staff had not undertaken essential training.
- Not all clinical and non-clinical staff had received regular appraisals.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

Good



- Data from the national GP Patient Survey showed patients rated the service at or below average for many aspects of care.

Summary of findings

- 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 and information confidentiality.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The service 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 GP encouraged a culture of openness and honesty.
- The service proactively sought feedback from staff and patients, which it acted on; however the service had no Patient Participation Group.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The service is rated as good for the care of older people.

- The service offered proactive, personalised care to meet the needs of the older people in its population.
- The service was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The service patients had access to phlebotomy which reduced the need to visit a local hospital.
- All patients over the age of 75 had a named GP.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 83% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 78%. 86% of patients with diabetes had received an annual review.
- The national QOF data showed that 73% of patients with asthma in the register had an annual review, compared to the CCG average and national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The service's uptake for the cervical screening programme was 66%, which was below the Clinical Commissioning Group (CCG) average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The service GPs provided 6 weeks check for new babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the provider had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The service offered telephone appointments and provided extended hours GP and nurse appointments which were suitable for working people.
- The service patients had no access to online appointment booking and repeat prescription ordering; the service informed us that they were in the process of introducing this service for patients.

Good



People whose circumstances may make them vulnerable

The service is rated as good for the care of people whose circumstances may make them vulnerable.

- The service held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The service offered longer appointments and extended annual reviews for patients with a learning disability; none of the two patients with learning disability had received a health check in the last year.
- The service regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

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

- The number of patients with dementia who had received annual reviews was 100% which was above the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 91% of 32 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was in-line with the CCG average 91% and national average of 89%.
- The service worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The service carried out advance care planning for patients with dementia.
- The service had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The service patients had access to in-house district psychiatric nurse clinics and substance abuse clinics.

Good



Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the service was performing in line with local and national averages. Three hundred and thirty nine survey forms were distributed and 71 were returned. This represented approximately 2% of the service's registered patient list.

- 83% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 66%, national average of 73%).
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 10 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with nine patients (two registered patients and seven patients using the walk-in centre who were not registered at the service) during the inspection. The patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Cricklewood GP Health 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 second CQC Inspector and a GP specialist advisor.

Background to Cricklewood GP Health Centre

Cricklewood GP Health Centre provides primary medical services in Cricklewood to approximately 3600 registered patients and unregistered patients (approximately 27,000 a year) and is one of 62 practices in Barnet Clinical Commissioning Group (CCG). The service population is in the fourth more deprived decile in England.

The service was established in 2010 initially on a five year contract to provide primary medical services for both registered and unregistered patients, which the provider told us, was the reason they used long-term locum staff instead of permanent staff; the contract is now extended till 2019.

The service population has a higher than CCG and national average representation of income deprived children and older people. The service population of children and working age people is higher than the CCG and national averages; the service population of older people is lower than the local and national averages. Of patients registered with the service for whom the ethnicity data was recorded 42% are Other White, 9% are Other Asian and 7% are British or mixed British.

The service operates in purpose converted premises. All patient facilities are wheelchair accessible on the ground floor. The service has access to two doctors' consultation rooms and one nurse consultation room on the ground floor.

The clinical team at the surgery is made up of one full-time GP Director and one full-time salaried GP (both male) who saw registered patients, two long-term locum GPs (both female) who saw unregistered patients and two part-time female agency nurse practitioners. The non-clinical service team consists of an agency practice manager and five administrative and reception staff members (two permanent staff and three agency staff). Cricklewood GP Health Centre is supported by corporate functions provided by Barndoc's head office. The service provides a total of 16.5 GP sessions per week for registered patients and 17.5 GP sessions for unregistered (walk-in) patients. In addition to this the service offered nurse practitioner appointments for both registered and unregistered patients.

The service operates under a Alternative Provider Medical Services (APMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The provider runs two services from this location: a GP practice for registered patients and a walk-in centre for patients with a minor injury or a medical condition that is not life-threatening. The service reception and telephone lines are open from 8:00am to 8:00pm on seven days a week; the service has a 24 hours appointment phone line. Appointments for registered patients are available from

Detailed findings

8:00am to 6:15pm Mondays to Fridays and appointments for unregistered (walk-in) patients were available from 8:00am to 8:00pm seven days a week including bank holidays.

The service has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Barnet CCG.

