

St James Medical Practice Limited

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 St James Medical Practice Limited on 16 August 2016. Overall the practice is rated as requires improvement.

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

- Patients found it difficult to make an appointment at a time that suited them.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Responses to these questions in the National GP patient survey were less positive.
- Plans to improve the service in light of the national GP survey results were not robust.
- The provider could not provide assurance that all staff had completed up-to-date mandatory training, for example in basic life support, safeguarding adults at risk and children, and infection control. Training records were incomplete.

- There was however an open and transparent approach to safety and an effective system in place for reporting and recording significant events. There was an awareness of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Information about services and how to complain was available and easy to understand. Some improvements were made to the quality of care as a result of complaints and concerns.
- The practice was well equipped to treat patients and meet their needs.
- The leadership structure within the practice was being developed, following an extended period of instability and disruption, and staff reported they felt increasingly supported by management.
- The practice was strengthening its relationship with the patient participation group (PPG) to work with them to continue to improve services for patients.

The areas where the provider must make improvement are:

Summary of findings

- Ensure training records are maintained that provide assurance that mandatory training for all staff is up to date.
- Ensure effective action is taken to improve patients' timely access to appointments at a time that suit them.
- Ensure treatment and care is designed with a view to achieving patients' preferences, for example to see a GP they prefer and to involve patients in decisions about their care.
- Ensure systems are in place to assess, monitor and improve the quality and safety of service at all levels within the practice.

The areas where the provider should make improvement are:

- Clarify terms of engagement with the diabetic nurse specialist and phlebotomist, who were not included

in the practice's permanent workforce, to provide assurance that they are suitably qualified and competent, accountable to the practice and have liability insurance in place, for example.

- Put systems in place so that portable appliance testing takes place on a regular basis.
- Consider further ways of meeting the needs of patients with long term conditions given the comparatively high exception reporting rates in some clinical domains.
- Enable the practice nurse to attend CCG practice nurse forum meetings and to attend the weekly clinical meetings.
- Put in place policy and procedures to guide staff in the handling of notifiable safety incidents in accordance with the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However training records did not provide assurance that mandatory training for all staff was up to date.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice lower than others for aspects of care, including being treated with care and concern, being involved in decisions about their care, and seeing or speaking to a GP they prefer.

Requires improvement



Summary of findings

- Patients said they were treated with compassion, dignity and respect. Three of the six patients we spoke with said the care and support they received was over and beyond anything they might have expected.
- 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 practice is rated as requires improvement good for providing responsive services as there are areas where improvements should be made.

- Patients found it difficult to make an appointment. It was hard to get through to the practice by phone before all the available same day appointments had been booked, and there was a two to three week wait for bookable appointment.
- Patients found it difficult to make a timely appointment with a named GP.
- Three of the six patients we spoke with and the patient participation group expressed concern that a lack of continuity compromised the care patients received.
- The provider had secured some improvements, for example the practice provided a commuter clinic on Monday evenings between 6.30pm and 8.00pm, and was part of local GP federation (FedNet) arrangements to make GP and nurse appointments available to patients at the weekend. However, the availability of FedNet appointments was not well publicised.
- Plans to secure further improvements were not based on an assessment of how many appointments the practice should offer each week to meet the needs of its patients.
- Urgent appointments were available and some patient groups were prioritised for same day appointments.
- The practice 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 practice responded quickly to issues raised. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where improvements should be made.

Requires improvement



Summary of findings

- The practice aspired to deliver high quality care and to extend the range of services on offer to patients at the practice. However plans to make necessary improvements, for example to make appointments easier for patients to get, were not robust.
- The leadership structure was being developed following the recent recruitment of a new practice manager. Staff felt increasingly supported by management. The provider had reviewed and updated the policies and procedures to govern activity and held regular staff, management and clinical meetings.
- Arrangements to routinely monitor and improve quality and identify risk were not embedded much beyond the Quality and Outcomes Framework (QOF).
- The provider encouraged a culture of openness and honesty and was aware of the duty of candour. The practice did not have a system in place for notifiable safety incidents in place however.
- The practice proactively sought feedback from staff and patients which it was committed to acting upon. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for providing caring and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and same day appointments for those with enhanced needs and those aged over 75 years.
- It worked with other services and health and care professionals to provide services to people in their homes, for example the Rapid Response team.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing caring and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance against indicators for diabetes care was in line with local and national averages. The practice had started running a weekly clinic led by a diabetic nurse specialist.
- Longer appointments and home visits were available when needed.
- Patients had a structured annual review to check their health and medicines needs were being met. The practice held multi disease management clinics for those patients with the most complex needs, and worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for providing caring and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement



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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of eligible women who had a cervical screening test performed in the preceding five years was 81% which was the same as the CCG average and comparable to the national average of 82%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with health visitors.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing caring and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing caring and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including adults at risk of harm, homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing caring and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice's patient outcomes for mental health indicators compared well with local and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses:
 - Who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 100%
 - Whose alcohol consumption has been recorded in the preceding 12 month was 94% (CCG 89%, England 90%).
- Patient outcomes for dementia were improving. Indicators in 2014-15 were below local and national averages: forty three per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared with the CCG average of 82% and the England average 84%). However this had been improved in 2015-16 to 91%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was not performing in line with national averages. Four hundred and five survey forms were distributed and 115 were returned, giving a response rate of 38% and representing 0.9% of the practice's patient list.

- 39% of patients found it easy to get through to this practice by phone, significantly below the national average of 73%. The local average CCG average was 61%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried, significantly below the national average of 76%. The CCG average was 67%.
- 55% of patients described the overall experience of this GP practice as good, significantly below both the CCG and national average (76% and 85% respectively).
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area, significantly below both the CCG and national average (69% and 79% respectively).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the treatment received and the way in which patients were treated by staff. Feedback about the appointment system was mixed. Eight cards included comments on the appointment system: two said getting a same day or emergency appointment worked well, and two said they had not had any problem getting an appointment. One card said one of the GPs had taken

time out of their schedule to see the patient even though there were no more appointments left. Two cards said it was difficult to get an appointment or to get through to the practice by phone at 8.00am.

Two cards included comments about appointments not running to time although a third card added this was getting better. Two cards included comments that the appointment system overall had improved.

We spoke with six patients during the inspection, who had agreed with the provider to meet with us. We also met with two members of the patient participation group. All patients said the regular doctors provided good treatment and care, with three patients describing it as second to none. Three patients felt their care was compromised however by having to see too many different doctors and by doctors staying at the practice for a short while only. There was praise also for the receptionists and nursing staff.

One patient said they had no difficulty getting an appointment; other patients however said same-day appointments went very quickly and they would have to call back later in the day or the next day (two patients) to get one, and that there was a two to three week wait for a routine appointment (three patients). Two patients said it was very difficult to get through to the practice at 8am by phone, when appointments were released for the day, and one patient was concerned that reception staff were making decisions about when patients should be seen. Two patients said they had been told to go to a local walk in centre when an appointment had not been available for them, which they had felt was not appropriate.

In the Friends and Family Test, 82% of patients recommend this practice. The result was based on 119 responses.

St James Medical Practice Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Adviser.

Background to St James Medical Practice Limited

St James Medical Practice Limited is located in Walthamstow in north east London. It is one of the 45 member GP practices in NHS Waltham Forest Clinical Commissioning Group (CCG).

The practice serves an ethnically diverse population and is located in the third more deprived decile of areas in England. At 79 years, male life expectancy is equal to the England average and at 83 years, female life expectancy is equal to the England average.

The practice has approximately 13,600 registered patients. It has more patients in the 0 to 9 years and 25 to 44 years age ranges than the England average, and fewer patients in the 45 to 85+ age ranges. Services are provided by St. James Medical Practice Ltd under a Personal Medical Services (PMS) contract with NHS England.

The practice is in purpose built health care premises which the provider leases. NHS Property Services provides facilities services. There are nine consulting rooms and a treatment room, and a patient car park. The consulting rooms and treatment room are accessible to wheelchair

users, however the doors to the practice entrance do not open automatically and there is no disabled toilet, which impairs disabled people's access to the practice. There is a hearing loop.

The provider has experienced difficulties with the building in the past few years with maintenance and repair works not being completed in a timely way. The premises were refurbished earlier in 2016 however, and this has allowed the provider to consider increasing the range of provision to include, for example, IUD coil fitting. The provider is advised this would require it to register with CQC to carry on the Family planning regulated activity.