The service is registered with the Care Quality Commission to provide the regulated activity of treatment of disease, disorder or injury.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, the practice manager, head of governance, head of corporate services, two GPs and practice nurse and we spoke with nine patients (two registered and seven walk-in patients) who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the service's computer system. The service used special web-based software to report and analyse incidents and significant events; after each incident was reported, depending on the type of incident it was immediately allocated to relevant staff for review. The service had a robust incident reporting policy and all incidents and significant events across the organisation were categorised and reviewed by their monthly governance board and governance subcommittee which was attended by the clinical lead and practice manager; learning from these meetings were passed on to all relevant staff.
- The service carried out a thorough analysis of the significant events and maintained a log on the computer system. The service informed us that they had an informal debrief after each incident or significant event.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service. For example, a patient was physically violent towards a member of staff. The service appropriately dealt with this incident and the patient was removed from the registered patient list according to service policy.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The service had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke to during the inspection demonstrated they understood their responsibilities. GPs and nurses were trained to Child Protection level 3 and non-clinical staff were trained to Child Protection level 1; however we found that three out of six non-clinical staff had not undertaken child protection training relevant to their role.

- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Barndoc Medical Director was the Director for Infection Prevention and Control for the whole organisation and its services. The clinical lead GP for the service was the local infection prevention control 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; however one out of three clinical staff and two out of six non-clinical staff had not received infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the service kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The service had no failsafe thermometer installed on the refrigerator that stored medicines and did not perform monthly calibration checks for the refrigerator as required. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The service carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for

Are services safe?

safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the service to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- The service had a clinical patient management system from which patient consultation notes for walk-in patients were sent to their registered GP immediately on discharge; the service was required to send these within 24 hours of discharge unless the patients were seen on a Friday, Saturday or a Sunday in which case the details must be sent by 6:00pm the following Monday.
- The service dispensed medicines (mainly pain killers and antibiotics) to patients as part of their walk-in service; we saw the stock during the inspection and the service had satisfactory checking procedures for these medicines.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The service used long term locum GPs and other clinical and non-clinical staff and had performed all the required pre-employment checks.

Monitoring risks to patients

Risks to patients were assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The service had undertaken a fire risk assessment and carried out regular fire drills; two out of six non-clinical staff had not

undertaken fire safety training. The service had identified fire marshals. 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 service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health risk assessment, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The organisation held a risk register where risks across the organisation were recorded and reviewed in detail.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents; however not all staff had received annual basic life support training.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Four out of six non-clinical staff had not undertaken annual basic life support training. There were emergency medicines available in the treatment room.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The service 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

Effective needs assessment

The service 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 service 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 peoples' needs.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We audited 22 sets of medical records during the inspection and found these to be satisfactory.
- The service had a system in place for walk-in patients where reception staff followed prompts on the patient management system and identified any potential life threatening conditions or other conditions that required an urgent response; if any of these conditions were presented, the patient management system sent automatic notifications to clinicians and the reception team called for further assistance. The reception team also observed patients in the waiting area and identified deteriorating patients and notified the duty GP; there was also a notice in the waiting area which advised patients what to do if they feel they were deteriorating or needed to be seen sooner.
- The provider audited 1% of all or five (whichever is greater) clinical staff consultations (for all clinical staff) for both registered and unregistered patients each quarter. The results of these were regularly discussed at their clinical governance committee to ensure quality of patient consultations are maintained.
- The provider regularly undertook peer review sessions across the organisation where they discussed significant events, open case discussions, case studies, findings from audits and learning from complaints.
- The provider also regularly held educational events in topics such as surgical emergencies, elderly care, urology, orthopaedics, paediatrics and mental health.

Management, monitoring and improving outcomes for people

The service 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 91.9% of the total number of points available, which was below the Clinical Commissioning Group (CCG) average of 93.9% and national average of 95.3%, with an exception reporting rate of 15.2% compared to CCG average of 8.2% and national average of 9.8%; we found that the exceptions were appropriately reported. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This service was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 83% (28.6% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 77% and the national average of 78%. We saw 86% of patients with diabetes had received an annual review.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 100% (0% exception reporting), which was above the CCG average of 83% and national average of 87%.
- Performance for mental health related indicators was in line with the CCG and national averages; 91% (8.3% exception reporting) of patients had a comprehensive agreed care plan documented compared with the CCG average of 91% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 100% (0% exception reporting) which was above the CCG average of 85% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 100% (0% exception reporting) compared with the CCG average of 92% and national average of 90%.

For walk-in patients they were meeting or exceeding targets. For example:

Are services effective?

(for example, treatment is effective)

- The service had a target that >70% of patients had to be seen within 90 minutes of arrival. We saw evidence that the service met this target for the past six months.
- The service had a target that >90% of patients had to be seen within 120 minutes of arrival. We saw evidence that the service met this target for the past six months with the exception of one month.
- The service had a maximum target of four hours before which patients must be admitted, transferred or discharged. We saw evidence that the service met this target for the last 12 months.
- The service had a target of >95% of patient records to be appropriately coded to establish presenting condition. We saw evidence that the service met this target for the last 12 months.