The premises are also used by other services that are not the responsibility of the practice, for example the health visitor community nursing team. These services do not have their own reception arrangements, which has an adverse impact on the practice reception staff. Patients ask these staff questions they cannot answer and some take their frustration out on them when things go wrong.

It is difficult to establish how many whole time equivalent GPs and healthcare assistants work at the practice as a number of them, including the two Principal GPs work on an 'as-and-when' basis. For example, the two Principal GPs do not provide regular sessions of bookable appointments, but step in when needed, and one of the three healthcare assistants is deployed in the same way. The appointment booking system showed that in the week prior to our inspection there had been 19.5 clinical sessions, which is the equivalent of 2.44 whole time GPs. We were shown evidence that the Principal GPs had also seen patients during this week, however the provider was unable to provide the GP whole time equivalent of this activity.

Detailed findings

In addition to the two Principal GPs there are five salaried GPs. The salaried GPs make up 2.88 WTE GPs, although one of them is on maternity leave (0.44 WTE). There is also a long term locum GP providing 0.11 WTE and the practice also makes use of short term agency locum GPs.

There is one full time practice nurse and two part time healthcare assistants (1.28 WTE), one of whom is a recent appointment (0.8WTE). These healthcare assistants are in addition to a third healthcare assistant who works on an 'as –and-when' basis and who also oversees the resuscitation room.

There is evidence of a diabetic nurse specialist, who runs a weekly clinic and a phlebotomist who provides a domiciliary service for the practice's patients. However these staff are not part of the practice's permanent workforce.

Clinical staff are supported by a team of 12 receptionist, administrative and secretarial staff. There is a full time practice manager and part time deputy and clinical managers.

The practice's opening times are:

- 8.00am to 8.00pm on Monday.
- 8.00am to 7.00pm on Tuesday to Friday.

Patients are directed to an out of hours GP service outside these times.

The practice clinic times are:

- 8.00am to 1.00pm, 4.30pm to 6.30pm and 6.30pm to 8.00pm on Monday
- 8.00am to 1.00pm and 4.30pm to 6.30pm on Tuesday, Wednesday and Friday.
- 8.00am to 1.00pm on Thursday.

We inspected this practice before in March 2014 and in July 2014. Following the inspection in July 2014 we required compliance action in relation to cleanliness and infection control and the safety and suitability of premises. The report can be found here: www.cqc.org.uk/location/1-559754901/inspection-report/INS1-1516343365. At this inspection on 16 August 2016 we found the provider had remedied the shortfalls found during previous inspections.

St. James Medical Practice Ltd is registered with the Care Quality Commission to carry on the following regulated

activities at St James Medical Practice Limited, St James Health Centre, 47 St James Street, E17 7NH: Diagnostic and screening procedures, Maternity and midwifery services, and Treatment of disease, disorder or injury.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We last inspected this service in July 2014. The report can be found here: www.cqc.org.uk/location/1-559754901/inspection-report/INS1-1516343365.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016.

During our visit we:

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

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- 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 or one of the Principal GPs of any incidents. There was a significant event recording form available on the practice's computer system and an incident book in the reception/administration area. While staff demonstrated openness and transparency in dealing with incidents, the recording systems did not explicitly support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of the significant events.

We reviewed significant event reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had set up a designated resuscitation room following significant events which involved staff being unable to locate equipment or medicines quickly to deal with medical emergencies.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe. However the provider's training records did not provide assurance that all staff had received up to date training relevant to their role.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities; the provider's training records however did not provide assurance that all staff had received up to date training

on safeguarding children and vulnerable adults relevant to their role. For example the training records spreadsheets included one only of the two regular healthcare assistants (HCA), and did not include the practice nurse. We were also given completed e-learning training logs for some staff, including the practice and the HCA above. These showed only that the practice nurse had completed safeguarding adults training. We looked at the personnel files for two members of staff and for the long term locum GP. These files did not each contain a complete set of training records for the individual. The provider told us all staff, clinical and non clinical, had completed child safeguarding level 3 training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- At our last inspection in July 2014 we found the fabric of the premises did not enable deep and effective cleaning, for example floor and wall coverings were not easy to clean. At this inspection we found this shortfall had been remedied. We observed the premises to be clean and tidy. One of the two Principal GPs was the infection control clinical lead, and infection control policy and protocols were in place. The provider's training records did not provide assurance that staff had received up to date training, however: training records spreadsheets, e-learning logs and personnel files were incomplete. An infection prevention audit was completed in September 2015 and we saw evidence that action was taken to address any improvements identified as a result. The provider told us that all staff had completed infection prevention and control training since the audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored each

Are services safe?

evening. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines, for example the flu vaccine, against a patient specific prescription or direction from a prescriber.

- We reviewed three 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 (DBS). The provider had completed risk assessments and put in place risk management plans to enable newly recruited staff to start work while waiting for their DBS check to be completed. Confirmation of their position was conditional on their DBS check being completed satisfactorily.
- Terms of engagement were not in place with the diabetic nurse specialist and phlebotomist, who were not included in the practice's permanent workforce, to provide assurance that they are suitably qualified and competent, accountable to the practice, and have liability insurance in place, for example.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment, dated 22 April 2016, and had carried out a fire drill since then, as had been recommended. Classroom based fire safety training was booked to take place on 14 September 2016, in addition to the e-learning module available to staff. All electrical equipment had been due to be checked on 15 August 2016 but the electrician had cancelled the visit and the provider was in the process of rescheduling the visit. Clinical equipment had been checked in April 2016 to ensure it was working properly. Some other risk

assessments to monitor safety of the premises were the responsibility of the facilities services provider and were in place, for example legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- At our last inspection we found the premises were not of a suitable design and layout and were not adequately maintained. At this inspection we found these shortfalls had been remedied. Since our last inspection, repairs had been carried out and the premises had been refurbished.
- 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 enough staff was on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were kept in a secure area and were
- The provider's training records however did not provide assurance that all staff had completed basic life support training: training records spreadsheets, e-learning logs and personnel files were incomplete. The provider told us that basic life support training was up to date for all staff.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular clinical meetings. They also attended hospital consultant teaching sessions, for example about the recently changed guidelines about vitamin D supplementation in pregnancy.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available. Exception reporting overall was 8.7%, similar to the CCG average of 9.5% and the England average of 9.2%. It was however much higher in certain clinical domains: chronic kidney disease (practice 20%, CCG 6%, England 7.5%) and depression (practice 43%, CCG 30%, England 24.5%). (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). The provider told us they followed the standard criteria for exception reporting.

The practice was an outlier in 2014-15 for the following QOF clinical target: The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 43%, CCG average 82%, national average 84%). However in 2015-16 the practice achieved 91%.

This practice was not an outlier for any other QOF (or other national) clinical targets in 2014-15. Data showed:

- Performance for diabetes related indicators was comparable to national averages, for example the percentage of people with diabetes in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 63.5% (national average 78%), the percentage with a record of a foot examination and risk classification within the preceding 12 months was 86% (national average 88%), and the percentage who have had influenza immunisation in the preceding 1 August to 31 March was 96% (national average 94%).
- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (national average 88%). The practice had 154 patients with schizophrenia, bipolar affective disorder and other psychoses.

There was evidence of improving patient outcomes including clinical audit.

- We looked at four clinical audits carried out in the 12 months, two of which were completed audits where the improvements made were implemented and monitored. For example, recent action taken as a result of an audit of patients being treated with diclofenac (a medicine for osteoarthritis, for example) led to changes in practice to reduce the long term issue of the medicine where possible, and to ensure patients were also taking a second medicine (a PPI or proton pump inhibitor, for example omeprazole) to reduce adverse gastrointestinal effects where indicated.
- The practice participated in local audits and benchmarking and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safety rules, emergency procedures, risk assessment, personal hygiene and the rights of people who use the service.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work via a suite of e-learning modules. Training also included ongoing support, one-to-one meetings, and clinical supervision. Facilitation and support for revalidating GPs and the practice nurse was also provided. Staff told us they had received an appraisal within the last 12 months and the personnel records we looked at confirmed this.
- The practice nurse did not attend CCG practice nurse forums and so had little peer support because of their clinic commitments at the practice. Similarly they found it difficult to attend all of the weekly clinical meetings.
- We saw that some staff had received training that included: safeguarding, basic life support and infection control. However, the provider's training records did not provide assurance that such mandatory training was up to date for all staff.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff were aware of 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, where necessary, worked with the carer to make a decision about treatment in the best interests of the patients.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice was holding education sessions by invitation, each on targeted at a certain group of patients, for example patients with dementia and their carers.
- The practice took part in the local GP Federation Wellness Service designed to help people look after their mental and physical health and prevent serious illness. This was a pilot service aimed at people experiencing mental health problems.
- It also took part in the local Social Prescribing Service which aimed to provide help for non-medical problems affecting their health and wellbeing, for example social isolation, unemployment or problems with their living conditions.