In addition to the above the service reported on the following for walk-in patients:

- The number of service users who left the walk-in centre without being seen by a clinician.
- The number of patients who used the service more than six times a year.
- The number of patients referred to local cancer service, accident and emergency and the number of safeguarding referrals made.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the last two years and one of these was a completed audit where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if patients with diabetes were monitored for Blood Pressure (BP), Cholesterol and Body Mass Index (BMI) according to best practice guidelines. In the first cycle the service identified 23 patients with diabetes of whom only 61% had their BP recorded; 52% had well-controlled blood cholesterol levels and 87% had BMI their recorded. In the second cycle, after changes had been implemented, the service identified 39 patients with diabetes of whom 95% had their BP recorded; 67% had well controlled blood cholesterol levels and 89% had their BMI recorded. This was a significant improvement when compared to the first cycle. The service had achieved further improvements in the third cycle with respect to the recording of BP and BMI.

- The service worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment; however essential training had not been completed by all staff.

- The service had a role-specific induction programme and checklist for all newly appointed staff. It covered topics such as safeguarding, chaperoning, information governance and basic life support. The service had an essential reading list for all staff which included topics such as confidentiality, data protection, fire safety, health and safety, incident reporting, raising concerns, handling feedback and safeguarding; Staff were expected to read this and sign a form to declare that they had read and understood the information. This was centrally monitored by the provider. The reading list also had topics specific to roles such as GP, nurse, manager and administrator.
- The service 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 online resources and discussion at service meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. However we found no evidence of appraisals for non-clinical staff and one out of three clinical staff; the service informed us that this was because most were locum staff and appraisals were usually carried out by their agency; the service informed us that all staff had regular informal discussions with the practice manager and GPs. 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 GP.

Are services effective?

(for example, treatment is effective)

- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however not all staff had completed all mandatory training. Two out of six non-clinical staff had not undertaken information governance training. The service informed us that they had plans for all staff to complete all mandatory training. Staff had access to and made use of e-learning training modules and in-house training.
- The service staff had access to detailed in-house governance induction training delivered by the provider for all staff; the training included incident reporting, handling of complaints and compliments information governance, data protection, consent and health and safety.
- The service had a comprehensive learning from experience bulletin for staff which summarised the learning from recent incident and complaint investigations, audits and the results from patient experience surveys; this helped staff to reflect on their own work and practice.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services. The service had a clinical patient management system from which patient consultation notes for walk-in patients were sent to their registered GP immediately on discharge; the service was required to send these within 24 hours of discharge unless the patients were seen on a Friday, Saturday or a Sunday in which case the details must be sent by 6:00pm the following Monday.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence

that multi-disciplinary team meetings took place on an ad-hoc basis (the service had had only two meetings); the service informed us that this was because they only had very few patients that required a multidisciplinary review; the service had only dealt with three palliative care patients in the last seven years. The service knew who and how to contact when required.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The service's uptake for the cervical screening programme was 66%, which was below the Clinical Commissioning Group (CCG) average of 78% 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 service also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 54% compared with 66% in the CCG and 72% nationally.

Are services effective?

(for example, treatment is effective)

- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 46% compared with 49% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 55% to 91%, and five year olds from 57% to 91%. Flu immunisation target rates for diabetes patients were 98% which was above the CCG average and in-line with the national average.

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 (31% (140 patients) of eligible patients had received a health check in the last five years). 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.

- 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.

All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with nine patients (two registered patients and seven walk-in unregistered patients) during the inspection. They also told us they were satisfied with the care provided by the service and said their dignity and privacy was respected.

Results from the national GP patient survey showed the service was slightly below the local and national averages. For example:

- 81% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 88%; national average of 89%).
- 81% said the GP gave them enough time (CCG average 84%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 75% said they found the receptionists at the service helpful (CCG average 84%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 with GPs. The service was below the local and national averages for consultations with GPs and nurses. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 74% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

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.

Patient and carer support to cope emotionally with care and treatment

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

The service had identified 0.3% (12 patients) of the service list as carers; the service only had 24 registered patients who were aged 70 years and above. Written information was available to direct carers to the various avenues of support available to them.

The service did not have a system in place to support if families had suffered bereavement.

The service undertook a patient satisfaction survey from April 2016 to September 2016. They received 50 responses (31 walk-in patients and 19 registered patients). The results indicated:

Are services caring?