Are services effective?

(for example, treatment is effective)

- Patients were able to access the Pharmacy First Minor Ailments Service at the practice.

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG average and comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, for example it had taken part in a pilot project to increase the uptake of the bowel screening test.

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 73% to 87% (CCG 74% to 87%), and from 67% to 89.5% for five year olds (CCG 64% to 87%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74, and annual health assessments for people with a learning disability. 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

There are times when people do not feel well supported or cared for.

Three of the six patients we spoke with during the inspection felt a lack of continuity of care compromised the service they received, and the patient participation group was concerned too about the lack of continuity of care. Three other patients we spoke with though, described care and support that was over and beyond anything they might have expected.

The national GP survey results in January 2016 showed patients did not always feel they were treated with compassion, dignity and respect, or always involved in planning and making decisions about their care and treatment. The provider's action plan to address these findings rested largely on recruiting additional clinical and reception staff. While it had succeeded in recruiting two salaried GPs, a clinical pharmacist and a diabetic nurse specialist, the practice was reliant still on short term locum GPs to cover maternity leave and GP vacancies, and the provider had not been successful in its plans to recruit addition practice nurse or nurse practitioner staff. It was in the process of appointing additional reception staff.

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

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the doctors and nurses offered very good treatment and care and that reception staff were helpful and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the treatment provided by clinical staff and said their dignity and privacy was respected. Patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. The PPG said there was a high turnover of staff which compromised continuity of care, and three other patients we spoke with also expressed this concern.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses, for example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 69% of patients said the GP gave them enough time (CCG 80%, national 87%).
- 86% of patients said they had confidence and trust in the last GP they saw (CCG 91%, national 95%)
- 66% of patients said the last GP they spoke to was good at treating them with care and concern, significantly below the national average 85%. The CCG average was 78%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern, significantly below the CCG and national averages of 84% and 91% respectively.
- 13% of patients said they always or almost always saw or spoke to the GP they prefer, significantly below the national average of 36%. The CCG average was 29%.
- 76% of patients said they found the receptionists at the practice helpful in line with the CCG and national averages (84% and 87% respectively).

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received and listened to. They felt supported by staff and that they had

Are services caring?

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed a less positive response however to questions about patients' involvement in planning and making decisions about their care and treatment, for example:

- 64% of patients said the last GP they saw was good at involving them in decisions about their care, significantly below the national average of 82%. The CCG average was 74%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared, which was significantly below the CCG and national average (79% and 85% respectively).
- 63.5% of patients said the last GP they saw was good at explaining tests and treatments, in line with the CCG and national averages (80% and 86% respectively).

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

- Staff told us that translation services were available for patients who did not have English as a first language. A number of languages were spoken by staff at the practice in addition to English and a Turkish-speaking interpreter regularly attended the practice.
- The practice had developed some patient information leaflets in community languages, for example about antibiotic prescribing.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 161 patients as carers, 1.1% of the practice list. The register of carers was being used to target support to meet their needs, for example the practice had planned a coffee morning with the local carers association. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, one of the principal GP sent them a sympathy card and was available to give advice and support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

National GP patient survey result and feedback from patients, staff and the patient participation group we received during the inspection showed that while there had been some improvement, patients still did not have timely access to appointments at a time that suited them.

The provider had considered reasons for the national GP patient survey results published in January 2016 and put an action plan in place, including recruiting additional salaried GPs, nurse practitioners and reception staff; and reviewing the telephone system.

The plan was not based on an assessment of how many appointments (GP, practice nurse, healthcare assistant, and other) the practice should offer each week to meet the needs of its patients. Feedback we received on the day of the inspection was that demand for appointments continued to outstrip supply.

The action plan did not set out in detail how each action point would be achieved, for example Appropriate triaging of calls to determine whether "routine" or "emergency", and how implementation of the plan would be monitored. It did set out that the success of the plan would be measured using Friends and Family Test (FFT) data and patient feedback via NHS Choices, however this was not being done.

The provider had recruited a clinical pharmacist and a diabetic nurse specialist and was in the process of applying for a GP Darzi Fellow (a NHS Health Education England initiative aimed at increasing the skill and service base in primary and community care), and to take part in a Physician Associate training programme (a physician associate support doctors in the diagnosis and management of patients). This was in an attempt to increase the capacity of the practice in response to the challenge of recruiting salaried GPs.

The provider was in the process of appointing two additional part time receptionists.

Ways in which the practice was responding to and meeting people's needs included:

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- It took part in local GP Federation (FedNet) arrangements to provide GP and nurse appointments to patients at the weekend, however this option was not well advertised. For example information for patients about the FedNet service was not included in the practice leaflet, the August 2016 practice publication Patient Waiting, or on the practice's website.
- Patient Waiting did however provide information about online appointment booking and electronic repeat prescription requests, and telephone appointments.
- There were longer appointments available for patients with a learning disability or those requiring an interpreter.
- Home visits were available.
- Children under five years of age and people aged over 75 years were prioritised for same day appointments. Same day appointments were available for children aged under 5 years, people aged over 75 years and those patients with medical problems that require same day consultation.
- The premises were wheelchair accessible although there was no disabled toilet. A hearing loop and translation services were available.
- There was a designated clinic every Tuesday when an interpreter attended the practice to support Turkish-speaking patients.

Access to the service

The practice's opening times were:

- 8.00am to 8.00pm on Monday.
- 8.00am to 7.00pm on Tuesday to Friday.

Patients were directed to an out of hours GP service outside these times.

The practice's clinic times were:

- 8.00am to 1.00pm, 4.30pm to 6.30pm and 6.30pm to 8.00pm on Monday
- 8.00am to 1.00pm and 4.30pm to 6.30pm on Tuesday, Wednesday and Friday.
- 8.00am to 1.00pm on Thursday.

Are services responsive to people's needs?

(for example, to feedback?)

Pre-bookable appointments could be booked up to four weeks in advance. These made up around 30% of the available appointments. The rest were same day appointments, including emergency appointments.

Results from the national GP patient survey showed that patient's satisfaction with the practice's opening hours was comparable to the national average. However, satisfaction with getting through to the practice by phone, being able to make an appointment, and waiting to be seen was below national average.

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 39% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The CCG average was 61%.
- 53% of patients stated they were able to get an appointment the last time they wanted to see or speak to a GP or nurse compared to the national average of 76%. The CCG average was 67%.
- 32% of patients described their experience of making an appointment as poor. The national average was 12%, and the CCG average was 17%.
- 55% of patients felt they normally had to wait too long to be seen (national average 34%, CCG average 48%).

Five of the seven patients we spoke to on the day of the inspection mentioned the appointment system. One patient told us they had no trouble at all getting an appointment. The others told us it was difficult to get an appointment because: it was difficult to get through to the practice by phone first thing in the morning when everyone

is phoning in trying to make an appointment; same day appointments were all very quickly booked up; there was a two to three week wait for a pre-bookable appointment. Two patients told us they had been told to go to the walk in centre when an appointment was not available for them and staff we spoke with told us they routinely send patients to the walk in centre because appointments have run out.

Listening and learning from concerns and complaints

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

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

The practice had received 16 complaints in 2015-16. We looked at correspondence relating to two of these complaints and found the practice had responded in a timely way and had been open and transparent in dealing with the complaint. Lessons were learnt from individual concerns and complaints, and the year's complaints were reviewed as a whole for any trends. Action was taken as a result to improve the quality of care, for example improvements to the system for issuing repeat prescriptions.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice aspired to deliver high quality care and to extend the range of services on offer to patients at the practice. However plans to make the service more accessible were not robust enough to achieve necessary improvements, for example the practice was trying to increase capacity without first determining how many appointments it should offer each week to meet the needs of its patients.

The practice had experienced an extended period of instability and disruption, for example four GPs on maternity leave in the last four years and two different practice managers in the last 18 months. There had been long-running problems with the fabric of the premises and with the other services sharing the premises that were not provided by St. James Medical Practice Ltd, but by the local hospital and community health services trusts; for example these services did not have their own receptionists and no arrangements were in place for St. James Medical Practice Ltd to provide this support. The practice faced ongoing GP and practice nurse recruitment challenges. The practice continued register new patients and demand on its services was growing.