- 66% of patients strongly agreed or agreed that the GP or nurse explained their treatment; 18% of patients did not answer this question.
- 68% of patients strongly agreed or agreed that the GP or nurse listened to them; 16% of patients did not answer this question.
- 68% of patients strongly agreed or agreed that the GP or nurse answered their questions satisfactorily; 16% of patients did not answer this question.
- 71% of patients indicated that they were treated with dignity and respect at all times; 18% of patients did not answer this question.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service 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.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available; the service had a hearing loop available to help patients with hearing impairments. The service had a high number of non-English speaking patients; the service used language line for these patients. The service had a language identification card in the reception which helped the patients to inform staff of which language they spoke. The service staff spoke many local languages which helped staff to effectively communicate with patients.
- Homeless people were able to register at the service. The service locality had a number of isolated residents for example refugees and asylum seekers; hence the service encouraged local residents new to the UK to register at the service if they were seen by the walk-in service.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The service patients had no access to online appointment booking and repeat prescription ordering; the service informed us that they were in the process of introducing this service for patients.

Access to the service

The service was open between 8:00am and 8:00pm seven days a week. Appointments for registered patients were available from 8:00am to 6:15pm Mondays to Fridays and appointments for unregistered (walk-in) patients were available from 8:00am to 8:00pm seven days a week

including bank holidays. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local and national averages in many aspects.

- 94% of patients were satisfied with the service's opening hours (Clinical Commissioning Group (CCG) average 72%; national average of 76%).
- 83% of patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients using the walk-in service reported that they had to wait approximately one hour to see a GP.

The service undertook a patient satisfaction survey from April 2016 to September 2016 for both registered and unregistered patients. They received 50 responses (31 walk-in patients and 19 registered patients). The results indicated:

- 78% of patients felt the receptionists were very helpful or helpful; 16% of patients did not answer this question.
- 68% of patients indicated it was very easy or easy to get through the service by phone; 16% did not answer this question and 14% said it was not applicable.
- 60% of patients indicated they waited not too long to be seen by a nurse or doctor; 18% of patients did not answer this question.

Listening and learning from concerns and complaints

The service 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 organisation at head office.
- We saw that information was available to help patients understand the complaints system.

Are services responsive to people's needs? (for example, to feedback?)

- All complaints across the organisation were reviewed by their monthly governance committee and governance sub-committee which was attended by the clinical lead and practice manager; learning from these meetings were passed on to all relevant staff.

We looked at five complaints received in 2016 and these were satisfactorily dealt with in a timely way. We saw

evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care.

- The provider had a good governance structure with a chair, chief executive and leads for areas including training, medical advisory, audit and risk, health and safety, information governance appointments and remuneration, patient forum and clinical governance.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. The staff had extranet access which contained all the service policies which were regularly updated; staff were able to access all these policies at home.
- There was a comprehensive understanding of the performance of the service. There was evidence that benchmarking information was used routinely when monitoring service performance. The service informed us that approximately 100 new patients registered with them each month and the provider had plans to provide more GP sessions to address the increase in demand.
- The service regularly monitored their performance against key performance indicators. For example they had reviewed how long patients were waiting to be seen and how many pre-bookable appointments had been used by each registered patient.
- The service had staff meetings twice a year with GPs, the practice manager and the reception lead where they discussed general issues, performance and significant events; they also had informal daily meetings.
- The lead GP attended monthly clinical governance meetings with members across the organisation where

they discussed incidents, significant events, complaints, compliments, audits, performance, training, medicines management, risk assessments, policies and standard operating procedures.

- The service held monthly clinical governance sub-committee meetings which were attended by the lead GP and practice manager where they discussed learning from the clinical governance meeting relevant to the service, performance, risk assessments, local issues, safeguarding, training, staffing and standard operating procedures.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. The provider regularly audited 1% of all or five (whichever number is greater) of clinical staff consultations and monitored their clinical performance and we saw evidence to support this.

Leadership and culture

The GPs were visible in the service and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP lead in the service. All staff were involved in discussions about how to run and develop the service, and the provider encouraged all members of staff to identify opportunities to improve the service delivered.

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 service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

Are services well-led?

Good 

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

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

The service 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 service had gathered feedback from patients through surveys and complaints received. The service had no Patient Participation Group (PPG); the service informed us that this was due to the uncertain future of service. As the service's contract was recently extended up until 2019 the service informed us that they were

actively recruiting members to establish a PPG.

The service had carried out regular patient surveys every quarter (both for registered and unregistered patients) and the service had made changes in response to the survey results and complaints. For example, the service introduced more pre-bookable and emergency appointments by appointing an additional full-time GP.

- 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 service was run.

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
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that all staff have basic life support, child protection, infection control, fire safety training and information governance training relevant to their role.</p> <p>The provider had not ensured that all staff have received an appraisal to enable them to carry out the duties that they are employed to perform.</p> <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>