The provider was exploring alternative ways of increasing capacity, for example it had recruited a full time clinical pharmacist and a diabetes nurse specialist who ran a weekly clinic while it continued to increase its salaried GP numbers and to consolidate its locum GP base. It was applying for a GP Darzi Fellow (a NHS Health Education England initiative aimed at increasing the skill and service base in primary and community care), and to take part in a Physician Associate training programme (a physician associate support doctors in the diagnosis and management of patients).

All of this activity was not underpinned however by an understanding of the number of appointments the practice should offer each week to meet the needs of its patients. Nor were detailed plans were not in place to ensure new ways of working, for example adding a clinical pharmacist to the practice team, made for a more responsive service. Neither were detailed plans in place to bring into use the

treatment room which had been out of commission for some years, but brought up to standard in April this year as part of an extensive refurbishment of the practice premises as a whole.

The provider was still keen to relocate to new premises, however there was no indication that this would likely happen.

Governance arrangements

The practice was putting in place an overarching governance framework to support the development and delivery of good quality care. This included structures and procedures to ensure that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and lines of accountability. For example clinical staff and some non clinical staff were being organised into teams to take forward work programmes more efficiently, such as cancer and palliative care.
- Practice specific policies were implemented and were available to all staff. Practice specific policies had been reviewed and updated.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However:

- While the provider had undertaken clinical and internal audits in the 12 months prior to our inspection, there was no overarching audit programme in place to ensure this activity continued on a routine basis where necessary, such as annual infection prevention and control audits, or that audit was used effectively to support continuous learning and improvement at all levels within the practice.
- The practice had systems in place to maintain a comprehensive understand the performance of the practice in relation to the Quality and Outcome Framework (QOF). Systems to understand the performance of the practice in relation to other areas where improvements were required, such as appointments, were not well developed.
- Training records were not kept that provided assurance that mandatory training for all staff was up to date.

Are services well-led?

Requires improvement 

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

Leadership and culture

The Principal GPs told us they prioritised a personalised, caring and holistic approach; working in partnership with patients; maintaining good team working internally and externally; health promotion and disease prevention; and being safe, organised, transparent and accountable.

They encouraged a culture of openness and honesty and were aware of the duty of candour; however there was no explicit policy and guidance for staff on identifying notifiable safety incidents communicating with patients about them.

The leadership structure was being developed with the appointment of a new practice manager and staff felt increasingly supported by management.

- Staff told us the practice held regular staff, clinical and management meetings. The practice nurse had been invited to attend the weekly clinical meetings, but was unable to attend the whole meeting because of their clinic commitments.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the GPs and managers and by each other. Staff were

involved in discussions about how to run and develop the practice, and the Principal GPs encouraged staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), the national GP patient survey and complaints received. The PPG met regularly and its concerns centred on the state of the premises and the high turnover of staff and lack of continuity of care. The practice had recently agreed to the PPG attending the clinical meetings to aid communication and involve the PPG better in working up proposals to improve the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run, and were encouraged by action taken to help reception staff answer the phones more quickly, for example: callers that had been holding on for more than five minutes were automatically redirected to the practice manager's phone.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not keep records as are necessary in relation to persons employed in the carrying on the regulated activities. Training records were incomplete and did not provide assurance that all staff had completed mandatory training including for example basic life support, infection control, fire safety training, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), safeguarding adults at risk and safeguarding children.</p> <p>Processes were not in place to improve the quality of services provided. National GP survey results and feedback we received during the inspection showed patients did not have timely access to appointments at a time that suited them. The provider's action plan was not detailed enough to remedy this.</p> <p>Systems were not embedded to monitor and improve the quality and safety of the services provided much beyond the Quality and Outcomes Framework (QOF). There was no overarching audit programme in place to ensure routine audit such as the annual infection prevention and control audit took place on a regular basis, or that audit was used to support continuous learning and improvement at all levels within the practice, for example around the appointment system.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p>

This section is primarily information for the provider

Requirement notices

The care and treatment of service users did not reflect their preferences. National GP survey results and feedback we received during the inspection showed there were times when patients did not feel well supported or cared for. Patients were less likely than average to see or speak to a GP they prefer, and they did not always feel involved in decisions about their care.

This was in breach of regulation 9(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.